Clients' Views Regarding the Inclusion of Religious Issues in Couple Therapy

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(ABSTRACT)

Despite the critical role that religion plays in the lives of many clients, therapists often do not ask about or address religious issues in therapy. Argument is given for why religious issues should not be excluded from therapy as well as why religion has historically been avoided by many therapists. To understand what clients' views are on this issue, eight couples who had participated in marital therapy were interviewed. The stratified sample included two Catholic, two Protestant, and two Latter-day Saint couples, as well as two couples in which spouses differed in their religious affiliation. Most couples were interviewed in their home for the initial interview, and then by phone for a brief follow-up interview. Qualitative analysis revealed themes centered around the therapist's role, assessment and joining, tapping into religious resources, and addressing problems associated with religion. Findings revealed that all sixteen participants believed that therapists should routinely inquire about religious issues. Beyond assessment, therapists should give permission for couples to explore religious issues in therapy. Numerous examples are given for how religious issues may be related to or serve as a resource in overcoming presenting concerns. Participants provide numerous suggestions for how therapists might respectfully work with religious issues. Moreover, including religious leaders in the marital therapy sessions was generally seen as uncomfortable and unhelpful to the participants. Issues associated with the therapist's religious affiliation are also addressed. Clinical and theoretical implications as well as suggestions for future research are highlighted.

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Although my parents probably know very little about this dissertation than the topic itself, they provided me with that which can not be gained from books. The older I get, the more I realize what a wonderful family I was given. Through countless lessons and by example, they taught me about the importance of integrity, hard work, commitment, compassion, and the importance of lifelong learning. They also taught me eternal lessons of faith which have shaped my character and life immensely. To them I am incredibly grateful for giving me those gifts that are never-ending.

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Introduction

Statement of the Problem

Marriage and family therapists pride themselves on looking beyond the individual client to fully understand the client's presenting problem(s) (Kerr, 1981). Even if the client enters therapy alone, therapists frequently ask about the client's relationships with family, friends, coworkers, and others. At times, key individuals are invited into therapy, especially spouses, children, and/or parents. Therapists often view their clients' difficulties from various standpoints, examining subsystems, such as the family, extended family, work environment, and social groups. These standpoints or lenses include psychological, biological, and social paradigms (Wright, Watson, & Bell, 1996). Yet traditionally, therapists have chosen not to examine clients' difficulties through a spiritual lens, or even ask about the client's religious subsystem, including their beliefs and resources (McGoldrick, 1988; Sprenkle, 1990; Taibbi, 1990).

The exclusion of religious issues from therapy is interesting given the statistics that repeatedly suggest the importance of religion in the lives of many individuals. For example, a 1984 Gallup Poll indicated that 72% of people in the United States believed that their "religious faith is the most important influence in [their] life" (cited in Bergin & Jensen, 1990, p. 5). The importance of religion seemed to grow even stronger in response to the recent events of September 11, 2001 (terrorist attacks on the World Trade Center and the Pentagon). Gallop polls indicate that the number of individuals who consider religion to be a "very important" part of their lives, has increased 12% from May 2001 to September 2001, moving from 57% to 64%, the highest it has been in 36 years. Another Gallup survey taken weeks after September 11, 2001, indicated that 74% of individuals in the United States are praying more than usual. Gallup also reported church attendance to be 47%, 10% higher than it was just 5 years ago.

Although the Wall Street Journal's September 11, 2002 edition reported that such spikes in religious interest and involvement have tapered off ("The Religion Bubble," 2002), this does not in any way lessen the importance of religion for those respondents who still attend church and maintain that religion is "extremely important" in their lives. The key here is that despite the periodic peaks and dips, religious commitment has remained steady in a consistent percentage of Americans for decades and will likely continue to do so.

Though psychotherapists as a whole have historically reported being less religious than the general public, Rose (1998) points out that recent studies suggest that religion is valued by many psychotherapists as well. For example, Bergin & Jensen (1990, p. 5), in a survey of 425 psychotherapists, found that nearly half felt that their "whole approach to life [was] based on [their] religion." Yet, despite these findings, only 29% of the therapists in Bergin & Jensen's sample believed that "religious matters [were] important for treatment efforts with all or many of their clients" (p. 6).

It is intriguing that such a powerful influence is ignored by many psychotherapists, especially when research suggests that most religious clients believe it is appropriate and would prefer to discuss religious issues with their therapist (Rose, 1998). Still, religion has received little attention in the field of marriage and family therapy. The field's tendency to avoid religion is illustrated in Kelly's (1992) comprehensive review of 12 family therapy journals. Out of 3,615 articles published in these 12 journals, Kelly found that religion occurred as a major component in only 43, or 1.3%, of the articles.

There is, however, a small but growing trend in the field of marriage and family therapy to give consideration to religious and spiritual issues. For example, the fourth edition of the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) included a new relational problem entitled "Religious or spiritual problem." The inclusion of this new category recognizes religion and spirituality as relevant subsystems in an individual's life. This trend was also illustrated at the 2001 AAMFT National Conference (Nashville, TN, October, 2001) where spirituality and/or religion were central topics in 10 presentations. Still, most of these presentations consisted of opinions, or at best, anecdotal evidence.

In addition, while there is an increasing amount of research concerning religious issues in clinical settings, most of this research has been quantitative in nature, and has generally consisted of (a) surveys administered to psychotherapists identifying attitudes and practice patterns (cf. Bergin & Jensen, 1990, Carlson, 1997), (b) surveys and experiments with the general public assessing opinions regarding the inclusion religion and spirituality in therapy (cf., Quackenbos, Privette, & Klentz, 1985; Morrow, Worthington, & McCullough, 1993), or (c) surveys and

experiments with the general public assessing the influence of religion on the individual's attitude toward therapy and/or therapists (cf., Godwin & Crouch, 1989; Keating & Fretz, 1990).

While such research has been helpful in clearing away some of the dust that has covered this relatively unexamined topic, there are still a great number of issues that remain uncovered. First, nearly all the research in this area has been quantitative in design. Consequently, many of the *how* and *why* questions have been left unanswered.

Second, most of the research participants have come from the general and college populations. In fact, only one study was identified as using a clinical sample with participants currently receiving counseling (Rose, 1998). Thus, the voices of current and former clients have been relatively unheard. Certainly, participants who are unfamiliar with therapy may have difficulty discussing opinions about something they have not experienced. It is quite possible that some of these participants might change their opinions about including religious issues in therapy after having received therapy themselves. In addition, it seems more reasonable to ask individuals to comment on their own circumstances and experiences versus making judgments about an imagined scenario or one involving someone else.

Third, Rose's (1998) study using clients as participants was quantitative in nature and focused on clients in individual therapy. Her findings centered around general beliefs and preferences rather than specific beliefs, preferences, ideas, and suggestions. Moreover, although Rose did not specify the degree of the counselors involved in the study, it seemed as though the majority of the counselors were psychologists or psychologists in training.

Fourth, although the research involving psychotherapists has served to help document the existing attitudes about religiosity and its inclusion in psychotherapy, it has not provided a description of how therapists might address religious issues in psychotherapy. In response to this void, many have proposed conceptual models for integrating religious issues into therapy (cf. Frame, 2000; Griffith, 1986; Hodge, 2000); unfortunately, it seems as though these models are not informed by research involving clients' perspectives. In addition, empirical studies supporting the effectiveness of these conceptual models are almost nonexistent.

Therefore, the purpose of this study was to explore the feelings, beliefs, and ideas former clients have about *if*, *how*, and *why* the therapist should or should not incorporate the client's

religious beliefs and practices into couple therapy. This study adds to existing research by interviewing former clients, who participated in couple therapy with a therapist trained in marriage and family therapy. Moreover, because of its emphasis on understanding, discovery, and meaning (Rossman & Rallis, 1998), qualitative design was used for investigating these *if*, *how*, and *why* questions. Specifically, interviews addressed the following three questions through a variety of different questions (interview guides can be found in Appendix A):

1) How do former clients describe the influence their religious beliefs and practices have on their lives?
2) In what ways, if any, do former clients believe that discussing or involving their religious beliefs and practices was or could have been beneficial to the therapy received by the couple?
3) What concerns, if any, do former clients express about including religious issues in couple therapy?

Spirituality or Religiosity?

The purpose of this section is threefold: (1) to discuss various definitions of spirituality and religion and indicate which definitions guided this research study, (2) to identify several possible reasons why the terms spirituality and religion have been used interchangeably in much of the literature, and (3) to provide my rationale for choosing to focus on religiosity rather than spirituality in therapy.

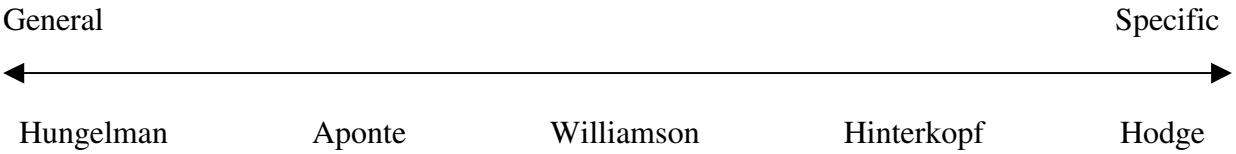
Defining spirituality and religiosity. While spirituality and religiosity are often used interchangeably, most scholars seem to agree they are two different concepts. The literature has defined both spirituality and religiosity in a variety of different ways. It is my intent to discuss several of these definitions and then discuss my stance as the researcher. Ultimately, the participants will define their own spirituality and religiosity.

Most authors have defined religiosity similarly in that religiosity tends to be associated with organizations (membership), hierarchical structure, accepted doctrines, and designated rituals (Anderson & Worthen, 1997). For example, Hodge (2000, p. 219) has defined religion as "a set of rituals, beliefs, and practices that are developed in community with other individuals who have similar spiritual experiences." This definition makes the assumption that individuals

within the same religion have "similar spiritual experiences." Because I have found little support – either empirically or experientially – for the assumption Hodge is making, I decided to use a modified version of Hodge's definition of religion. Therefore, for the purposes of this study, religion is defined as a set of rituals, beliefs, and practices outlined by a formal organization and accepted, by and large, by members of that organization.

Spirituality has been defined in numerous ways. "Spirituality" tends to be more inclusive than "religiosity," "emphasizing process rather than content, and the personal rather than the collective" (Haug, 1998, p. 474). I have selected those definitions which seem representative of the differing points along a continuum of inclusiveness. By the term inclusiveness, I mean that some definitions are likely to be accepted by more people based on their more general wording. Definitions that use more general language are placed at the left end of the continuum, while more specific definitions are placed at the right end of the continuum. A brief explanation is provided to explain my placement of each definition. I must stress that neither end of the continuum is viewed as more appropriate or more correct. I will begin at the far left (more general end) of the continuum and move toward the right (more specific end) (See Figure 1).

Figure 1. Continuum of inclusiveness based on the author's definition of spirituality.



Hungelman (1985) described spirituality as harmonious interconnectedness across time and space. This definition views spirituality as something that exists within human connections. Because it has been argued that "no person is an island," based on this definition it could also be argued that all persons are spiritual.

Aponte's concept of spirituality is defined as a "*way of life* [italics in original] that provides a world view, moral standards, and form for living. This way of life springs from a belief system that speaks to the nature of people, the purpose of life, and our relationship to the world and its ultimate source" (1996, p. 490). Aponte's definition becomes slightly less inclusive

when he describes spirituality as a "relationship to the world and its ultimate source." Such language leaves room for interpretation, but it does seem to denote some belief in a greater, ever-present power that was involved in the creation of the world.

Williamson's (1995) definition seems to indicate that all people are, by nature, spiritual. Thus, being spiritual is not a matter of consciousness but of simple reality. He states, "Spirit is the core principle of conscious life, the vital principle that energizes the body. Spirit – whether good or evil – is the fundamental dynamic or energy that inspires and pervades all thought, feeling and action. In this understanding, every human being is by nature a spirit or spiritual being" (p. 9). Although this definition suggests that everyone is spiritual, it would not be accepted by many individuals who reject the concepts of "spirit" or "energy." Some social scientists, for example, see such concepts as a metaphor at best, and at worst, a fantasy.

Hinterkopf's (1994) definition moves slightly further to the right on the continuum due to the words "transcendent dimension" (p. 166). This reference adds to the previous definitions by suggesting that spiritual matters lie on a higher, more ideal plane. Hinterkopf states, "The spiritual experience is a presently felt phenomenon, involves an awareness of the *transcendent dimension* [italics added], brings new explicit meanings, and leads to growth" (p. 166).

Finally, Hodge (2000) becomes more specific with his reference to a "Transcendent Being." He defines spirituality as "a relationship with a *Transcendent Being* [italics added] that fosters a sense of meaning, purpose, and mission in life" (p. 218). Spirituality, defined in this way, produces "an increased sense of altruistic love, which has a discernible effect upon one's relationship to creation, self, others, and the Most High" (p. 219). Certainly, it could be argued that the use of the term "Most High" is a direct reference to the Judeo-Christian god. Thus, Hodge's definition would be considered even more specific.

I prefer Wright, Watson, & Bell's (1996, p.30) definition of spirituality. They describe spirituality as "an internal set of values and active investment in those values, a sense of connection, a sense of meaning, and a sense of inner wholeness within or outside formal religious structures." Spirituality, defined in this way, seems to capture all possible positions on the spectrum, thus remaining open to understand the experience of the participants (Seidman, 1998).

Confusion in previous literature. Most of the literature in the area of religiosity and

spirituality is focused on religion. This makes sense given that religiosity tends to be easier to measure. For example, religiosity usually encompasses "rituals, beliefs, and practices" (Hodge, 2000, p. 219). Such variables are much easier to measure than "the fundamental dynamic or energy that inspires and pervades all thought, feeling, and action" (Williamson, 1995, p. 9) or "a sense of connection, a sense of meaning, and a sense of inner wholeness" (Wright, Watson, & Bell, 1996, p.30).

Unfortunately, literature on these two subjects remains quite blurred despite the agreement among most authors that spirituality and religiosity are two separate concepts (Hodge, 2000). Too often the words are used interchangeably, creating confusion and misinterpretation, especially when the reader only glances at the title, abstract and findings. Much of the confusion seems to center around the tendency for authors to use the word "spirituality" when they are really referring to religiosity. I believe there are three primary reasons for the mislabeling that occurs.

First, spirituality seems to have a more positive connotation than religion amongst the general population. Although there are numerous reasons for this phenomenon, I will mention only a couple. First, the various social change movements of the 1960's toward peace and inclusion were seen by many as a spiritual awakening. Consequently, spirituality is often equated with being free-spirited, open-minded and accepting of differences, a stance that continues to be popular in today's society. Religion, on the other hand, is often seen as restrictive, exclusive and unaccepting of differences, a seemingly less popular position that is viewed by some as ignorant and arrogant.

Another factor contributing to the general popularity of spirituality is the media. It seems as though the media has turned spirituality into a fad amongst many cultures. One powerful example of the media's promotion of spirituality is found in George Lucas' motion movie series "Star Wars." Numerous parallels exist between the spiritual domain and what Lucas calls "the Force." One message continually repeated throughout the movie – "Use the Force, Luke." – became a common antecedent to Luke's ability to look inside himself for answers and power that would ultimately result in victory, often through supernatural abilities. Lucas probably never considered using the phrase, "Keep the commandments, Luke," or "Pray for power, Luke."

Instead, Lucas recognized spirituality's popularity, and his decision to focus on spirituality as a positive resource continued to place spirituality in a popular light.

The popularity of spirituality was not solely promoted and evidenced in the motion picture industry. Spirituality also found it's way to the top of "best seller" lists. Consider, for instance, *The Road Less Traveled* and *Chicken Soup for the Soul*, books that have practically become common household items. Such books not only illustrate the popularity of spirituality as a concept, but also point to "a societal hunger for meaning, value, and transcendence" (Giblin, 1996, p. 46).

Second, spirituality's popularity among mental health professionals also contributes to the fact that religiosity is frequently mislabeled "spirituality." Benningfield (1998) references four trends that have contributed to the increasing popularity of spirituality in the mental health field: (1) the heightened use of alternative or holistic medicine, (2) the writings of respected psychotherapy practitioners recognizing the connections between psychotherapy and spirituality, (3) the prevalence of self-help groups promoting spirituality in 12-step programs, and (4) the growing interest in Eastern philosophies that emphasize the relationship between spirituality and physical and mental health.

Regardless of the reasons, spirituality seems to have a more positive connotation in the professional spheres, including academia. Consider, for example, how scholarly work has creatively used alternatives to the word religion such as "formal spirituality" (Benningfield, 1998, p. 26). Even the terms "spiritual ecomap" (Hodge, 2000) and "spiritual genogram" (Frame, 2000) could arguably be called "religious ecomaps" and "religious genograms."

Third, authors may use the term spirituality in place of the word religiosity based on the assumption that "religion flows from spirituality" or vice versa (Hodge, 2000, p. 219). However, it seems as though maintaining either assumption is unwise. Certainly, there are many spiritual people who would not refer to themselves as religious. The literature also describes some individuals as being extrinsically motivated, using religion as a way of obtaining social recognition, status or prestige, not as a source for spirituality.

Whatever the reason has been for using the terms "spirituality" and "religiosity" interchangeably, I view it as harmful and misleading. Therefore, this study maintains a

conceptual distinction between religiosity and spirituality – in the literature review, data collection, and data analysis.

Rationale for focusing on religiosity. There are several reasons contributing to my decision to focus this study on religiosity rather than on spirituality. First, it seems as though clinicians and researchers alike are more uncomfortable with religion than they are with spirituality. In fact, using Aponte's (1996) definition of spirituality, one could argue that therapy itself is a spiritual experience in that it often addresses issues affiliated with "the nature of people, the purpose of life, and our relationship to the world" (p. 490).

One sign of clinicians' general discomfort with religiosity in therapy can be seen in the tendency to discuss spirituality, rather than religiosity, in clinical literature. The tendency for clinicians and researchers to avoid religion in the literature could be seen as isomorphic with the discomfort clinicians often feel about discussing religion in the therapy room. Thus, it is seen as more helpful to focus on religion in an attempt to alleviate a portion of this discomfort in hopes that clinicians would be more open to including religion in therapy when appropriate.

Second, identifying and describing participants who are religious seems to be more realistic than to try and describe an individual's spirituality. It was my experience during both the pilot study and this study that the participants had difficulty describing their own spirituality. If the participants are not described in a manner that allows clinicians to transfer the results of this study to their own clientele, then the benefits of these findings are greatly limited.

Third, based on anecdotal evidence, presenting problems are sometimes associated with the interpretation/misinterpretation and/or application/misapplication of specific religious doctrines. Similarly, doctrines can also be supportive of new solutions and practices that help to alleviate relational problems. Consequently, focusing on religion instead of spirituality provided participants an opportunity to reflect on various doctrines that might have contributed to the couple's relational difficulties or supported solutions to those difficulties.

Although the focus was placed on religion, it is acknowledged that all of the participants viewed themselves as being spiritual. Such overlap between religion and spirituality was expected. Attempting to keep a firm boundary between the two was seen as impossible and harmful to the study. Still, careful attention was given during the interviews to seek

understanding about how the participants were using the terms spirituality and religion. In addition, a concerted effort was made during data analyses to word the themes in ways that remain true to the conceptual distinctions made between the two terms by the participants.

Significance of the Study

Reasons for Including Religiosity in Therapy

The purpose of this section is to discuss the powerful influence that religion has in the lives of many individuals. In order to accomplish this purpose, it is not my intention to organize an impressive amount of research findings that attempt to convince the reader of the wonderful influence that religion has upon some individuals. It is also not my goal to simply reference literature that identifies ways in which religion has served to create pain and dysfunction in the lives some individuals. Rather, the intent is to simply acknowledge religion as a relevant and influential subsystem in the lives of many – for good, for bad, or for both (Bergin, 1983).

The multiple influences of religion. One way to understand the influence of religion is to identify the potential it has to influence an individual in a variety of ways. The very schema through which an individual views herself, her relationships, and her world are especially susceptible to religion due to the ontological teachings of most religions. Therefore, from a *cognitive* perspective, religion contributes to an individual's thoughts, beliefs, ideas, expectations, and interpretations.

From a *behavioral* standpoint, religion serves to establish many behaviors, patterns, habits, and rituals in an individual's life. Many of these behaviors are viewed as commandments from a higher being, and are therefore often given more importance than many family and social traditions, as well as even personal preferences. Most religions also maintain various forms of "thou shalt not" behaviors (or even thoughts).

These behaviors are often linked to *emotional* responses that reinforce the various forms of cognition. For example, many religious people maintain that they find a certain level of happiness, joy and peace in living the practices supported by their chosen religion. In addition, religion often contains doctrine that gives meaning to certain emotional experiences. From a Christian perspective, for instance, "love, joy and peace" are affiliated with feeling "the Spirit" (The Holy Bible, p. 1479). And for some Christians, feeling "the Spirit" is associated with God's approval upon how they are living their lives. Thus, behaviors can invite emotional responses that are embedded with meaning and subsequently reinforce the initial behaviors.

From a *narrative* position, religion is embedded with an extensive history of stories and

experiences that continue to provide meaning for the religious individual's own life. These narratives often serve to reframe difficult experiences that make them more tolerable. For example, the story of Job is helpful to people who are experiencing trials. It helps them reframe their difficulties as challenges and opportunities to remain faithful. As a result, the trial can become more bearable. Moreover, for those trials that pass, the individual often views him/herself as stronger and more prepared for another trial.

From a *structural* standpoint, religion often provides counsel on rules and roles for family, group, and community life, including issues of power and hierarchy. At times, acceptance of these rules and roles helps a couple more easily adapt to married life, while at other times, differing expectations for rules and roles can create controversy. This is especially true when partners are coming from different religious backgrounds and maintain different beliefs about roles in marriage. In addition, religious congregations can also serve as a context for emotional and social support.

These influences of religion are neither inherently harmful nor inherently helpful. In other words, an individual may experience religion as a positive *and/or* negative aspect of their life. Some researchers and clinicians have biases that cause them to look for the harm that religion causes, while other researchers and clinicians favor religion and look for its benefits. Others simply ignore religion as an irrelevant issue. My stance as a researcher and systemic therapist is to remain open to the idea that religion has the potential to affect individuals in helpful and harmful ways. Moreover, I also hold that the same individual may be influenced by religion in *both* helpful *and* harmful ways. It is not an either/or issue.

Therefore, the overview of literature and research findings presented in the following two sections will cover both positive and negative correlations and outcomes related to religion. Consequently, after reading these sections the reader may feel somewhat confused as to whether or not religion in general is a helpful or harmful influence. According to history and research, it seems as though the answer is "Yes, it's both."

Religion as a positive influence. A recent review of the literature identified numerous benefits that people with strong religious faith tend to experience (Worthington, Kurusu, McCullough, & Sandage, 1996). For example, Worthington et al. found that religious individuals

report higher levels of life satisfaction, greater personal happiness, lower levels of depressive symptoms, lower hostility, and more.

Even for individuals struggling with serious mental illness, religion has been found to be beneficial in helping them to function successfully (Sullivan, 1993). Respondents in Sullivans' study indicated that religiosity helped them solve problems, obtain valuable social support, and helped them work through difficult dilemmas in life. In addition, Walsh (1995) reported that individuals with schizophrenia generally maintain their religious belief system, despite the many cognitive changes such individuals usually encounter. Thus, Walsh suggested that religion sometimes provides families affected by schizophrenia with a context for rebuilding.

Harren (1999) reported qualitative findings that identified how specific religious beliefs, practices, and resources helped participants to access their faith as they faced difficult, often public, challenges. For example, beliefs about God's character helped some participants maintain hope that He would help them through their trials. These findings concur with my own clinical experience with clients. For example, beliefs about forgiveness have helped some clients forgive others and feel forgiven by God. On the other hand, however, some clients have experienced intense guilt as a result of not being able to feel as though God would forgive them despite their religious leaders reassurance that He would.

Several studies have found religious involvement to be an important predictor of marital satisfaction, happiness, and adjustment (Hansen, 1992; Schumm, Bollman, & Jurich, 1982). For example, a national study by Glenn and Weaver (1978) found that religious involvement was found to be the strongest predictor of marital satisfaction when considering eight variables in a multivariate regression analysis. Robinson (1994) found that religious influence and behavior in marriage (e.g. prayer) enhances intimacy, commitment, and communication. Dudley and Kosinski (1990) noted religious affiliation as a variable facilitating conflict resolution. Unfortunately, however, these studies did not identify which active ingredients of religiosity contributed to the positive findings.

In order to "systematically [examine] and [explore] the spiritual phenomenon" of prayer, Butler, Gardner, and Bird (1999) conducted a qualitative study looking at religious couples' use of prayer during relationship conflict. They found several positive outcomes including the de-

escalation of hostile emotions, the facilitation of empathy, and an increased focus on self-change. Although their study did not find any negative outcomes related to a couples' use of prayer, Butler and Harper's (1994) model of couple prayer does suggest that some spouses might use prayer to form alliances with God (forming an unhealthy triangle), thus maintaining a self-righteous stance and perpetuating the conflict.

Robinson and Blanton (1993) also looked at qualities of enduring and satisfying marriages. They conducted a qualitative study interviewing 15 couples with 30 years or more of marriage. Their findings identified religious faith as a key element of enduring marriages. It is important to note, however, that all the couples considered themselves to be religious. Upon further analysis, Robinson (1994) noted that high religious commitment was not always associated with higher levels of marital satisfaction. Rather, marriages seemed to benefit from the "moral guidance and social, emotional, and spiritual" support offered by religion (p. 215).

Studies have shown that families who have greater religious participation tend to cope well with various life-cycle problems. For example, Weaver, Koenig, & Larson (1997) cited research indicating that religious affiliation and participation helped in one way or another with families struggling with one of the following: unemployment, Sudden Infant Death Syndrome, or raising a disabled child.

Among adolescents, religious activity has been found to be positively related to prosocial values and behavior (Foshee & Hollinger, 1996), and negatively associated with delinquency (Litchfield, Thomas, & Li, 1997), substance abuse, premature sexual involvement, suicide ideation and suicide attempts (Donahue & Benson, 1995). In addition, when the family worships together, adolescents tend to exhibit lower levels of materialism (Lee, Rice, & Gillespie, 1997). This last finding seems increasingly important given the financial bondage that many individuals and families are experiencing due to "self-imposed extreme consumerism" (Breunlin, Schwartz, & Kune-Karrer, 2001, p.213).

Religion as a negative influence. Despite these positive influences that religion has on individuals and families, history is full of examples that illustrate the potential that religion has for influencing people to do harm. When reading European history, or almost any history for that matter, it becomes obvious that politics and religion were often one in the mingled. Political

domination meant religious domination. Consequently, numerous wars were fought in order for a church to gain or maintain political power. Once a church obtained power, it seems as though any amount of killing could be justified in order to maintain religious power. Such was the case in France during the late 1500's when the Roman Catholics and the Protestants (Huguenots – followers of John Calvin) fought a series of civil wars that lasted over 30 years. In just one day, thousands of Huguenots were killed during what is now called the Massacre of Saint Bartholomew's Day. Power and status were not the only causes of religious war. Even disagreements among doctrinal issues (e.g., divorce, and transubstantiation) have led to war and persecution.

Given the history of religious turmoil in Europe, it is understandable why so many would risk their lives to make the journey to the Americas. Unfortunately, religious persecution also made the voyage to the new land and continued to plague the colonies. The Salem Witch Trials are just one example of how religious beliefs continued to serve as a motivation and justification for persecution. A brief summary of the trials is given to illustrate the point.

According to history, the Salem Witch Trials began in 1692 when two of Reverend Parris' children began acting out in unexplainable ways. In retrospect, mental illness or even symptoms of abuse may have explained such behaviors. Instead, what they could not understand or remedy through prayer was labeled as evil. Thus, witchcraft was used as a scapegoat by claiming that the children were under the spell of a witch. Tituba, the Indian slave of Reverend Parris was the first to be tried for witchcraft. To ensure successful scapegoating, Reverend Parris abused Titiba and coerced her into pleading guilty of witchcraft.

The trials lasted 14 months and took the lives of at least 25 individuals. In the years that followed, some of those most heavily involved in the accusations admitted they might have been mistaken, others claimed they were suffering from delusions. Thus, problems were created because religious leaders attempted to "provide a simple, uncomplicated solution for complicated questions of existence" in order to maintain power and respect in the community (van Uden & Pieper, 1996).

Despite the first amendment to the Constitution, the United States continued to be troubled by religiously justified persecution and violence. One such example is the Klu Klux

Klan of the early 1900's. This new Klan was organized under the direction of William Simmons, a former Methodist clergyman. The Klan was formed in Atlanta, Georgia as a patriotic, Protestant fraternal society. The group grew to a membership of more than two million in approximately ten years. Their actions were directed against groups it considered to by un-American, including blacks, immigrants, Jews and particularly Roman Catholics.

Religious fanaticism has continued to cause pain and suffering throughout the 20th century and into the new millennium. Jim Jones, a U.S. cult leader, is one example of religious fanaticism resulting in death. In 1978, Jones led 913 followers, including 276 children, to Guyana where they eventually participated in a mass suicide shortly after the murders of five U.S. representatives who had visited Jonestown, Guyana to investigate charges of religious coercion.

Many would argue that the recent terrorists attack on the World Trade Center and the Pentagon were also a result of the fanatical religious beliefs of Osama bin Laden and others. According to evidence left by the terrorists, not only did the terrorists justify their actions based on religious beliefs, but they also believed such actions would bring them eternal rewards.

Religion has also influenced the manner in which individuals and communities have responded to controversial issues such as homosexuality. Some religions have offered support, while others have been accepting or tolerant. Still, others discourage and/or condemn homosexuality in overt or covert ways. Some oppose the practice but do not condemn the orientation, while others condemn both. And finally, some continue to fall into the patterns of old by religiously justifying the persecution of homosexuality.

While these examples demonstrate the negative effects religion has had at a global, national and community level, religion has also contributed to undeniable problems at a familial level. For example, extreme forms of patriarchy, often justified by the husband's interpretation of fundamentalist religious beliefs, have sometimes contributed to various forms of domestic violence and abuse. Such oppression has been characterized by the "absence of choices" and is demonstrated by a husband's demands that his wife be obedient to his will (Hooks, 1984, p. 35). Such demands are sometimes traced to a New Testament scripture in Ephesians where Paul states "Wives, submit yourselves unto your own husbands, as unto the Lord. For the husband is the

head of the wife…so let wives be [subject] to their own husbands in every thing." Some husbands feel justified in their wrath when they perceive that their wife is not being subject unto him.

In my own limited experience as a clinician, I have also witnessed religious tones underlying verbal abuse. The abuse is sometimes justified by the husband because his wife chooses to not "submit" to him. Upon one occasion, one of my clients in couple therapy reported to me that her husband had repeatedly told her over the years, "Even a prophet could not live with you." Such abuse is particularly painful when the receiving spouse is religiously devoted.

Religion can also contribute to dysfunction in families when parents misuse religion to establish authoritarian rules such as "Don't talk," "Don't trust," "Don't feel," or "Don't want" (Sloat, 1990). Literature on adolescent substance abuse suggests that these type of rules and boundaries are contributing factors for drug and alcohol abuse among adolescents (Muisener, 1994). Thus, although some studies have suggested that religion is negatively associated with substance abuse among adolescents (Donahue & Benson, 1995), it seems that some families may use religion in ways that facilitate substance abuse and are in other ways harmful to family members. Even within the same religious denomination, there are likely to be differences in how families apply similar religious beliefs and practices in their homes. Consequently, therapists should not make assumptions about a couple's application of religious beliefs and practices simply based on the couple's religious affiliation.

Finally, I have noticed that religion has contributed to individual psychological problems. I have had clients who have experienced problems ranging from anxiety and depression to the closely related topics of guilt and forgiveness. To illustrate, I will briefly mention two clinical examples.

Mary entered therapy struggling with anxiety and panic attacks. Upon further exploration, it was discovered that her anxiety and panic attacks were often associated with her church responsibilities. Apparently, Mary often would see her failure to meet her own high expectations as a stimulus for negative eternal consequences. For example, if her busy schedule prevented her from being able to immediately help Mrs. X, Mary quickly began to tell herself that Mrs. X may be offended and may struggle with her faith and fall away from the church. Obviously, this

created more of a sense of urgency and thus greater anxiety. If she ignored her own needs and immediately helped Mrs. X, Mary's anxiety would leave but she would be frustrated and angry with herself and sometimes with Mrs. X. If she chose not to immediately help Mrs. X, she experienced an overwhelming feeling of *guilt*. Feeling as though she could not win, she would often experience panic attacks when she felt as though she could not accomplish everything asked of her.

The other clinical example is more heavily related to specific doctrines which, in this case, were misinterpretations of the doctrines taught by the client's church.

Shortly after individual therapy had begun, Sarah expressed that she experienced a great deal of anxiety whenever she was socially involved with the opposite gender, particularly when it was someone to whom she was attracted. She explained that it was more than just being nervous. In addition, her anxiety often caused her to avoid circumstances where she might be alone with the opposite gender (e.g., dating). Her anxiety caused her a great deal of sadness due to the fact that she very much wanted to be married.

As I inquired about her religious beliefs, Sarah and I both became aware of a string of beliefs that were strongly related to her anxiety. First, all touch is sexual. Second, all sexual touch before marriage is a sin. Third, committing sexual sin will prevent me from being receiving the blessing of marriage. And fourth, if I am not married, my eternal destiny will be changed. Once becoming aware of these beliefs, Sarah was able to discuss them with her religious leader. Some misunderstandings were clarified and Sarah's constraints with regards to dating were removed.

In summary, religion seems to have the potential to provide strengths and constraints to an individual, as well as to family, community, national or even global systems. To argue whether religion is inherently helpful or harmful to families on a global scale is not the issue. What does seem to be relevant is for therapists to first, recognize that religion is a powerful influence for many families and may play a vital role in the origin and/or resolution of their presented problem(s), and second, learn how to appropriately assess for and, if necessary, address religious issues in individual, family, and couple therapy.

Understanding Why Many Therapists Have Avoided Religiosity in Therapy

The literature suggests several reasons why religious issues have largely been ignored in the mental health fields: a) Freud's scorn for religion as being comforting illusions or "universal obsessional neuroses"(as cited in Haug, 1998, p. 473), b) the prevailing views of science, including rational and logical thought with an emphasis on objectivity (Patterson et al., 2000; Prest & Keller, 1993), c) the emphasis on clinical cases in which religion has been identified as contributing to pathology (Elkins, 1995; Walters, 1992), d) the lack of literature identifying religion as a therapeutic resource (Kelly, 1992), and e) the belief that discussing religion in therapy would or could be interpreted as a form of proselytizing (Patterson et al., 2000).

Though it is not mentioned in the literature, it seems plausible that some therapists may avoid the use of religious issues as part of their efforts to remain value-neutral. This notion is based on the following ideas. First, values are often connected to religious beliefs. Thus, for religious therapists, value neutrality is threatened when religion is invited into the therapy room. Thus, it seems plausible that some therapists quickly close the therapy room door leaving religion in the waiting room in hopes that their values will remain outside as well. When religion and personal values do sneak through the door, such therapists are likely to experience an internal struggle between choosing value-neutrality or being true to their religious convictions. This seems especially true when the client's values directly contradict the therapist's religious beliefs.

Benningfield's (1998) discussion of value-neutrality and religion in therapy helps remind us that therapists can not be completely neutral with clients. Rather, therapists can be sensitive to clients' religious beliefs by being willing to learn about and understand their religious views through an open and genuine discussion (Thayne, 1998).

Another reason for therapists' hesitancy to address religious issues may be the anxiety felt by both the client and the therapist when religion has been discussed in session. The client's anxiety may stem from the fear that his/her religious values and beliefs may be questioned, challenged and/or manipulated by the therapist (an authority figure) during their time of vulnerability.

Such anxiety is understandable given the historical examples regarding the persecution of religious groups. Anxiety may be particularly high among certain religious minorities, such as the Jews or members of the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). A recent

Gallup poll indicated that among those surveyed, 2% considered themselves Jewish and 1% indicated that they were LDS. Protestants and Catholics made up 56% and 27% of the sample, respectively. These percentages give greater relevance to the findings of a study on hate crimes done by the Federal Bureau of Investigation. Information gathered from 12,096 law enforcement agencies indicated that among the 1,416 hate crimes reported in 1999, 1,111 of them were anti-Jewish. Thus, as the persecution of the Jews by Hitler and the KKK continues reappear in other places and times, it is understandable why Jews might feel uneasy about including their religious beliefs in therapy.

Members of the Church of Jesus Christ of Latter-day Saints continue to remember the constant persecution that caused the early members of the church to move from Ohio, to Missouri, to Illinois, and eventually across the plains to what is now the state of Utah. The negative sentiment in Missouri against the church was so strong that Governor Lilburn Boggs declared, "The Mormons must be treated as enemies, and must be exterminated or driven from the State if necessary…" (Gentry, 1965, p. 419). Long treks and the need to rebuild their homes and communities were not the only casualties of their persecution. Hundreds of members of the church died due to exposure while others were beaten or murdered by mobs. Their prophet and several leaders were imprisoned upon several occasions without reasonable justification; eventually they were murdered by a mob while being held in jail at Carthage, Illinois. The Church of Jesus Christ continues to receive criticisms for its conservative values and doctrines. As such, many members of the church are hesitant to seek therapy with therapists who are not of their faith.

Again, the persecution of these religious groups should not be understood as simply the non-religious persecuting the religious. Rather, some of this persecution was a result of religiously justified persecution. For example, persecution of both the Jews and the Mormons was sometimes justified by religious interpretations of scripture.

Unfortunately, even religious clients who seek pastoral counseling from someone of the same faith still have reason to be anxious given the historical examples of individuals "who were assumed to be in direct contact with the gods," and yet, greatly misused their power (Benningfield, 1998, p.30). Take for example, the high profile case of Jim Jones, previously

discussed. Jones' followers trusted their lives to his spiritual and religious guidance, only to have their journey end in mass suicide.

Becoming more familiar to the public eye are the unfortunate cases of sexual abuse by religious leaders. For example, increasing problems with sexual abuse in the Catholic Church prompted the Pope to call a special meeting in April 2002 to discuss the matter with Vatican officials and the U.S. Cardinals (Henneberger & Sterngold, 2002). Such issues diminish the trust in religious leaders and only increase anxieties about pastoral counseling.

The therapist's anxiety around religious issues may spring from the lack of, and often absence of training regarding the inclusion of religious issues in psychotherapy (Shafranske & Malony, 1990; Sheridan, Wilmer, & Atcheson, 1994; Kelly, 1994). Certainly, many therapists sense that to discuss and work with religious issues is to tread on what some might call "risky" or "sacred territory" (Bergin & Jensen, 1990, p. 6). Benningfield (1998, p. 27) noted that even therapists "who have expertise in this area are not immune to the perils and pitfalls that may emerge" when integrating religiosity and psychotherapy. This is especially true when therapists have unresolved issues around religious beliefs, authority, and childhood trauma, or when they have little experience with religious worlds outside their own.

It is natural, then, for therapists who have received little or no training in this area to be cautious, even to the point of avoidance. Certainly, it is clear that to practice outside our scope of knowledge is considered unethical (AAMFT Code of Ethics, 2001). Yet, Frame (2000), Benningfield (1998), and Haug (1998, p. 477) have offered a different perspective, suggesting that just as therapists must learn to understand and respond to issues such as race, gender, sexual orientation, culture and class, therapists also have an ethical duty to become "spiritually literate." Bergin, Payne, and Richards (1994, p. 21) argue, "Avoiding religious issues or routinely redirecting spiritual concerns in therapy is no more justifiable than refusing to deal with the death of a family member or fears of social encounters."

Purpose of this Study

Again, the more pressing issue is not whether religion is a positive or negative influence, but rather, "Is religion a relevant influence in the lives of some clients?" Based on the literature available, it seems as though the answer is "yes." Thus, it seems important to understand how to

address religion in a way that is comfortable for clients.

In the past, clinicians have expressed a lack of confidence in their ability to address these issues. Some researchers and clinicians have responded with suggestions for clinical and academic settings. Yet, many clinicians continue to feel hesitant to discuss religious issues with their clients. This study attempts to alleviate some of this fear by providing clinicians with a descriptive view of how some couples are influenced by religion and what these couples think and feel about the inclusion of religion in therapy.

Methodology

Rationale for Qualitative Design

Qualitative inquiry through the use of interviews is an optimal method of choice for understanding individuals' experiences and the meaning they make of those experiences (Seidman, 1998). As mentioned, we know little about the clients' feelings and thoughts with regard to including spirituality and religion in therapy. Past literature has placed the researcher and/or the therapist at center stage. For this reason, qualitative research using multicase studies allows the client to be at center stage and thus seems quite appropriate. After all, interviewing "requires that we realize we are not the center of the world" (Seidman, 1998, p. 3). Acknowledging this, I have taken great care to "make the project more inclusive of the people who agree to participate" (Wilton, 1999, p. 262). Keeping this goal in mind, the following methods were used for this study.

Participant Selection

Purposive sampling, also known as criterion-based selection (LeCompte & Preissle, 1993), was used to select a sample designed to meet the purposes of the study. Participants include eight case studies consisting of couples who previously received couple therapy. Participants were accessed primarily through a marriage and family therapy agency in the Quad Cities area of Iowa and Illinois. With the help of agency staff, I searched through all of the English-speaking cases that had been active in the past 12 months. When the records indicated that a couple had completed their last session, the case was reviewed for the following information: religious affiliation of each partner (as determined by what the client wrote on their intake form), number of sessions, and occupation. If a couple had attended seven or more therapy sessions, and neither of them was considered clergy, their case number was written down in one of the following five categories: Jewish, Latter-day Saint (Church of Jesus Christ of Latter-day Saints), Protestant, Catholic, and interchurch couples (partners who did not share the same religious affiliation).

Unfortunately, no couples fit the criteria for the Jewish or LDS categories. One LDS couple had participated in four therapy sessions and so it was decided to include them as potential participants. I decided to begin selecting potential participants while also searching for

additional LDS and Jewish couples. It was also at this point that I decided to include two interchurch couples in the study. This seemed logical given the research indicating that interchurch couples are more at risk for marital difficulties (Williams & Lawler, 2000).

Where possible, two couples from each category were then randomly selected. Detailed information was then collected, including names of the clients, phone number, total number of sessions, the date of the last session, and the therapist who worked with the couple. This information was then included in a brief letter to the therapist. The letter, which can be found in Appendix B, asked the therapist to contact the couple to see if they would consider participating in a research study. Therapists were asked to tell the couple that the researcher would explain the details of the study and then ask them if they are still interested in participating.

Upon giving the letters to the therapists, I learned that four out of the seven selected cases did not actually come to therapy for couple issues. New cases were randomly selected from the appropriate categories to replace those cases, and new letters were distributed. Upon hearing back from the therapist, I was delighted to learn that all seven couples agreed to talk with me.

I called the couples and explained that they were being called as part of a research study aimed at better understanding what clients' thoughts and feelings are about including religious issues in couple therapy. I explained what their involvement would require (see Informed Consent, Appendix C), responded to questions and concerns, made sure they fit the criteria stated above, and then asked them if they would be willing to participate. Again, I was surprised that six out of the seven couples were willing to be included in the study. (The seventh couple was either never home or were screening their phone calls via children and Caller ID. They chose not to return any of my phone calls, and so I assumed they had decided not to participate.)

During this initial phone call or during a follow-up phone call, I scheduled the appointment for the interview and arranged a time when two copies of the interview guide (Appendix A), two brief questionnaires (Appendix D), and two informed consents (Appendix C) could be dropped off at their home (Seidman, 1998). Due to various reasons, some packets were mailed rather than hand delivered.

In an attempt to find additional Jewish and LDS couples, I contacted another social service agency in the Quad City area. Again, I was not successful. I then called the nearest LDS

Social Services, which happened to be in Minnesota. They indicated that they had not done any couples therapy in the past year in the Quad City area. They did refer me to a psychological counseling service in the area to which LDS bishops often refer individuals.

I called the director of this agency and found him to be very receptive and interested in the research. However, he informed me that he usually works with LDS members himself, but had not worked with any in the past several years. He had seen several individuals, but no couples. I then talked to the LDS Stake President who presides over approximately 8 congregations in the area. He did not know of any couples himself, and suggested I talk with individual bishops.

I contacted several of the nearest bishops in the area and explained my situation. Two of them each indicated that they knew of one couple in their congregation who had gone to therapy in the past year. I asked the bishop to call the couple and ask them if they would be willing to participate in the study. Both of them did so, and found both couples to be receptive to the invitation. Needless to say, I was excited because this search had been going on for two months.

I received the names and phone numbers of the couples and gave them both a call. The first couple I talked to indicated that they had both been to numerous individual therapy sessions, but only two couple therapy sessions. Still, they were willing to participate in the study. I called the other couple and learned that they had gone to individual therapy, but no couple therapy sessions. I thanked them for their willingness to participate and called the other couple back to arrange the interview.

My search for Jewish couples was even more difficult and less successful. I called both synagogues in the Quad Cities area and talked to the rabbis in charge. They were friendly but did not have any leads for me. One of them suggested that most of the Jewish population in the area is more than 60 years of age, and thus are more likely to talk with their rabbi about marital difficulties. I also contacted the Federation Office and discovered that the total population of Jewish people in the area is about 800, counting those who are not active. As a result of the dead ends I was finding, I chose to include couples where each partner had a different religious preference to replace the two Jewish couples I had hoped to interview.

As mentioned, the second Catholic couple who initially told their therapist that they were

willing to participant did not return my phone calls. As a result, I began searching for another Catholic couple. Unfortunately, the remaining three Catholic couples identified during the original database search, did not work out. I could not locate a working phone number for one of the couples, and the other two declined to participate. I again contacted the other social service agency that I had called about Jewish and LDS couples, and to my surprise, they did not have any Catholic couples who fit the criteria. They did, however, offer to contact one couple who was still coming to couples therapy, but much less frequently. In fact, much of their current therapy focussed on parenting issues.

Because this seemed like the best option available, I decided to contact the Institutional Review Board and Virginia Tech to obtain approval for an amendment to interview a couple who was technically still attending couples therapy. The approval was obtained, the couple was contacted, and the interview was carried out in the same fashion as the other seven interviews.

In the end, eight married couples were interviewed, including two Catholic, two LDS, three Protestant (First Presbyterian couple; Methodist couple; Methodist/Lutheran couple), and one couple in which the husband was Neo-Pagan/Wiccan and the wife was not affiliated with any church. The eight couples were seen by a total of seven different therapists, and those seven therapists worked at four different agencies. For detailed information on participant and therapist profiles, refer to Appendix E.

Data Collection Procedures

As mentioned, interview packets arrived in advance to allow the participants to fill out the information requested and review the interview guide in order to prepare them for the interview. Interviews were conducted with each couple at their home with the exception of Ron and Linda. They had agreed to meet in their home but then realized that their schedule for the day made it easier for them to travel to the marriage and family counseling agency and then go to their following appointment after the interview.

Each interview consisted of a couple interview, with myself as the interviewer, followed immediately by individual interviews with each partner. Couple interviews lasted from 70 minutes to 120 minutes. Individual interviews lasted from 2 minutes to 30 minutes. The first six interviews occurred over a one month period between November and December, 2003; the final

two interviews occurred in the month of February, 2003 due to the difficulty I had in locating the second LDS and Catholic couples.

Follow-up interviews varied depending on the needs of the couple. Each couple was called and each partner was asked in private if they had any additional thoughts or ideas that had occurred to them after the initial interview. Where applicable, these thoughts were shared over the phone, and recorded with the participant's permission. In one case, additional ideas were more than brief, and thus a follow up interview was scheduled in their home. These follow-up interviews also offered an opportunity for me to address additional questions that arose during preliminary analysis during the initial interviews. One of the couples (Sam and Melissa), however, did not participate in a follow-up interview due to the fact that they had moved to another state and I was unable to obtain their contact information.

Given the personal nature of the topic, the participants themselves were seen as the only expert on their feelings and thoughts (M. Uttech, personal communication, December 4, 2001). Consequently, attempts to triangulate data by interviewing others, such as the therapist or other family members, did not occur. Instead, having the partner present during the couple interview was seen as one way to help obtain thick description. Interviewing the couple together also had potential limitations. One or both partners may have felt uncomfortable sharing information in front of the other. Thus, separately following the couple interview, partners were interviewed separately.

Interviews were recorded using two tape recorders to help ensure that data would not be lost due to problems or recording quality. I transcribed all of the interviews, replacing their participant's names with pseudonyms. Tapes were stored in a secure location in my home office until the data has all been collected and analyzed, at which point the tapes were destroyed.

Lastly, therapists were given brief questionnaires to help provide descriptive data about themselves (Appendix F). This data was primarily used to provide therapist profiles (Appendix E). It was occasionally used as a comparison with the clients' views of their therapist. All participating therapists complied with this request and returned their questionnaires.

Data Analysis Procedures

One of the strengths of multicase studies is to "offer insights and [illuminate] meanings

that expand" and "[advance] a field's knowledge base" (Merriam, 1998, p. 41). This multicase study provides a descriptive understanding of the participants' experiences and views about religious issues in couple therapy. I readily acknowledge that these case studies do not represent "the whole" (Guba & Lincoln, 1981). Thus, analysis is intended to provide tentative hypotheses about the inclusion of religious issues in couple therapy.

Analysis for this study was open-ended and primarily conducted after the data was collected (Rossman & Rallis, 1998). Some informal analysis occurred during the course of data collection in the form of journaling "hunches, thoughts, and impressions" throughout the interview process (p. 173). Based on these insights, additional questions were added to the interviews. As noted above, follow-up interviews provided an opportunity to discuss these added questions with couples who were not asked the question in their initial interview.

Tentative categories and themes began to develop during data collection that helped guide the formal "constant comparative analysis" once all the data was collected (Merriam, 1998). A step by step description is given to allow the reader to understand how the themes were created.

The first step of the process was to begin reading the transcripts and highlighting interesting words and phrases (Seidman, 1998). Key words were often written in the margins as well. After marking several of the interviews, I began to see categories of information. Because I had done all the interviewing and the transcribing, much of the information in the "unread" transcripts was already in my mind and thus helped guide the "categorical construction" that was taking place (Merriam, 1998, p. 179). These tentative categories guided me as I read through remaining transcripts. Some categories that existed in early stages of coding were dropped, while new categories not initially identified were created. In addition, categories began to fold into each other or be swallowed by other categories.

Eventually, after reading and rereading the transcripts, developing and redeveloping categories, I finally arrived at a place where all of the transcripts were coded with the final categories. I then made copies of the transcripts and cut the transcripts in order to separate the passages into their respective categories by placing them in file folders (Seidman, 1998). Passages with multiple codes were copied and placed in multiple file folders.

I then proceeded to reread all of the passages, category by category, file by file, looking

for themes within these categories. At this point, "the participants have spoken, and now [I am] responding to their words…. What emerges is a synthesis of what the participant has said and how [I have] responded" (Seidman, 1998, p. 109). Careful attention was given to be aware of my own "biased subjectivity" in order to try and avoid "noticing and using only materials that supported [my] own opinions" (p. 109).

As I read the passages in a given file, I kept a running list of the thoughts, feelings, or ideas each passage seemed to be addressing. After reading through all the passages several times, I then stepped back and looked for patterns and themes among the list that I had created. In doing so, I began noticing how certain passages seemed to be denoting or capturing the same theme. Continued reflection and note taking helped me identify themes that captured what the participants were saying. I then reviewed the list to make sure that each idea was represented by one of the identified themes. Once I was able to clarify the various themes being represented, I looked back through the themes to see if they overlapped in any way. Where overlapping was evident, themes were reconstructed.

Once this process had occurred within each category, I again backed up the analytical microscope and observed to see if any of the categories seemed to overlap now that the themes had been established within each category. Reconstruction again took place to simplify the findings. Themes were then organized so that the findings could be presented with a clinical audience in mind.

It is important to note that while most themes were supported by a number of participants, at times some themes were established based on only one participant's experience. The rationale for including one-participant themes is as follows. First, given the fact that the sample was relatively small, one participant comprised about 6% of the sample. Had the sample been larger, these themes would have most likely been supported by multiple participants. Second, this study was an exploratory study designed to begin uncovering themes, not verify them. As such, it was decided to error on the side of inclusion rather than exclusion. Third, qualitative research is by nature designed to give voice to the minority or marginalized population. Consequently, one participant's voice is seen as valid and worth listening to.

Methods for Verification

It has been suggested that analysis can intentionally be influenced by the researcher's biases and agendas (Merriam, 1998). Poor analysis can also occur unintentionally when the investigator is "left to rely on his or her own instincts and abilities throughout most of the research effort" (p. 42). Consequently, three techniques were used to help establish additional trustworthiness in this study.

First, after the data had been collected, transcribed and analyzed, participants were provided with copies of their quotes that were used to support each of the themes (Tashakkori & Teddlie, 1998). Each couple was emailed a personalized document containing all of their quotes as well as the context in which each quote was being used. They were asked to make sure they still agreed with what they had said and to verify that the quote was not being used out of context. This seemed especially important given the ambivalent tendencies that participants seemed to have during the interviews. This is understandable given that participants were being asked to think about issues they generally had not thought about before the interviews (or at least before receiving the interview guide).

In addition, even if none of the participants would have looked at their quotes, the process of member checking as well as providing the participants with a copy of the final transcript impressed upon me a distinct sense of accountability and loyalty to remain true to the participants. In short, this accountability was designed to help ensure a more accurate representation of the participants.

Second, "peer debriefing" occurred at various points throughout the study (Tashakkori & Teddlie, 1998, p. 91). Debriefing generally consisted of brainstorming ideas, discussing methods, reviewing the findings to observe thematic selections, and other consultations. These helpful debriefings occurred while designing the study, during the interview process, and during and after analysis. Peer debriefing was used for the purposes of identifying possible misinterpretations as well as to provide stimulating and thoughtful ideas to the researcher.

Third, a reflexive journal was also kept throughout the interview process (Tashakkori & Teddlie, 1998). The journal includes my past experiences that are perceived as relevant to this study. It also includes anticipated and actual struggles due to my own biases and beliefs. In addition, observations were recorded before, during, and after the interviews. Observations also

included self-reflections on my feelings, thoughts, hopes, expectations, ideas, and insights throughout the research process (Rossman & Rallis, 1998). Finally, journal entries included insights into my role as the researcher, as well as thoughts about the strengths and limitation of the study. This reflexive journal was then used as a source in writing the final report.

Findings

The participants' thoughts and ideas provided a wealth of information. The themes that emerged from this information are organized around clinical topics intended primarily for the benefit of practicing therapists. After discussing the participants' meanings of spirituality and religion, the themes are illustrated in the following areas: (a) the therapist's role, (b) assessment and joining, (c) tapping into religious resources, (d) addressing problems associated with religion, and (e) the therapist's religious preference. (It is important to note that the participants' views represent their own personal thoughts and feelings. Their statements may or may not concur with the doctrines and/or official positions of the churches with which they are affiliated.)

Defining Spirituality

The purpose of this section is not to provide a definition of spirituality agreed upon by all the participants. Rather, the goal is to provide several themes that were prevalent throughout the definitions given. This provides a sense for how these participants viewed spirituality, as well as how others might define it.

Uncertainty. How would you define spirituality? "I'm not sure. I've been thinking about that question." "I don't know." "I think it's sort of a hard question." "I have a tough time actually defining this." "Let me think." These are a few of the initial responses I received to this question, even though they had received the interview guide and read through the questions before I arrived. After getting past the initial fumbling, their responses were often scattered with phrases that denoted uncertainty – phrases like "kind of like," "type of a thing," "of sorts," "per se," and "kind of in a round about way." Once the words seemed to find a way out of their mouths, they often topped them off with phrases such as "something like that," "if that means anything," "I guess that's how I view it," "This is deep stuff," and "Does that make sense?"

Certainly, the struggle of defining spirituality in no way denotes an inability to be articulate. Rather, it reflects the difficult nature of the topic or word itself. There truly is no correct definition of spirituality. Rather, it seems to be one of those words that will likely have new meaning to the individual each time it is discussed.

Awareness and connection to a higher force. Many of the participants believed that spirituality is a "personal belief of something greater than one's self," "an awareness of things

other than yourself," or a "knowledge of something greater." Beyond the knowledge or awareness, many participants believed that this "power" in "another realm" possesses a "guiding" or a "controlling" influence in our lives. Several participants added to this by stating that spirituality is a "connection to higher power," "private communication between you and God," or an overall "personal relationship with God." This relationship is experienced by some as "an inner feeling – a presence."

Congruence with personal beliefs. A handful of other participants believed that spirituality is defined by a person's "values and morals." More specifically, spirituality is "staying within your own beliefs." Another participant, named Sam, indicated that spirituality is "living according to either your own personal beliefs or religious beliefs." Sam went on to tie this idea to the second theme of *awareness and connection to a higher force*:

> If I'm praying to God - and I believe we can talk to Him and communicate - if I am at a spiritual low level, there is not much communication that can happen. You know, if you pick up the phone and call a friend, if you don't have a good connection, you're not going to be able to hear very well, and you can't communicate. And I really think it's the same way - if I'm living a good life, according to my definition of a good life - not doing the things that I believe I shouldn't do and doing the things that I should - then that communication will be stronger.

This statement also reflects the view of most participants that religion and spirituality are often, but not always, interconnected. In fact, according to Melissa, "Some people are religious but not spiritual. Others are spiritual but not religious." In general, it seemed as though participants who were actively involved in their religion, believed that their religion enhances their spirituality. Those participants who were not active in a church tended to put more emphasis on their ability to develop their spirituality on their own.

In summary, Wright, Watson, & Bell's (1996) definition, originally chosen to guide this research, seems to capture much of what the participants had to say about spirituality. They describe spirituality as "an internal set of values and active investment in those values, a sense of connection, a sense of meaning, and a sense of inner wholeness within or outside formal religious

structures" (p. 30).

Defining Religion

The participants had a much easier time articulating their definitions of religion. Moreover, their definitions were very similar to each other. Categorical analysis revealed four general characteristics associated with how these participants viewed religion. These four areas are briefly presented along with the descriptive terms given by the participants.

Structure. Religion is often associated with structure. The participants of this study used the following structural terms in their description of religion: Structured, formal, organized, leadership, hierarchy, institutionalization, and established.

Doctrine. Participants also defined religion as possessing a specific set of beliefs or doctrine. The following words and phrases were used by participants to denote religion's doctrinal quality: Set of beliefs, teachings, Bible, "people of the book," prescribed beliefs, dogmatic, common beliefs, fundamental beliefs, guided by a book, commandments, doctrine, study, and learning.

Practices. Participants also saw religion as having established practices that members of that certain religion were encouraged or required to do. Participants used the following words and phrases to elude to such practices: rites, church attendance, external experience, practices, reading scriptures, patterns and lifestyle.

Community. Lastly, religion was seen as being shared by a community of people. Participants used words and phrases such as "culture," "group," "community," "people coming together," and "congregation" to describe the social aspect of religion.

Although these themes were consistent throughout the participants' descriptions of religion, some participants noted that a great deal of variance exists with regard to how religions implement these themes. Some religions are more structured than others. For example, some church services have the same structure and content no matter where you attend. Some religions invest a lot of time, money and energy into social activities that create a sense of unity. Others are more basic and offer less social opportunities.

Variance also exists among the members of a church. Some are less involved, attending only once or twice a year, while others attend church services and activities one or more times

each week. Church members also vary in how involved they are in the structure of the church. Some become church leaders while others are more passive church-goers. Participants in this study varied greatly in their religious involvement from almost no activity to frequent attendance. Detailed descriptions of the participants, including their involvement in their church, can be found in Appendix E.

With an understanding of the meanings these participants attribute to religion and spirituality, we will now look at the how they believe religious issues should be handled in couples therapy. We begin with the role of the therapist.

The Therapist's Role

Effective therapy depends on a therapist being cognizant of their role in working with a couple. When addressing religious issues, the sensitive nature of the topic makes role awareness even more critical. Participants were asked during the interviews "What do you believe the therapist's role should be when it comes to religion in therapy?" In response to this question and at other times during the interviews, participants shared a great number of thoughts and ideas about the role they believe a therapist should take when talking with a couple about religious issues. Their responses are captured in the following four themes: permission, not omission; sessions, not sermons; limits and boundaries; and mediating factors.

Permission, not omission. On all accounts, participants felt the therapist had a responsibility to provide an opportunity for clients to discuss religious issues. Findings regarding how to address religious issues will be covered in the "Assessment and Joining" section. However, this theme was so prevalent that I felt it deserved attention when it pertained to the therapist's role. Metaphorically speaking, participants felt as though the therapist could and should: provide a chair but not force the client to sit in it; set the table but not select, serve and force feed the food; provide the apartment, but not furnish it. Using Humberto Maturana's language, therapists should "open space" for the existence of their clients' realities (Mendez, Coddou, & Maturana, 1988).

Participants offered three general observations for how therapists might best "open space." First, while briefly discussing religious issues with the clients, therapists could simply ask in a direct but sensitive manner, "Would you like to think about this a little more?" Second,

as therapists are working with a couple who is religious, they could take opportunities to "just sort of throw [a religious idea or suggestion] up in the air," as opposed to "shoving it across the room at [the clients]." Ron then pointed out that if "we want to grasp it, we can grasp it, and if not, just drop it."

Chris and Meg shared a specific example of how this may have been used in their therapy. They had been discussing "personal time together and time that [they] would share in [their] daily planning." Meg suggested that the spiritual dimension of this topic had been neglected and noted that prayer would have been "more unifying than just the practical 'get out your day timer and write down where you're going to be for the next 24 hours'." In response to hearing this, her husband Chris said the following.

> Well, that's a good point. Whether or not he wants to get into religious things, that could be something to even just throw out to the couple, "Would it help if you spent time praying together or talking together?" You wouldn't have to delve into it too much. Just kind of throw the idea out and make the observation. A lot of what he did was listen to us, make some observations as an outside party on, "Okay, here's how maybe we can compromise," or "Here's maybe where we should think about it." And that's certainly something he could have just thrown out for us to consider.

Third, the therapist can "open space" for discussing religious issues by being comfortable discussing the topic. Tim and Angela, who had lost their newborn baby and then experienced a miscarriage several months later, spoke about their therapist's comfort level with religious issues, as they perceived it.

> I don't think it was an uncomfortable subject for her to use religion as a means to start the healing process. She didn't shy away from it. She didn't really pursue it either, but I don't think that meant that she wouldn't have been willing to if we wanted to.

Returning to the metaphors given above, when therapists do not "open space" for their clients to discuss religious issues, it can feel as uncomfortable as walking into a therapy room with no chairs for the clients to sit in, having food to eat but no table or place settings, or having

a moving truck full of furniture with no place to unload it. Once therapeutic space is opened up for clients to discuss religious issues, the therapist can then focus on the other two themes.

Sessions, not sermons. Therapists should remember that talking about religious issues doesn't make them religious counselors or leaders. They are still therapists, and as such clients do not expect to pay them for sermons by the hour. Thus, therapists should place emphasis on allowing the client's religion to enter the therapy, rather than inviting the client to enter the therapist's religion.

A number of participants expressed distaste for any sort of preaching flavor in the therapy room. While specifically discussing whether or not a client's religion could be discussed in therapy to help reinforce the clients belief system, Samantha agreed that it could be helpful but attached the following qualifying statement.

> Yea, as long as it's not banging you over the head. We went to Alan as a licensed marriage and family therapist for a reason. If I wanted to hear about how my religion could help save me or my relationship, I would have gone to a pastor. I like to have a little separation. Certain things I don't want to be slapped in my face.

John's therapist had never brought up religion, and although he wouldn't be bothered if it was, there were certain things that would bother him. For example, "if she started just reading out of the Bible and just telling us what to do, I'd kind of think, 'Well, you know, I could go to church.' … I'm not really here to hear the Bible." Finally, Ron, who felt comfortable with how his therapist brought in their religious beliefs, did not mince words when he succinctly stated what seems to capture the attitude of all the participants: "We don't like something shoved in our face."

Participants also had a few words to say about what therapists *could do* to help ensure that an hour of discussing religion would feel more like therapy than like church. First, therapists need to be sure that a reference to religion "really fits the situation" that is being discussed. If the client perceives it as a "natural" issue to bring in, then they are more likely to be comfortable with it. Ryan and Samantha shared how their therapist, Alan, brought in "Bible stuff" even though Ryan was not Christian and Samantha was unsure of her beliefs and not attending a

church.

> Ryan: [The Biblical stories shared by the therapist] were actually within context to whatever we were talking about. They were scriptural type references to conversations we were having. I think he knew that I'm a very spiritual person and I've read the Bible very well, and it just fit perfect to what we were talking about and Alan knew I wouldn't be offended by it. Just because that's his spiritual text, it fit! I'm not going to be offended by that.
>
> Samantha: And, I mean, a story's a story's a story.
>
> Ryan: Yea, I don't care where it comes from; it has meaning. A truth is a truth is a truth; I don't care whose text it comes from.

In this case, parables from the Bible were used to illustrate a point that the client was struggling to understand. The goal was not to preach but to illustrate.

Second, Linda indicated that she really enjoyed how religion was brought into therapy, but that there needed to be a "balance" between religion and "practical" skills. Had the therapeutic skills and intervention not preceded the discussion of religious issues, they "may not have been so open to [bringing in religious issues]…. We needed some things that would work right here in the modern day world." Jason and Nicole emphasized this idea of dealing with basic relational issues before bringing religion into the therapy room.

> Religion could have enhanced our closeness, but we needed to want to be together, number one, more so than enhance that. So, in the end, or at a certain stage, could it have played a part? Certainly. But I think the biggest thing for us was…wanting to be together.

Third, Kristen, who saw absolutely no reason for discussing religion in their therapy, still concluded that even if her therapist, Tammy, was to take a religious approach, she wouldn't feel preached to as long as her therapist maintained a non-directive, suggestion-based stance.

> Tammy is very, "Here's what I think, but you guys do with it what you want to do with it." I think she would do the same [with religion]. She would give us a little bit of, "This is the love verse that you wanted to follow so badly, now I'm just reminding you of it. Whether or not you use it is at your discretion." She's very,

> "Here's a suggestion. You guys either do it or don't do it. But this is the roadblock you're going to hit if you don't. And expect this if you do try it." So I don't ever feel preached to by her, and if she incorporated religion into it I wouldn't think, "Oh God, here we go. Holy roller." I wouldn't think that.

Fourth, several participants also emphasized that a therapist's role in working with religious issues is really no different than in working with other issues. They expected the therapist to "see the patterns," "mediate," "monitor the conversation," or provide a "third party perspective." Referring to a therapist's ability to help with religious issues, Nicole said the following.

> And if religion was a problem in the marriage, maybe give the couple some sort of communication tool to work through what the problem or issue is with the religion. I think that's about all they can do. I don't think they can...if one person in the couple is Jewish and the other is Christian…I think there needs to be a communication issue between the couple so they can figure it out. The therapist needs to help them figure it out for themselves, I think.

Emphasizing therapeutic interventions, however, does not mean that therapists can't help "bring [clients] back to what [their] beliefs are" by supporting and encouraging the clients to be true to their values and beliefs, even when they differ from those of the therapist. Sam and Melissa, the LDS couple who were married in the temple, indicated that while they would not have wanted their LDS therapist to do religious counseling, they did find great strength in the support and encouragement she gave them to be true to their promises to each other and to God.

> Sam: I really got the sense that when she was visiting with us that she was saying things that she doesn't normally say about the importance of us, in particular, staying together.
>
> Melissa: And that was helpful.
>
> Sam: That was helpful! And I think that was obvious - it was easy to pick up on. She's saying things she doesn't usually say in a given day because we were married in a temple and she understands the importance and the responsibility that is associated with that promise and that covenant. That was really great.

Traditional relationship principles often discussed in therapy can sometimes be more powerful when they are tied to a client's religious or spiritual belief system. As I talked with Ryan and Samantha, both of them emphasized the importance of respect, patience, tolerance, egalitarianism, and balance in their relationships with each other and other people, including Ryan's previous wife. For Ryan, these principles are deeply rooted in his spiritual belief system. As we discussed how these spiritual beliefs might have been brought into therapy, Ryan agreed that it could be helpful for therapists

> …to reinforce [a client's] belief structure in a therapeutic way. For [the therapist] to say, 'Okay, this is what your faith teaches. This is something you can apply in your relationship." Not to club you over the head with it, but to say, "Look, practice what you preach," but in a nice way?

Ryan continued discussing this possibility by adding the following thought about when a therapist might be most successful in taking this approach.

> For some couples this will be helpful and for others it wouldn't. If both people come from the same spiritual perspective and it has a great deal of meaning to them, and the therapist can sensitively apply it, it would be a good therapeutic tool.

Even if therapists are not able to be proactive in reinforcing clients beliefs, it is important that they still remain "objective," "open," and "unbiased." To the participants, this means "not saying anything negative about what the [clients'] views are on [religion]." It means not "dismissing [clients'] concerns" when they are religiously based and do not seem like concerns to the therapist. It means not "encouraging [the clients] to do things that are completely against [their] beliefs."

In summary, be open to addressing religious issues in therapy. Refrain from discounting the client's religious beliefs and concerns. Be supportive and respectful of their beliefs. Provide suggestions not directives. Avoid preaching to the client. And finally, use therapeutic skills to work with religious issues much like you would most other topics.

Boundaries and limits. Good therapy always respects appropriate boundaries. When working with religious issues, boundaries are especially important. This is in large part because

when religious boundaries are not respected, or when clients even perceive that their religious boundaries will not be honored, they are likely to drop out of therapy without warning. Several of the participants reported dropping out of therapy for this reason, and a handful of others reported that they would have dropped out if therapy was not respectful of religious boundaries.

Just as good therapy respects appropriate boundaries, good therapists also acknowledge their limits. This theme addresses the connection between the two – specifically the limitation of knowledge about religions and the boundary concerning when a therapist should refer to a religious leader. Many participants did expect their therapist to be "knowledgeable" about religion and to "educate [themselves] on [their client's] faith," particularly with regard to "what [that particular] client believes." Still, most participants indicated that they did not "expect their therapist to become their pastor or to be as versed in religion as their pastor would be." In fact, many recognized how difficult it would be to learn about all the different religions to which your clients might belong.

> Unless a family therapist had a large clientele in a certain religious group, he'd spend years learning every religious group in your area, and still not be an expert. So it might help to have some understanding in the background, but as far as to be able to pinpoint all the issues, I don't see how they could do it.

Thus, because there are so many "different types of religions" and "so much diversity," it would be "hard to bring the doctrines and the different aspects of religion into the therapy." Recognizing these limitations, participants made two recommendations. First, Melissa and Sam noted their second therapist, who was also LDS, recommended books on marriage that "were written by [LDS] religious leaders." This allowed the couple to become more actively involved in integrating their religious beliefs with their efforts to improve their marriage. Putting together a list of books on marriage written by various religious leaders from different denominations would not be too difficult and may prove to be a worthwhile resource for a therapist.

Second, when therapists sense that clients are struggling with religious issues that require deeper understanding of church doctrine, involve issues of guilt, or wavering faith, therapists should encourage clients "to also seek religious counseling." Angela said,

> [I] would've felt most comfortable with a therapist saying, "Since you are

involved in a church, your pastor may be able to go through some doctrines that I am not necessarily well versed in," and then maybe looking at inviting the pastor in if necessary still.

For some clients, respecting these boundaries is more than just a therapeutic principle, it's also a religious principle. According to them, much of Sam and Melissa's marital problems were associated with Sam's "addiction to pornography." Based on their beliefs, viewing pornography is considered a sin that affects his "spirituality" or "ability to communicate with God." Although their LDS therapist supported the importance of their religious practices, such as prayer or fasting, this encouragement came through "implied communication." The therapist would have been "crossing the line" had she directly discussed these topics in order to "counsel" them on the issues. The following comment from Melissa explains why this was such an important boundary for the therapist not to cross.

> I don't think it would be helpful for a therapist of our own religion to give us religious guidance, because that's not her, or anybody else's religious authority over us. For us to go to our bishop and say, "We're having problems." And for him to say, well, you need to pray together. That's the right authority. Our bishop, we believe, has the priesthood stewardship over the members of the church, and he can give counsel. But another member, as a therapist - that would have been crossing the line. She accepted us as we were. She gave us marital counseling and not spiritual counseling, and that was smart.

Other clients may have this same belief, whether they are LDS or not. Hence, the importance of being sensitive to religious boundaries.

Participants were also asked whether they believed it was appropriate or necessary for therapists to disclose their personal religious beliefs or affiliation. Many of them shared Kristen's view of this issue: "I don't think they should because I don't see how it's relevant. The session isn't about them or their beliefs. It's about us and our beliefs, and things that we're confronting or conflicting with." Nicole, who took this same stance, added this additional concern: "I would almost feel that they were trying to push their religious views on us if they brought that up, like 'This is what I believe'." Sara leaned toward believing that even if clients ask the therapist to

disclose, the therapist should maintain that boundary.

Other couples tended to take more of an "it depends" approach. Ryan and Samantha believed that disclosure depended on a myriad of factors, including some of the following questions:

> What's the education level of the client? How bigoted are they? If they learned, how willing would the client be to listening to the therapist after that? But, in general, I think that would be a real risky proposition. Bubba the redneck might not be okay if he knew his therapist was Jewish. I think it would have to be a case by case decision.

Meg and Chris discussed the issue for several minutes before identifying a stance they felt comfortable with. The following statements by both of them seem to capture some important considerations about self-disclosure.

> Meg: Depends. Depends on if they are part of a religious group that's going to conjure up some kind of notion of a cult or terror or something else, it may be better not to share it. And yet, there are other times when if the therapist were Catholic also, it may indeed be helpful to say, "Oh I understand what you're talking about after 12 years of Catholic education." I don't know. It depends on the relationship. It depends on the couple. It depends on a lot of things.
>
> Chris: I think when you're gather information it's not necessarily important or relevant, but if it comes to the point where it appears there may be a religious element to it, and you're going to start going down a religious road, I think it at least should be offered because it will help you understand where the therapist is coming from…. You don't even need to necessarily identify the sect or the background…. I think you need a relevant disclosure that where you're coming from is not where their coming from.

As with many issues in therapy, there is no back and white answer to this question. It is a "case by case" decision. The preceding comments by the participants offer some important factors to consider in making that decision.

In summarizing the first three themes, therapist must recognize their limits and avoid

using religion to preach or push for change. Ultimately, religious boundaries "should be set by the clients." Therapists should "go where the client wants to go," integrating religious issues into therapy only "if that's what [the clients] want." Failure to do these things is likely to result in loss of trust and possible termination of therapy.

Mediating factors. Having discussed these thoughts and concerns about the therapist's role, it is worth noting that many of the participants' concerns about religious issues in couple therapy seemed to be mediated by four factors. First, the participants who accepted a referral to their therapist by their religious leader all expected the therapist to initiate discussion about religious issues and do so in a respectful way. In fact, Angela commented "I was kind of surprised that religion was not brought more into [their] counseling sessions" because "it was a place the pastor had recommended that he uses when counseling with him is not enough." Linda also stated that based on the referral from her pastor, she "was not worried about [religion being discussed]."

Second, client anxiety over discussing religious issues seems to decrease when the therapist is perceived as having "a good background" in "therapy training" where they have learned not "to put their views on the [clients]" or to make assumptions about an individual's beliefs.

Third, the expectation an individual has for what therapy will be like, in general, also seems to influence how they will response to the therapist asking about religious issues. Those who believe that therapy will be somewhat intrusive and expect their therapist to be "digging into all sorts of things," religion being one of them, are less likely to feel uncomfortable when the topic is discussed.

Fourth, and probably the most powerful mediating factor, is the therapist-client relationship. Participants who reported a high degree of trust and comfort with their therapist, seemed to be much less anxious about discussing religion. For example, Ryan, who was very hesitant about how his therapist would respond to his being Wiccan and Neo-Pagan, indicated that once the trust was established he did not have any concerns about discussing religious issues. "Our relationship was so comfortable. And the way he behaved - he behaved like a professional. And I knew, regardless of his own religious beliefs, he could separate that from the therapeutic

relationship."

In fact, when a strong relationship of trust exists, the therapist is likely to "get away with certain things" that would normally not go over well with a couple. For example, the last couple I interviewed was John and Kristen. They are both Catholic but not practicing at the time and felt fairly strongly that, for them, religion didn't have a lot to offer in terms of helping them with relationship difficulties. Kristen had this to say at the end of the interview:

> I think probably that our religion shouldn't have anything to do with our couple or marriage counseling. I don't think it should. I think they need to address the actual issues and not be so "follow the book" for God's sake. I mean there are real life applications. Let's learn how to deal with them so we can get along. And relate to each other better. Because I just don't thing the Bible is relevant to real life situations anymore. Maybe back in BC but not now. I think it's a bunch of mumbo jumbo garbage, even thought I am Catholic.

The only exception to this statement was the possibility discussing their vows, which included a verse in "Corinthians 13 or something. It's the whole love is not jealous, blah, blah, blah." Even this was seen as "more of a definition of what love is and how you should treat other people that you love," rather than a verse of scripture. Still, despite all this, Kristen had this to say about their therapist and how she would respond if religion was addressed in therapy:

> We like Tammy. (laughs) I know it's not her evaluation but.… Yea. I mean if she wanted to throw in a bunch of - for lack of a better word - Bible thumping garb, we would listen to her. And we would take what we wanted to take. And leave what we wanted to leave, and not feel - I can't speak for him - but I wouldn't feel suddenly I need to put my hair in a bun and wear a skirt. I wouldn't feel like she forced it upon us. I would just think that was an avenue she was exploring to see if it would work. Kind of an experiment. I trust her. I trust her judgment and suggestions.

Several participants, including Kristen's husband John, even indicated that they "wouldn't be offended" if their therapist offered views from other religions as long as the therapist was "not pushy" about it.

Assessment and Joining

Participants were asked several questions that gave them opportunity to respond to issues concerning "religious" assessment (see Interview Guide, questions 12, 15, 8, 9, and 10), including (1) whether any assessment occurred, (2) whether therapists should routinely inquire about religious issues, and (3) what therapists could do to sensitively inquire about the topic. The participants' responses to these questions are summarized in this section.

Reasons for religious assessment. Without exception, all 16 participants believed that therapists should routinely inquire about a couple's religious beliefs and practices. Participants gave numerous reasons why religious assessment is important. First, they believed that it gave the therapist "a frame of reference," "a basic understanding," and a "better background" in doing therapy with an individual and couple. Tim, who was raised in an active Lutheran family, stated it this way:

> I think it would be good for them to do that just because it gives them a better background of who the individual is and who the couple is as a whole. To find out more information about why they're acting the way they're acting and why they think the way they think.

Tim went on to suggest that knowing "whether or not they attended church and whether they had a strict religious background or if it was more of a socially religious background" would help the therapist "know why the person is kind of the way they are."

Kyle compared asking about and understanding a person's religious background to understanding their ethnic background. He and his wife Sara had gone to couple therapy together, but in this statement he is referring to how his wife's individual therapist helped them as a couple based on her knowledge of Kyle's ethnic background.

> The counselor she was going to knew that I was Mexican and she bought up a lot of things, you know, "Okay, typically, a lot of times in the Mexican culture you'll see this and this and this with the males." And like everything was checklist (applied to him). So, you know, there is some benefit. So I'm thinking maybe too with religion there could be a checklist. That would help.

Interestingly, Kyle was a recent convert to the Church of Jesus Christ of Latter-day Saints

(LDS). Sara, his wife had been a member all her life. Both of them indicated how much the LDS religion is like a culture, and how Kyle's transition into this "culture" or religion had created some tension between the two of them. Thus, asking about and understanding their religious background may have helped them address some of these issues. However, religion was not discussed, other than on the intake questionnaire.

Meg, who works as a white-collar professional in the field of human services, believes that such background is as important as other basic information. Her comment also serves as a reminder that the absence of religion in someone's life also can provide information.

> I ask people the day I meet them. That's as important as, "With whom do you live?" and "Who's your extended family?" and "What are your medical problems?" Those kind of things are very, very, very important. And the lack of belief or lack of community with which to share one's faith is just as important as what your beliefs and practices might be.

Second, participants believed that therapists should assess a client's religious beliefs and practices because failing to do so may result in the loss of potential resources and growth. Linda, who was able to benefit greatly from the inclusion of religious issues in her therapy, wondered what therapy would have been like if she had gone to a therapist who was not comfortable asking about and dealing with religious issues. Almost as if she was talking to herself, she said, "If we hadn't come here where it was accepted as part of the practice, maybe it would never have been brought up and then the help that I received from that…." Her statement faded as she came back to the topic at hand.

Third, one participant also discussed how not understanding a person's religious background and beliefs can lead to client and therapeutic frustration. In this case, Sara had been seeing an individual therapist to work on sexual intimacy problems she was having with her husband, Kyle. Her therapist suggested that the two of them watch adult videos together. The resulting fall out that occurred illustrates how religious issues can not be ignored in therapeutic assessment and intervention.

> Sara: If [the therapist] knows your religious background, maybe certain advice they wouldn't give you because they would know that's against the teachings (of

the church).

Interviewer: Is that something that happened with the therapist that you went to?

Sara: Well, not the one that we went to, but the one that I went to personally. And when we talked to the bishop about it, he like...he didn't get upset, but he expressed his concern that we have to be careful what methods we choose to accept. And that kind of frustrated me because it was like, here we're trying...I'm trying to work...we're trying to work together and so yea, I guess [the therapist knowing our religious beliefs] could have helped…but after that it's just like I felt like anything that we talked about or anything that I talked about with my counselor, I had to be careful and analyze everything. Okay, like, "Is this okay? Is it not okay?" So that was kind of a negative experience for me.

Interviewer: Did you get the sense that it was more of the bishop's reaction that made it difficult to go back to that person, or if the bishop would have just...

Sara: No, I think it made me more angry at the...not the religious beliefs, but it just kind of made me feel like nothing I was going to do was going to be good enough for the religious aspect of it. Maybe it did make it harder to go back to her, only because I was more frustrated with, if I can't accept her advice, why am I going? So I guess that probably affected it a little bit.

Interviewer: Did it affect the trust between you and the therapist or more just make you wonder whether what she was saying was in line with the church...

Sara: I think it just like discouraged me to not want to talk about it with any one just because it's like well, if what she's saying is wrong and what he's saying we should do isn't working then like I just felt kind of helpless, I guess. And so, it just made me feel like I wanted to shut down and not deal with it anymore. And then after that I think I just kept going. But I never discussed with her what the bishop had said just because I didn't want her...I don't know, I guess I would feel kind of bad that she's being discredited by someone that doesn't even have a degree in what she went to school with. Had I have talked to her about that, I don't know if it would have helped but...I don't know. It was just kind of a

different experience I guess.

Again, the point here is not to condemn the therapist's recommendation to watch adult videos. Rather, it is to suggest that understanding the client's religious background and beliefs may have led to a different approach to the situation. For example, the therapist could have simply asked the client whether such videos were an acceptable part of her religious beliefs. The client could have also been encouraged to talk with her religious leader before deciding whether to use this intervention. Moreover, the client could have been assured that adult videos were not the last resort to addressing this option, thus helping to diffuse some of the feelings of helplessness felt by the client. Unfortunately, Sara did not discuss the issue with her therapist and soon her frustration led to premature termination of therapy.

Finally, participants suggested routinely inquiring about religious issues because clients are often not aware of everything that's influencing the presenting concern. "Maybe the person seeking counseling doesn't realize it's a problem conflicting with a religious aspect," suggested Sara. Inviting the clients to talk about their religious beliefs is sometimes all it takes to help them identify any connections that may exist between their presenting concern and their religious beliefs.

Certainly, this was my observation during the research interviews. A number of participants expressed increased awareness of how religion influences their lives. In fact, in one case, which I will discuss later, the interview prompted the couple to further reflect on some of their beliefs. This led to additional discussion between the two of them that allowed the couple to change their approach to solving a problem they have been struggling with for years.

Jason, who sought couple therapy when faced with the reality that his wife had filed for divorce, referred to the complexity of emotions and thoughts generally experienced by clients and the importance of inquiring about religion.

> Obviously, a year later it's easier to go back and think about who was saying what and the pressures that you felt, but at the time that's piled on and you can't see clearly, and you don't see all the pressures.…Certainly that's a question they should ask. [Religion] may be something that is playing a major factor, and if they overlook that then…it certainly could be a reason people aren't getting along."

Thus far I have shared the reasons the participants felt as though religion was an important topic to routinely inquire about. The following explanation shared by Jason seems to capture much of what has been said, while also leading into the important topic of how the participants believed that religious assessment should be done.

> Religion is one of those things that you tread on lightly. You don't go out asking everybody if they're Catholic or Protestant when you first meet them. But it is a conversation that does come up at some point as background in getting to know somebody. So I don't see how a therapist can eliminate a part of somebody and still help them out. You can't cut off somebody's leg and then diagnose them based on the rest of the body. You have to see all the parts.

Analysis of the participants' responses regarding assessment and joining found three relevant themes: *sensitivity*, *trust and timing*, and *individuality.* These themes offer some general guidelines for how a therapist might "tread lightly" on these important topics. Understanding how to effectively assess for religious issues is critical due to the fact that ineffective assessment of these issues often interferes with the joining process and can lead to unexpected termination of therapy, as evidenced by several of the participant's comments and experiences.

Sensitivity. Participant responses can be divided into three general areas of sensitivity. First, therapists could help clients feel more comfortable discussing religion if they were to be sensitive in the way they introduced the topic. Meg, who is Roman Catholic and works with patients and interviews people on a regular basis, suggested a practical approach to addressing the concern that may help depersonalize the situation and disarm a defensive individual. She suggested saying something simple like, "Hey, this is just my shpeal. I ask everyone these questions."

Sara, the LDS woman who has had several negative experiences in therapy related to her religious affiliation, suggested therapists take a very direct approach and target the specific concerns a client might have.

> I guess just like stating from the beginning that no matter what your preference is or what you're going to say, I'm going to be objective to whatever you have to say. I'm not going to say negative things about it. I'm not going to try to persuade

you differently.

Second, therapists should be sensitive to factors that influence how clients might respond discussing religion. For example, the participant's personality and religious affiliation seem to be related to how apprehensive they are about religious issues in therapy. For example, Chris, a fairly assertive and opinionated attorney, demonstrated no hesitancy and even an expectation that clients in general would be comfortable discussing religion.

> I don't see why anyone would have a problem talking about religious beliefs because you go to this person (therapist) to kind of throw everything out on the table to sort through and figure out what's going on, if that's another thing that's going to help, fine, go ahead and ask…. They're digging into all sorts of things. I think [religion] is probably the least of your problems. (Everyone laughs.) Unless you have something really off the wall, basically they could open up a book about the religion and figure out roughly what the beliefs are.

Other participants felt the same way and many of them took the initiative to bring up religion. However, the lack of anxiety felt in Chris's opinion was not characteristic of all the participants. Ron, for example, described himself as someone who doesn't "like to talk much," and will tend to "stutter" in uncomfortable moments. His advice about assessing religious issues was quite different than Chris's advice. He suggested, "If you're doing the interview I'd say you might want to feel the person out because you might alienate someone really bad and then they won't come back."

As mentioned in chapter two, clients who are affiliated with religions who have historically been persecuted may be more likely to feel hesitant about acknowledging or discussing their religious beliefs with the therapist. The findings of this study support this tendency. Both LDS couples expressed concerns about how the therapist would respond to their religious beliefs. The first LDS couple, Sam and Melissa, discussed their beliefs openly, but were unable to share their presenting concern with their therapist. Eventually, this led to discontinuation of therapy. More about this will be discussed in a later section. The second LDS couple, Kyle and Sara, also had concerns. This is especially true of Sara who had the following to say in response to whether she believed therapists should routinely ask clients about their

religious beliefs.

> I don't think I would be offended necessarily, but I would just maybe be thinking, "What are they thinking?" I don't know. I think being Mormon is kind of different because you have a lot of negative feedback from people in general, and so I think it's more of like a personal thing that I would just be kind of like afraid, like "What are they going to think?" or "Is it going to change the therapy now that they know?"

Ryan, who currently considers himself Neo-Pagan and Wiccan, also expressed this same hesitancy about how he might respond if a therapist asked about his religious beliefs. Ryan explained to me why he tends to be less vocal about his beliefs. At one point he recalled, "As an adolescent, I was very open and belligerent about my spiritual beliefs, and paid a very heavy price for it. I was labeled all sorts of things - none of them very pleasant." He has found that most people have preconceived notions when they hear he is a "Witch" or Neo-Pagan, and so he is not likely to share this information until he knows the therapist is not going to be "a judgmental, hyper, ass about it."

Thus, some clients seem to need the therapist to take a soft and indirect approach, while others are comfortable with a direct line of questioning with little warning. Moreover, there is reason to believe that clients who are by nature more private, quiet, and hesitant *or* who are affiliated with religions that have a history of being misunderstood and/or persecuted may prefer the softer, indirect approach. On the other hand, clients who seem more opinionated, outspoken and confident *and* who are affiliated with religions which are fairly prominent in the area may be open to a more direct approach to discussing religion.

Not surprisingly, the degree of hesitancy that participants had about addressing religious issues, seemed to be isomorphic with the amount of anxiety they felt about participating in the research interview itself. For example, when I spoke with Ron's wife two days before the interview, she shared with me how anxious he was after reading through the interview guide.

Third, participants generally perceived that therapists possessed the ability to "sense" whether religion is a comfortable topic for their clients. Linda put it this way: "I know so many people that you don't even mention the word religion around them because they're so

uncomfortable with that. But [the therapist] would sense that and know when to stop." Her husband added to this by saying, "The therapist could tell by the look in their face, 'Oops, put that away. Don't even touch it'." Meg reiterated this perception by saying, "And if you know what you're doing, which you do, you're going to know if someone takes a question the wrong way, and you'll be able to back out of it easily enough."

Interestingly, all of these suggestions denote the idea that while therapists are expected to be sensitive, they are not asked to be fortunetellers. They are, however, responsible for communicating their intentions and, when necessary, their apologies.

Timing and Trust. All of the participants were asked to identify their religious affiliation on the intake forms that they completed at the beginning of therapy. All of them indicated that they felt this was appropriate and preferable. Many of them suggested that therapists follow up on these forms in the first session by giving the couple an opportunity to elaborate on what they have written on the form, including in the area of religious affiliation. This gives the clients an opportunity to disclose what they are comfortable disclosing at the time. Some may choose not to disclose any information about their religious beliefs. Others may wish to discuss their religious beliefs in more depth. Additional questions could be asked by the therapist, but should probably stay at a basic level.

Even Ron and Linda, who discussed religious issues with their therapist on numerous occasions, indicated that too much discussion about religious issues in the first session would have been uncomfortable. "[The clients] have to have some trust first," said Linda. Ron continued by saying, "Yea. Not the first time because if you dump it on their lap you might get a whole lap full of trouble and they'll go, 'Why did he say that?' And out the door they walk."

As I have already mentioned, gaining trust is even more critical when it comes to clients who have had negative experiences because of their religious beliefs. Ryan, who describes himself as Neo-Pagan and Wiccan, said this about timing and trust:

> If I got a form that asked me [my religious affiliation] in the beginning, I'm not going to put Neo-Pagan down; I'm not going to put shit down, because I'm not going to trust [the therapist]. I'm not sure what kind of response I'm going to get; I'm not sure how they're going to view me…. And let's face it, as a client I have

> to trust you (emphatically stated). Now once I trust you, I'll open up. And then if you bring it up again, I'll be like, "Yea, [my spiritual beliefs] are kind of important, and this is why I didn't answer the first time around. I was hesitant because I wasn't sure how you were going to perceive me." So I think it's good maybe periodically. Someone in my situation who it's extremely important to, but who is also in a position to be extremely discriminated against because of that.

Timing also seemed important in terms of addressing religious issues after more traditional therapeutic interventions were used that gave the couple some practical insights and solutions. Ron and Linda were thrilled to be able to address religious issues with Alan. In fact, Linda even referred to an experience she had while discussing religion in therapy as being "like a revelation to [her]." Still, despite this, Linda, with her husband's agreement, stated:

> I wouldn't have wanted [therapy] to be all [religious discussion]. I needed tools outside of my religion. There were a lot of issues that needed to be dealt with that to me could not have been done just with religion. But when you get the tools and then when you're working with it, then to bring religion into it - maybe as another tool…. I'm glad it didn't start out the first day like that because where we were at that point, I don't know if we would have been so open to [religious discussion]. We were really at our wits end. It takes time to get the feelings out that you are coming about.

Individuality. Therapists must keep in mind, as they should with any issue, that each client is unique. When it comes to religious issues, individuality has a double meaning to these participants. First, it means recognizing that clients will experience religion differently. As a result, some will want to discuss religion much more than others. For some religion will be more closely tied to the problem. For others it will be more closely tied to the solution. Some will be more active in their faith while others will be more passive. Sam, who is LDS and indicated that his religious beliefs played a key role in the therapeutic process, referred to both of these issues.

> I think you should most definitely inquire, and that's going to tell you pretty quickly if it's going to be an issue to discuss. Because if you have a couple and each belong to different churches, or one has been raised in a church and one has

> not been to church, there are a lot of issues that are going to come up because of things like that. But really, the bottom line depends on the couple and how strong they are in their faith.

Thus, the bottom line for therapists is to at least ask. As Chris mentioned, the results of asking will differ from client to client. "There may not be anything there. It may be just one or two questions, or you may open up a whole other line of questioning."

Second, respecting individuality also means not assuming that just because two people are of the same religious denomination that they believe the same thing or live their religion the same way. Meg, Chris's wife who is also Roman Catholic, shared the following:

> I don't think a skilled therapist is going to think, "Oh, they're Catholic. I understand what that means." There are Catholics who live at this level and there are Catholics who base everything on a higher level of reason and faith. And I don't think that someone unskilled could grasp what it means for us to be Catholic. I think we are very different in our beliefs in a lot of ways, even though we have the same foundation.

I was reminded of this as a researcher conducting these interviews. Upon interviewing Sam and Melissa, the first LDS couple I met with, I found their answers to reflect much of my own knowledge of the LDS church. Like me, they were active LDS members who had been married in the temple. I felt as though their responses were somewhat similar to what mine would have been if the roles were reversed. As I sat and interviewed the second LDS couple, I found myself being surprised that their responses were not what I thought they would be, particularly when it came to some of the doctrines of the church that are related to marriage and relationships (Interview Guide, question 9a). They did not even refer to the doctrine of eternal marriage that the first couple felt was so crucial to their relationship. Upon leaving the interview, I wrote the following in my journal.

> During the interview, I sensed that this LDS couple was different than the other LDS couple I have interviewed. They were less familiar with the doctrines and reported being less active in the church until more recently. It was a reminder to me that each couple must be seen as unique in their views and stance even in the

same denomination.

This couple had not been married in the temple and thus their marriage did not have the same meaning to them that Sam and Melissa's has to them. Looking back at Sam and Melissa's interview transcript, they talked a great deal about their marriage covenants and the impact this had on their commitment to each other. More importantly, the second therapist they went to (who was LDS) had asked about this and understood what it meant. This understanding was very helpful to the couple, as evidenced in the following conversation.

> Sam: I think that's really what Sue provided us with was just a sense of "You guys can make it! And it's important because you have these two little kids and it's more than just..."
>
> Melissa: And she knew we had been married in the temple. *She asked us that*.
>
> Sam: Yea. She understood all of that and so she just made it very clear that this was so hugely important that we couldn't just mess around.

Thus, therapists would likely benefit from understanding some of the basic doctrines associated with marriage in various churches, especially those churches that place a heavy emphasis on marriage and family. Therapists who understand LDS doctrine are likely to ask an LDS couple if they have been married in the temple. Still, respecting individuality, therapists should remember to ask follow up questions such as, "How does being married in the temple influence your attitudes toward your marriage?"

Tapping into Religious Resources

In my conversations with the participants, I learned that several of the therapists had tapped into their clients' religious resources to enhance the therapeutic experience. Participants shared specific examples of this as well as offered other ideas for how including their religious beliefs and/or practices in therapy could have benefited them. Interestingly, none of the participants reported any concerns or negative experiences with how religion was addressed. This section captures these shared stories and suggestions about how religious beliefs and teachings, including the Bible, influenced or could have influenced couple therapy. In addition, opinions, ideas, and experiences are shared on the involvement of religious leaders in therapeutic work.

Accessing religious beliefs and practices. The numerous religious beliefs clients

subscribe to and the myriad of presenting concerns they bring to therapy make it impossible for therapists to predict how or when a client's religious beliefs might help solve a relational problem. Two examples are provided to illustrate this theme.

First, Tim and Angela came to therapy shortly after the death of their newborn baby followed by a miscarriage several months later. Their grieving had led to marital conflict and so the couple had decided to seek counseling. While discussing the death of their baby, the couple brought up their religious beliefs and discussed how having the baby "baptized before she died" helped them to cope with the loss. They appreciated that their therapist discussed these beliefs with them and used them as a "means to start the healing process."

Death and religion is an obvious combination for many people and even if the clients had not brought up the topic of religion, their therapist may well have asked about it. The topic of co-parenting with an x-spouse is less obvious, and yet Ryan pointed out that the "Wiccan concept" of "power with" versus "power over" could have enhanced the work that he and Samantha did with their therapist on the topic co-parenting.

For some individuals, prayer is a powerful tool that helps strengthen them in many ways. Linda, for example, talked about how she used prayer as a way to help her benefit more from therapy. She stated, "One of the things I prayed for was that God would help me when I was here [in therapy] to retain and put to use what we were given." When asked if they prayed together, she indicated that they have occasionally, but they hadn't thought about doing that with the concerns that led them to therapy. She talked about how she would have appreciated if that would have been brought into therapy.

> I think we could have [prayed] more, been encouraged to maybe do that together out loud. That might have been a good thing – yea! I think that would have been very helpful. And maybe with our son. Maybe given some guidance about how to pray with him. Encouraging us to do that at home, but giving us a little guidance.

While this is certainly an issue that may ultimately be best referred to their pastor, there are certain suggestions that the therapist could have offered about approaching their son on the issue, and maybe some thoughts about how to avoid using prayer in a harmful way (Butler & Harper, 1994).

Participants did express some concerns about discussing religious beliefs and practices. In fact, even Linda, who seemed the most receptive to religion entering therapy, recognized the possibility of "getting into [religion] so deep that it adds confusion to the situation." Other participants expressed concern about the "guilt factor." Sara suggested that "depending on what you're dealing with," bringing in religion "could add to the frustration" because "you know what you're doing isn't right, and then when [religion] is brought into it,…it's like one more strike against me type of a thing."

Jason, who felt as though his wife was the one in control of whether the marriage continued or ended, made the following comment.

> It would have been more of a guilt factor for me in my situation. And not having the power or control in where the relationship was going, I'd feel almost guilty if the therapist was saying, "Have you tried this?" And bringing religion in would have just added another layer of issues.

Thus, as mentioned in a previous section, therapists must be sensitive to how their clients might respond to religious issues being brought into therapy. For some, like Chris and Meg, it might help add a "spiritual dimension" to the improvements they are making. For others, it could prove to hinder their progress by adding to the complexity and guilt.

Utilizing scriptural teachings. Two of the couples indicated that scriptural references were discussed in therapy. I have already mentioned that Ryan and Samantha's therapist used Biblical parables at times to try and illustrate principles that they were discussing related to the problems at hand. As stated, they found it "helpful" because "it fit" within the context of the problems they were discussing.

Interestingly, this same therapist was also the one who brought up Biblical references to help address a problem that Linda and Ron were having with their son and with a man at church. These examples will be discussed in detail in another section.

Two other couples indicated that bringing scriptures into therapy could have been helpful. John and Kristen felt that the verse on love in Corinthians that was used in their wedding vows might have helped "cut through a lot of the pettiness of things that [they] argue about…and put into perspective more of what's important and what's not important." While Kristen saw less

value in the fact that these words came from the Bible, John felt a little differently, suggesting that it "makes you kind of feel good is that it's something coming from the Bible."

Meg suggested that some of the scriptural references "about love from St. Paul" may have helped them "do the little things that make a difference," such as being "patient and kind" in their communication with each other. Chris agreed to a point, but was adamant about his belief that such scriptural answers "only go so far," and will "wear thin pretty fast" if the situation isn't addressed with some "nuts and bolts" kind of solutions. "Yes, in general, I can be patient; I can be kind. But in the end," he said, "if [a solution] doesn't happen…you can only be patient and kind so long before enough is enough."

Meg maintained a belief that "those little things are really important, and how we do them – the process and the means – is much more important to me than the end at times." She even suggested using part of the scripture as a reminder to "calm down and listen to each other" when things "escalate." Certainly, this illustrates the need for balance between the social science dimension and the religious dimension discussed previously. It also hints at how discussing religious issues in therapy can easily create "another layer of issues."

Working with religious leaders. Collaboration with religious leaders was seen by the participants as undesirable by most, plausible by some, and helpful by a few. All participants, regardless of their stance, expressed concern about the idea. Understanding these concerns and challenges will help therapists and their clients decide whether collaboration with their religious leader would be helpful.

Many of the participants' concerns centered around confidentiality. Participants frequently stated that there were topics they wouldn't want their religious leader to know about. Angela used a little humor to point out that this concern applies both ways: "There are things that our pastor would have been privy to know and things that our therapist would have been privy to know, but never shall the two co-mingle."

Several reasons were given for these concerns about confidentiality. Jason and Nicole indicated that their pastor is "a gossip," and because they live in "a small town and everybody [knows] everybody else's business, sometimes it's not good to tell." They also felt that their pastor might tend to ask them how they're doing, sort of "checking up" on them, preventing them

from "going on with our lives." Kyle and Sara both agreed that "having a religious leader [in therapy] would…make [them] uneasy when [they] go to church or different activities." This discomfort seemed similar to the strange feelings that many clients report when seeing their therapist in public, except as Tim and Angela pointed out, "a pastor is part of both a community and a family life. Whereas with a therapist there is a professional level that's never going to interfere on a personal level or a family level."

Catholics seem to be cognizant of another issue that may raise concern in some and not in others. Meg pointed out that "a lot of people think priests are incredibly out of touch with financial concerns, and family concerns, and marital concerns." Kristen, who was definitive about not having a priest in their therapy sessions, was one of those Catholics who believe just that.

> What experience could a priest possibly have in marital situations because he's not married. He's married to God. But he doesn't have problems with why they can't take out the trash and how to raise your kids. There's no application. So I would have a hard time following direction of...and they probably have that in their theology courses that they have to take in their priesthood, but I would just think, 'What experience do you really have in this and why should I believe what you say?' I just don't think he would be able to relate to our problems.

Meg's stance differed on this issue. She believed that most priests are "rather insightful," "not that far removed," and able to "work with a team of people." Meg did acknowledge how time constraints might be a big challenge. She said, "I think [priests] are very busy though, and it would be a huge expenditure of time and commitment on the part of the therapist and priest to meet with a family to do that."

Finally, three additional concerns that were shared have to do with the religious leader's personality, skill and comfort level in the therapy room. First, Sam and Melissa were quite clear that "it would not have been helpful" to invite their bishop to a therapy session. "Maybe another [bishop] with a different background, a different personality – I would say certainly, yes."

Second, the ability of a religious leader to remain "unbiased" was also questioned. Jason agreed with Nicole when she commented that their pastor is "more of a friend than a pastor."

Thus, as Jason put it, “I don’t think she would have been able to be unbiased or without an agenda.” This concern may be particularly true when the couple’s relationship is on the verge of divorce, as was Jason and Nicole’s. Such a concern may also be more likely in religions where a less hierarchical position is taken by the religious leader, or where lay individuals within the congregation are temporarily called to serve in a position of leadership, such as bishops in the LDS church.

Lastly, Angela and Tim both pointed out that not all religious leaders would “feel comfortable having the discussion in front of the therapist.” This is especially true for religious leaders who are skeptical of the therapist taking a liberal stance and challenging religious values.

Still, despite these concerns and challenges, a few participants believed that collaboration between the therapist and the religious leader might be helpful. The following experiences and suggestions on this matter were shared by some of the participants.

Linda and Ron suggested two ways that their pastor might have been included in therapy. First, they mentioned that their therapist had wanted “input from someone else on [their] son’s situation.” Linda suggested that their pastor would have been an ideal person for that because he knew their situation well and had also been through some tough times with one of his own children.

In addition to having their pastor come in as a third perspective, Linda and Ron both thought it would have been great if their pastor could have been involved in the sessions where religion had been discussed as a way to understand and help solve the problem. The therapist had made references to some Biblical incidents that helped provide insight on an issue. Linda suggested that having the pastor there would have given them an opportunity to look at those passages and discuss them in more detail. She often feels frustrated at church or Bible study because she has a difficult time following what is being discussed while at the same time applying those teachings to her “specific problem.” This would have given her the time and opportunity to do this and helped her “grasp [the concept] a lot better.”

While this sounded like a good idea to the couple, it may have been difficult to do given the fact that they lived about an hour from their therapist’s office. True, their pastor may have been willing to come in, but it does echo Meg and Chris’s comments about the time constraints

that religious leaders might have. In thinking about this challenge, Chris offered another potential method of collaboration. He suggested that if collaboration seemed helpful, it could be done as "an introductory, 'Here's where we are,' but with the aim for, 'Priest, you take them for these religious things and I'll keep them for these other secular things'."

Sam and Melissa talked about how their therapist and bishop collaborated together in their efforts to help them. Because the couple believed that most of their marital problems were associated with Sam's "addiction to pornography," they involved their religious leader (bishop) in their efforts to solve the problem. The bishop then recommended seeing an LDS therapist, who then collaborated with the bishop from that point on through phone calls from time to time. The couple indicated two key benefits to this collaboration.

First, it allowed the therapist to educate the religious leader on how pornography can be an addiction and how that can affect the marriage. Melissa shared her experience when she first talked with the bishop about the pornography problem.

> Honestly, I don't think he even believed me at first - that it was that big of a problem, that it was causing such a problem in the marriage. In his mind he's thinking, "Well, this is Sam. He comes to church every week, and he serves in a calling. And you're talking about these horrible things." He thought that I was the one being unreasonable because of the way I was acting. And so it was very helpful to say to Sue (therapist), "Yea, you can talk to our bishop about anything," because I felt like he's not getting it. He doesn't understand what this is doing to our marriage. So that was very helpful.

Second, the collaboration involved discussing the couple's progress in both the therapeutic and religious realms. Sam and Melissa spoke about their perception of this collaboration.

> Sam: They went about it the right way. Our bishop talked to [our therapist] several times, and we told both of them individually that they can discuss whatever they want with each other so...
>
> Melissa: That was helpful.
>
> Sam: ...so I know they communicated between our visits. And I'm sure...I don't

know what they said, but when our bishop would come back he would say, "[Your therapist] said you guys are progressing and things are going well." And vice versa. So that was good.

The benefits of working well with religious leaders are not only extended to clients, but also to therapists. When relationships of trust are established with religious leaders, they are likely to refer couples in their congregation to the therapist. Four of the couples in this study were referred to the therapist by their religious leaders. This occurred because the principle agency in this study had maintained a reputation of being respectful of the client's religious values.

Addressing Problems Associated with Religion

Three of the couples in this study described how religious issues were included in therapy to address significant problems these couples were experiencing. Their stories are included in this section to illustrate three unique approaches to including religious issues in therapy.

Facilitating religious understanding. Throughout Ryan's life, he has explored various avenues of religion and spirituality. This is not to say that he has "water-skied" across these issues, but rather he has invested a great deal of time and money to "scuba dive" into various religious and spiritual paths. During his teenage years, he became involved in "aspects of Paganism – Hermetic Magic, Ritual Magic – those things [which] are much darker, less ethical,… less interested in the welfare of others, and more about what's in it for me."

With Ryan's "gift to influence people," he "swayed some people into things that wound up hurting them." Even after 10-13 years, some of those people still "bear the mark of some bad things that happened to them because of [Ryan]." As he told me this, he reflected about the fact that "when you hurt people in really bad ways, it's hard to let go of that…. It's horrible to hurt anyone, but it's especially horrible to hurt an innocent."

As he told me this toward the end of our two hour interview, I began to understand why Ryan had taken such a "rigid" stand against "proselyting," even to the point that he would not share with his wife some ideas for how Wiccan concepts might help with her low sexual desire. I also understood better why Ryan had insisted on only talking with Samantha in the therapist's office about his new involvement in the Pagan community.

About two years after the couple had married, Ryan "decided [he] was going to become

more involved with people in the Pagan community." However, because he had "never talked to Samantha about that aspect of [his] spirituality,…she had some concerns about it." "Once [he started] to go do ritual things, [she] started wiggin' a little bit." "[She] started going, 'What the heck is the deal here?' And he wouldn't say a great deal" because "it was a religious issue" and he had a "strong prohibition against proselyting." As a result, Samantha began to be "uptight" and "frustrated." It was especially difficult not to know what was happening because her parents were concerned and asking questions which she didn't know how to answer.

Fortunately, because their therapist had set an atmosphere of "permission, not omission," Ryan agreed to talk about it in the therapist's office. He explained some of his thinking to me.

> Ryan: It bordered on a subject I would not talk about without a third party there.
>
> Interviewer: How did that third party change it for you?
>
> Ryan: If I said something that was taken out of context, there was someone there to have a third party perspective, or to say, "Well, wait a minute Samantha, maybe that's not quite what Ryan said." Samantha can get real emotional sometimes and not necessarily hear what I'm saying. And I wanted somebody there to monitor the conversation.
>
> Samantha: When the tears come on, the ears shut off.
>
> Interviewer: So how did Alan respond to your request to do that and that conversation?
>
> Ryan: Oh, absolutely fine. Real sensitive to it. Real good.

Although they did not remember the details of how the session went, they discussed with me the outcome and benefits of being able to talk about this topic in therapy. First, and foremost, Samantha's "fear of the unknown" and "anxiety was alleviated." They were able to establish guidelines about discussing the issues outside of therapy.

Samantha explained some of the guidelines. "At anytime, I can say, 'Give me a book," "What's this?" and he'll tell me now. *If I wanted to know*." Ryan added, "If she [asks] me a direct question, [I'll] answer it." Moreover, Samantha began to be more involved in the social aspects of the Pagan community. She attended "potluck things" and "met more of the people and saw that they weren't weird freaks." At the time I interviewed them, they both considered Ryan's

Coven (like a very small congregation) a "close knit circle of friends."

Samantha reflected on how those sessions had helped them with these concerns that were causing tension between them.

> I think it started to bring us to where we are today. I can sit here and listen to his explanation of what this holiday is and what this belief is and know that I've heard it all before now; it's not something new. And be comfortable with that, knowing that I have a pretty good idea of what he believes…. It gave him a way, and a place, and a time where he was ready to do this.

Ryan and Samantha were also able to apply these principles to their relationship with Samantha's parents and their relationship with Ryan's x-wife, Cindi. Their relationship with Cindi was particularly important because, as they explained, her fears about Ryan's beliefs and practices brought up custody concerns…

> …because you hear the word "Witch" and it's, "Well, is he a suitable parent? Should he be having visits with his daughter? What's he going to do with her?" So Cindi had to learn all the basic "You're not going to sacrifice Abby to the devil."…I think her knowledge in knowing what Ryan really believes really helped bridge some of the gap which also helped the two of us (Samantha and Cindi).

Religious perspectives motivate change and give hope. Sam and Melissa described to me what turned out to be a "pivotal moment" and "turning point" in their battle to break free from Sam's "addiction to pornography." To set the context, I will provide a little background.

Sam and Melissa had been married for seven years. During their entire marriage, and for a number of years prior, Sam had been participating in masturbation while viewing pornography. The involvement had been sporadic over the years, but had increasingly led to marital tension that had gotten to a point of potential divorce.

They decided to go to therapy at a local agency in the area. Unfortunately, as mentioned earlier, Melissa was unable to get to a point where she felt sure that the therapist would not minimize this issue by saying something like, "You know what, everybody does that. Sometimes couples even watch pornography together." As a result, they dropped out of therapy without ever

disclosing this primary concern.

A short time later, they were referred by their bishop to an LDS therapist. Their relationship with her was "very helpful," and it gave them some things to begin working on to help their relationship. Their bishop also "set up an interview" with a therapist, named Mark, who worked with LDS Social Services and specialized in sexual addictions.

By the time Sam met with Mark he had gone through a number of different outlooks on the issue. In the beginning he stated that he knew "it was wrong." Then he began to tell himself it was "only wrong because [I've] been taught it's wrong." Later, he proved to himself that it was not an addiction because he would temporarily stop the behavior or vary it in some way. Next, he had decided that, right or wrong, "since I want my marriage to last, and this is causing a problem…I've just got to stop." Finally, he read some books on sexual addiction and he began to tell himself, "It's an addiction," and "I can't help myself."

This was Sam's mental, emotional, and spiritual state on the day he went to meet with Mark. It was this visit with Mark that caused him to move to the next stage, and thus gave him the understanding and hope necessary to quit his addiction. In short, Mark gave Sam a balance of theoretical insight and religious perspective. Much of his discussion with Mark is summarized in the following statement by Sam.

> He very much brought in the religious aspect of the problem that I was having. He basically laid out what he has seen in hundreds of clients that he has worked with, where he said, "This is kind of the development through childhood. And these are kind of the critical years. And this is what happens during this time. And this is probably where you picked up this tendency. And even though it fulfills a certain need, it is spiritually very devastating. And I had never really believed that before. And just the way he put that, it all of a sudden made sense. And that was a trigger for me that really changed my thinking and made me believe differently.

Mark explained how Sam's religious upbringing made it more likely for him to choose masturbation over some other coping mechanism such as alcohol, drugs, or tobacco. In addition, because Sam had read some of the addiction literature on 12-step programs, Mark also shared the following perspective.

> The problem I have with those is the premise is that the addict wakes up and says, 'I have an addiction.'" And he said, "God doesn't make people addicts. You're not an addict. No one is. Yes, you may have some kind of problem or inclination to do one thing or the other, but God expects us to be perfect, and he hasn't given us something that we will always have. There is the means to overcome that." And I really appreciated some of those things that he said, because I really felt like, "Okay. Yes, I have a really serious problem right now, but it's something that I can overcome if I go about it the right way.

As Sam explains, it was the combination of the theoretical and religious perspectives that caused him to move to the next level beyond seeing himself as a slave to the addiction.

> Coming from the perspective of an expert in his area in his field, and also the religious elements that he could bring - that perspective - and then the hope that he could give me because of those things all together. That was a huge moment for me!…And that made all the difference in the world, as simple as that was, it was just very black and white. This is spiritually devastating to [me]."

This change that occurred in Sam is captured in the conversation he had that day when he returned home to his wife. It's interesting to note that *before* he left for the meeting with Mark, he affirmed his current stance to his wife by saying, "I'm addicted and I can't tell you that I'll never do it again." When he returned from his meeting with Mark, this is what Melissa remembers him saying:

> [Sam] came back and said, "You're right. I want to quit. I'm quitting. And I'm quitting today. That other time I was talking about when I was only doing it half as much or when I was doing it and not masturbating...No! I want to start from today. I have quit! And today is the start." And that for me was just like, (big sigh) "He finally gets it!"

Clarifying religious teachings. This next example is primarily told in the words of the participant Linda. Minor editing has occurred to piece the story together.

> There was an issue I had at church with a gentleman. He had been very...touched me wrong and would say things and was always whispering to me

and whistling and making me uncomfortable, to the point that I didn't want to go to retreats - I'd be so worried that I would get stuck next to him in a car for hours. This was a case where, "He's one of my church family. How do I handle this?" It got to the point that I was not listening to what was going on [at church] because I was so afraid for where he was at.

And he would sneak up behind me … and he would grab me in inappropriate places. And he would be with his wife and make these comments when I'd walk into a room. I'd never had anybody acknowledge me physically so much. So he'd make these comments, "Here comes beautiful," and he had even put his hand on my leg when we'd be in an open circle. Because we are in a friendly church and we do hug - and I am very comfortable with that - but his [behavior] always went beyond [that].

And this is where my religious training came in where I thought I had to accept everything and there wasn't a line. And so whenever he would say something that I thought he probably was ashamed of saying and probably felt bad, I would make him feel more comfortable by laughing or by saying, "Oh you; oh, that's okay." This is when [our therapist] asked, "What do you think you should do as far as your religious background and training tells you?" And I said, "Well, I think I need to turn the other cheek and I need to always extend a helping hand and I need to make the person feel better and I need to give."

And this is where it was really like a revelation to me because [our therapist] said, "Think back with Jesus and Peter. Peter was a very good friend to Jesus, and when they were on the shore and Peter did something that Jesus didn't like, Jesus didn't say, 'Oh, that's okay.' Instead, Jesus drew a line in the sand, and there are times when you don't have to take everything. And that just helped me so much. It just took a burden off of me.

[Our therapist] was very helpful, very instrumental in taking care of that. I was so worried that this man would leave our church or that he'd be forced out, or I would say it and there would be sides taken. I was so worried about it being a

> battle within our church. And [our therapist] handled that very well for me. Through his help and through his guidance … I was able to tell my pastor. I sobbed, and I sobbed. I went through a lot of tears on this. [Our therapist] gave me things to be thinking about. How it may be perceived, etc. It was just wonderful. He said it was up to me whether I wanted to do this or not, but I did. Because of the people on both sides it was just wonderful in the way they handled it. He's slipped a couple times since, but he's apologized both times afterwards.

This type of religious intervention could backfire in some cases. In this case, however, both Linda and Ron indicated how comfortable they felt with their therapist. Ron compared Alan to a previous therapist they had seen.

> I felt more comfortable with Alan than the one I had [before]. I couldn't see [my old therapist] and I bringing religion into a conversation. Alan, to me, is just that sort of person. He can bring up [religion] in a more comfortable way. [With my old therapist], it was just his attitude or disposition. I just can't see him being able to bring up religion in a comfortable way.

In addition to being "that sort of person," Alan also had the advantage of being affiliated with the First Presbyterian Church, the same denomination as his clients. Linda emphasized how much easier this made it.

> Alan - just because he was in a play there - had mentioned that he was at the Presbyterian Church and since we were Presbyterian that just locked it. I mean I had no qualms. That really solidified it for me. I knew then that his training was close to what I had been trained with.

This gave him the edge to be able to "[help her] understand where [she] had gone awry a little bit or where [she] needed clarification of what [those verses] meant."

The Therapist's Religious Preference – Does It Matter?

Given this experience between Alan and his clients, Ron and Linda, it seems as though the therapists' religious preference does matter. However, as with most questions in the field of marriage and family therapy, this is not a black and white issue. In listening to the participants struggle with this issue during the interviews, I realized that very few of the participants were

giving me a straight answer on this topic. Most of them were struggling to determine exactly how they felt. In the midst of their ambivalent struggle, however, three general themes appeared on which their ambivalence seemed to hinge.

Objectivity. Going back to Ron and Linda's example, even though Linda and Ron both indicated that their common religious affiliation with their therapist helped them feel more comfortable with their therapist, they also stated that if the therapist was "Islam or something like that, it would be fascinating to get a different take on it." Yet, they would be "turned off" if the therapist was from a "real strong fundamentalist church" such as the Jehovah Witnesses.

While these may seem like contradicting statements, there is rhyme and reason to it all. They perceived fundamentalist churches as less willing to let their members be "allowed to think" for themselves. Thus, they believed that a therapist who belongs to a fundamentalist church is likely to "force feed" them religion rather than bringing it up in a "sharing atmosphere where 'let's compare this to this'." In short, they are likely to feel comfortable with the therapist as long as he/she is able to maintain an objective stance and approach religion than from a neutral, open-ended position rather than with an agenda.

Kyle and Sara expressed this need for objectivity but from the opposite angle. They were concerned that a therapist of their same denomination (LDS) may "have a biased opinion" and "less objective answers." They would wonder if the therapist is "giving [them] guidance because it's what the church says or because it's really going to help [them]."

Knowledge. As noted earlier, when therapists are not of the same religious affiliation as their clients, it can become challenging and almost impossible for the therapist to have a substantial knowledge of their clients' religious beliefs and practices. Clients may find themselves trying to provide their therapist with "a cultural education," especially when clients, such as Melissa and Sam (LDS), believe that that their therapist needs to "understand some things about [them]" if he is going to "know what direction to counsel [them]."

Although their therapist "listened a lot" and "tried to understand," Sam and Melissa felt as though there was too much information to convey. "It was a little bit frustrating without [the therapist] having more of a background," remarked Sam. Kyle, who had just joined the LDS (Mormon) church about one year earlier, seemed to understand what Sam and Melissa

experienced even though he did not know of them or their situation. He stated, "Unless you're a Mormon and were in it for a while, it would be hard for someone that's not to try and talk to you about Mormon stuff."

Sam and Melissa dropped out of therapy after five sessions and eventually began meeting with an LDS therapist. With her, there was no need for a "cultural education." There was no need to explain their religious doctrine or some of the religious practices that might help them through their situation. "Because of her background, a lot was implied and didn't really need to be said, though it was from time to time." According to Sam and Melissa, knowing "those things were in the back of her mind" was "very helpful."

Meg, a Roman Catholic, felt very similar to these LDS couples. Meg believed that a therapist who is not Roman Catholic would have a difficult time being able to "grasp what it means for [them] to be Catholic." Although she acknowledged that their Protestant therapist was "so well-read that he might indeed be able to [understand]," there was still a definite flavor of doubt in her voice when she said, "I don't think he would totally get the things we believe."

Having a knowledge of the clients' religious beliefs seems most important when religion is one of the "main focal points" of therapy. Tim spoke of this preference in the follow-up interview:

> I suppose it would be more comfortable if [the therapist] were of my denomination *if* religion was going to be one of the major topics of discussion; but if it wasn't the main topic of discussion, it wouldn't matter to me…as long as they're not trying to push their religious views on me.

Conviction. As Sam and Melissa explained to me exactly why they didn't connect with their first therapist, they clarified another theme. While they may have been "a little bit frustrated" trying to provide a complete "cultural education," there was much more to it than just relaying information. As Sam put it, "[Our therapist] wasn't really going to understand where we were coming from no matter how much we explained." In short, it wasn't really the "frustration" that led them to drop out of therapy, it was the "fear."

> I was afraid with Dan that if I brought up some of my biggest concerns (Sam viewing pornography and masturbating) – that because he didn't understand my

> beliefs – he would think, "That's not really a concern. That's just you. You should not see that as a problem." When I knew from my beliefs and religion that it is a problem, and so we never got into that with Dan…. And we just needed to get to a different place where I was able to say, "These are some of the problems."

When Melissa talks about "understanding [her] beliefs," she did not simply mean having a cognitive or logical understanding. They needed an understanding founded in a common *conviction*. As Sam put it, "Logically, you can write it all down and say, this is why, but if [the therapist] doesn't believe it, it's not as crucial; it's not as important. And so it's almost just not real."

Interestingly, this did not mean that they needed an LDS therapist. Sam clarified this point by sharing the following thought.

> When Melissa and I had trouble, I visited with a friend of mine who isn't a member of our faith, and I had really good responses from him. And he did things for me like pray over the phone, and things that my family, my friends, or nobody has ever done for me before. And so getting back to Dan, it's not even a function of him not being a member of our faith - that's kind of irrelevant - but there was just a different kind of tone with him that wasn't very helpful. It was hard to really communicate what was center in our lives. And back to my friend - I could just tell him this is what I believe and this is why it's so important to us. And the feedback I got from him was completely different than from Dan. There's a common belief that even though it's not specifically the same common belief, it's there. With Dan, I never really got that.

Their need for a "common belief" and the fear of not having their concerns validated is partially fueled by stories they have heard "where a person of [their] faith goes to a therapist and the therapist encourages them to do things that are completely against [their] beliefs, with the idea that "If that's what makes you happy, that's what you should do." They felt as though, without that sense of "common belief" or conviction coming from Dan, they did not "know" for sure, if they could trust him to support their concerns. And so Melissa "was still afraid after five weeks" to bring up the concern about pornography.

About a month after dropping out of therapy with Dan, they went to an LDS therapist. They noted how much easier it was for them to express their concerns and feelings.

> *From the very beginning* we said, "This is where we are. We're scared. We want to stay together. We think we ought to stay together and make this work." We could tell her things like, "I have a problem with pornography that I'm trying to get over. It's devastating to our marriage." And she understands that.

Additional considerations. Beyond these three themes, there are a couple of challenges related to having a therapist who is of the same religious affiliation as the clients. First, there is a likelihood of seeing your therapist at church functions on a weekly or periodic basis. And, as noted previously, many of the participants preferred to keep these two parts of their life from overlapping. Second, clients may feel as Sam did with his LDS therapist.

> It was hard for me to verbalize some of the things that we are talking about now - to say pornography in front of her. And that was difficult because of her background. Because she used to go to the same church (congregation). Because she was [our daughter's] Sunday School teacher, I didn't want to disappoint her, and I knew that I was going to.

Upon hearing this, I asked Sam how he got over that feeling, and he shared the following response with me.

> From the very beginning I was very open and honest with her.… It was after we had contacted her and before we met when I kind of went through that gradual process of "Oh I'm going to have to...this is going to be uncomfortable; this is going to be awkward. But this is important." So it didn't really take very much to get over that.

Not all clients who are in this situation will have worked through this process before starting therapy. Consequently, therapists can help defuse these feelings by discussing the issue openly with clients in the early stages of therapy.

In short, the therapist's ability to remain objective and convey this objective stance to their clients seems to override any concerns about what the therapist's religious stance is. However, when the clients' presenting concerns are tied to religious beliefs, sharing a similar

religious conviction with the therapist seems to be helpful and sometimes necessary. And finally, where religious knowledge is critical, it may be easier for the therapist and clients to share the same religious affiliation.

Discussion

Context of the Study

Most of the participants were involved in therapy sessions during the Fall of 2001. Certainly, this was a unique time of the century. On September 11, 2001, terrorists attacked the United States by hijacking four planes, three of which intentionally crashed into national landmarks. Two of them crashed into the two World Trade Center Towers and one of them struck the Pentagon. Thousands of people lost their lives and millions of people were forever impacted. Media coverage of the event sent the images screaming into homes across the United States and throughout the world. The event was difficult to comprehend and impossible to run from. As a result, millions of Americans and others throughout the world experienced a heightened interest in religion and spirituality.

Certainly, this may have inflated the degree to which religious issues were discussed in therapy. In fact, the pilot study for this research, which was conducted in the fall of 2001 and included two non-religious couples, suggested that even agnostic individuals may have experienced an elevated sense of spirituality. One of the pilot study participants stated, "I've never been a really [spiritual] person..… It just seems recently, in the past few months that it has been more important to me."

Still, when looking at the specific religious issues discussed in some of the participants' therapy sessions, they do not seem to be related to themes associated with 9/11. In fact, Jason and Nicole, who began couples therapy only a few days after September 11, never addressed religion in therapy and actually felt that 9/11 influenced them in a way that probably decreased the chance of religious issues being brought into therapy.

First, Jason indicated that even before 9/11, he had almost completely stopped praying for personal requests from God. After 9/11, his reasons for not praying for personal issues were only strengthened.

> Asking that my life be made better seems very self-righteous and very self-pitying when there's people who are dying and the world is crashing in on you, it just didn't feel right asking, "Oh, make me happy."

The events of 9/11 may have also influenced therapy in other ways. Nicole talks about

how 9/11 changed her perspective on her marital problems.

> We started counseling two or three days after 9/11 so there was a lot going on at the time, which I think had a big role in our counseling, for me personally. It kind of opens your eyes a little bit and says, "Oh, look what's out there and what could happen, and this is such silly stuff."

When the research interviews occurred in the ending months of 2002 and the beginning months of 2003, the impact of 9/11 was lingering. It was also a time of economic hardship and international turmoil as the United States and other countries sat on the verge of war against Iraq. Still, current polls showed normal trends of religious involvement ("The Religion Bubble," 2002). These trends seem to be reflected in the lives of the participants. For example, Tim and Angela seemed in no hurry to find a church that they both wanted to attend. John and Kristen, who had stopped attending church shortly after 9/11 due to difficulties with their year old son as well as inconvenient Mass times, were not expressing an urge to become more religiously involved.

Also, as I mentioned previously, this time period was also colored by the heightened awareness of sexual abuse by religious leaders, particularly in the Catholic church. As it often does, the uncovering of sexual abuse in one part of a family or system often leads to the discovery of other incidents. One by one, Catholic priests began to be accused. Many of these priests either left their positions or were forced out. Certainly, the heightened awareness has led to heightened anxiety for many. For some, the trust that was automatically given to individuals in these sacred positions must now be earned.

It is reasonable to wonder if the hesitancy of these participants to involve religious leaders in couple therapy is at all related to the sexual abuse scandals. However, the themes do not seem to be directly related to these concerns. They tend to center around confidentiality, boundaries, time constraints, and the religious leader's personality and perceived skill in handling therapeutic issues.

Even if the sexual abuse scandal was not directly related to the themes concerning religious leaders involvement in therapy, the scandal did appear to have had some influence on at least one of the Catholic couples in this study. Although John and Kristen had pointed mainly to

their son's behavioral problems at church as the reason for decreased attendance, Kristen later alluded to how the sexual abuse scandal had directly affected them.

> Last February I stopped going [to Mass]. I'd go every Saturday night, but then our priest was one who got, I don't know if you want to say caught, but accused of some kind of molestation. So our priest was forced into retirement. And I really like our priest and still do. And it just doesn't seem the same. I don't really like the new priest.

Her comments reveal two important issues. First, the scandal did affect Kristen's church attendance, which may have influenced some of their views about the inclusion of their religious beliefs and practices in therapy. After all, when I asked how they felt about these issues being included in their therapy, Kristen indicated that she didn't think they would be helpful, but also added that it may have been helpful if they went to church and practiced their religion more. Second, Kristen did not seem to trust the accusations, nor did they change the fact that she liked her priest. Her dislike for the new priest had to do with personality issues, not trust issues. Again, this seems consistent with the findings.

In summary, although it is plausible that these contexts might have influenced the content of therapy and the interviews, they did not seem to do so in ways that would invalidate or even inflate the findings. And yet, even if the findings were different than they would have been before the sexual abuse scandal, 9/11, and the war with Iraq, maybe our current reality is different too.

Clinical and Theoretical Implications

The primary purpose of this study was to obtain an understanding of how some couples feel about addressing religious issues in their couple therapy. The themes discussed in the findings section can be translated into basic suggestions for therapists in their attempts to appropriately address religious issues in couple therapy. It is hoped that these suggestions and guidelines will help therapists feel less hesitant and be more effective in these efforts.

Acquire a basic understanding of various religions. Although a collaborative, not knowing approach may be helpful when working with religious clients (Joanides, 1996; Thayne, 1997, p. 18), a "truly ignorant" approach can be very frustrating. Understanding basic religious concepts and possibly some specific nuances about various religions provides therapists with a

template that can help therapists more readily understand their clients' unique experiences. As Koltko (1990) points out, effective therapy with a religious client sometimes requires knowing specific information about the client's religion.

A simple metaphor may help illustrate this balance between a collaborative approach versus a "truly ignorant" approach. In teaching about play therapy, Landreth (1991, p. 14) states, "Play is to the child what verbalization is to the adult. It is a medium for expressing feelings, exploring relationships, and self-fulfillment." Based on this analogy, play therapy rooms with an inadequate supply of toys become frustrating to children who find it difficult to express themselves because the "words" (toys) are not there. Moreover, Landreth suggests that toys should always be kept in the same location for children to find, otherwise children have to stop in mid sentence to find the toys (words) that are misplaced. Similarly, when therapists are ignorant to basic religious terms and concepts, clients are likely to feel frustrated when they have to continuously stop in mid conversation to try and explain basic religious beliefs and values. While some explanation is necessary and even helpful, Sam and Melissa's experience suggests that when clients feel they have to "educate" the therapist, they may easily become frustrated.

While it is unreasonable for therapists to be expected to learn about every religious sect or to learn about them in great depth, it is recommended that therapists become somewhat familiar with the religions in their area, especially those outside of mainstream religious thought and practice. This might include understanding basic doctrine and common practices, especially those related to relationships and family.

This task may be more reasonable if it is viewed as an ongoing effort. Therapists may want to utilize resources such as The Encyclopedia of Religion. They could also take time to interview individuals from specific religions (Stander, Piercy, Mackinnon, and Helmeke, 1994) or attend a variety of worship services (Rosik, 2003). A more efficient approach may be to consult with other therapists more familiar with a particular religion. This may be because the therapist belongs to that religion or because he or she has frequently worked with families who belong to that religion. In either case, the therapist may be able to help identify religious concepts, doctrines, and/or practices that *may be* relevant to therapeutic issues.

Above all, therapists must remember to avoid stereotyping a client with the information

the therapist has about that client's religion. As the findings from this study point out, there is often a diversity of beliefs held by individuals within the same religious denomination. Even spouses who belong to the same congregation may have different values and beliefs or different ways in which they apply their values and beliefs. Spouses are not always aware of these differences, however. Thus, therapists should be careful to check with the other spouse when one of them presumes to speak for both of them.

Recognize bias and remain open to possibilities. As with many other topics, therapists must become aware of their biases toward religion. Some therapists are likely to view religion as a resource and source of strength for the clients, while other therapists are likely to look for problems associated with religion. Benningfield (1997) discusses the pitfall of countertransference and reminds us that it can take on both the positive and negative form. For example, therapists who have unresolved resentments toward their parents and their religious traditions may have difficulty remaining objective while working with a client who is frustrated with religion or Deity. On the other hand, other therapists may become so fascinated with a client's religious and spiritual belief system that they lose sight of the therapeutic issues and goals.

Finally, therapists may also fall into the trap of quickly accepting religious issues as too sacred to discuss, and thus failing at times to "recognize the wolf of resistance beneath the sheep's clothing of religious ideation" (Bowman, 1989). Therapists would do well to identify their biases through exploring their own religious experiences and beliefs using techniques such as the "spiritual genogram" (Frame, 2000) or the "spiritual ecomap" (Hodge, 2000). Haug (1998, p. 477) suggests that doing so might help "uncover disempowering, cynical, inflexible, or hopeless attitudes and convictions which may negatively affect [a therapist's] personal life, get communicated in therapy, and influence clients." In summary, religion has the potential to have positive and/or negative affects on individuals. The therapist's task is not to search specifically for either influence, but to remain open to both possibilities.

Establish relationships with clergy. Taking the advice given above will be much easier if the therapist has already established a rapport with religious leaders in the community. It is not necessary or even possible to know all the religious leaders in the area. It is helpful, however, for

the therapist to introduce him- or herself to various religious leaders and articulate a willingness to respectfully work with religious clients (Stander et al., 1994). As the therapist begins to have positive experiences with clients from various congregations, the respective religious leaders will begin to feel comfortable referring parishioners to the therapist. In addition, these positive experiences begin to build the necessary trust to be able to collaborate with the religious leader if there happens to be a problem associated with the client's religious beliefs or practices.

In addition, given that "clergy are often unprepared to recognize the family and mental health problems of persons who seek their help," Weaver et al. (1997, p. 18) suggest that therapists could develop and implement training programs designed to help clergy improve their evaluation and referral skills. These authors continue by suggesting three key issues that clergy are likely to encounter but also have difficulty helping: domestic violence, child abuse, and challenges associated with aging. Agencies and therapists can more effectively reach out to these populations by establishing positive relationships with clergy.

Know your limits. Therapists must be able to recognize which religious issues they are able to appropriately discuss with clients, which issues warrant a referral to a therapist who shares the client's religious beliefs, and which issues should be addressed by the client's religious leader. While there are no clear-cut boundaries, the findings of this study do suggest some guidelines.

First, many issues can be handled by therapists who are not of the same religious affiliation as their clients as long as the therapist is able to maintain an objective stance. Second, when the problem requires a substantial understanding of the client's religious beliefs, it may be necessary to refer to a therapist who is of the same religious affiliation as the clients. When this is not possible, the therapist should discuss the issue with the client and explore other alternatives such as consulting with the religious leader or taking time to allow the client to educate the therapist. Remember, however, that too much time spent trying to learn about the clients beliefs may cause the clients to become frustrated.

Third, when it comes to theological questions or concerns, it is suggested that therapists refer such issues to the client's religious leader regardless of whether they share the same religious affiliation as the clients. Some exceptions to this may occur, such as the absence of a

religious leader or a client feeling uncomfortable with a religious leader. Still, extreme caution should be used. In addition, obtaining consultation with another therapist or a religious leader seems wise.

Inquire about religious issues. As mentioned, all sixteen individuals in this study believed that the therapist should at least check to see if the clients are religious and to what degree. This finding, which echoes Rose's (1998) findings, is primarily seen as an opportunity for the therapist to gain a better understanding of the clients *and* for the clients to feel a sense of permission to discuss religious issues in therapy. All of the clients felt that intake forms were a good place to initially inquire, but most also suggested using a follow-up question in the session to further assess this topic. Initial inquiries could be brief, while further questions might be raised after trust has been established and if it seems relevant.

It is interesting to note that the two couples involved in the pilot study also concurred with this finding, and neither of those couples considered themselves to be religious. The findings of the pilot study underscored the idea that most people are affected by religion in some way. For example, both couples in the pilot study were experiencing pressure and criticism from parents and grandparents in response to their decision not raise their children in the church or have them baptized. Thus, for both of these couples, religion was a topic that could have been addressed from an intergenerational approach to help them deal with family pressure and the resulting frustration and guilt.

Unfortunately, therapists often do not recognize religion and the role it can play in influencing psychological issues (Meyers, 1990). This lack of awareness can easily result in inaccurate or incomplete diagnosis resulting in less effective or even harmful treatment (Benningfield, 1997). Prest and Keller discuss several ways that religion may be influencing the presenting problems, including, but not limited to, religious solutions which have become part of the problem and underlying fundamental beliefs which may be contributing to the problem (as was the case with Linda's interpretation of "turn the other cheek" which led her to continually allow others to violate her boundaries).

While in the middle of the interviews, I had a therapy session with some clients that reminded me of the importance of understanding how religion can affect the lives of individuals.

This particular couple was struggling with many areas of their marriage, including that of sexual intimacy. Apparently, the wife had been somewhat casual in her sexual relationships with men between her first marriage and this current marriage. It was noted that her religious beliefs and affiliation were different during this time and that she currently would not participate in such a lifestyle. Still, her husband was unable to let go of his view of her being somewhat of a "slut." In discussing this struggle he was having (during an individual session he had requested), he indicated that he was raised in a Pentecostal home in a small town and that his father was the minister of that church. Although he no longer practiced that religion, he felt as though many of the beliefs and attitudes that were prevalent in his home still remain prevalent in his mind. He recalled his father being extremely harsh toward woman who were promiscuous, indicating that their "loose" behavior was not only sinful, but also and demonstrated "weakness of character." This religious information helped shed some light on the struggle he was having.

There are numerous ways in which therapists can inquire about religious issues in their clients' lives. Frame (2000) and Hodge (2000) have suggested specific techniques like the "spiritual genogram" or "spiritual ecomap," which are designed to assess religious family patterns and current connections to religious systems, respectfully. Therapists could also inquire about religious involvement by integrating such questions into assessment techniques they may already be using. For example, Hiebert, Gillespie, and Stahmann (1996) suggest the use of a Structured Initial Interview (SII) to identify themes of power, dependency, self-esteem and more by taking the couple through a relationship history with an emphasis on using dyadic questioning. They recommend numerous content areas including decision making, sexual intimacy, social life, and more.

Jason and Nicole's therapist used Hiebert et al.'s (1996) dynamic relationship history assessment in the beginning of their therapy. Interestingly, Jason suggested it would have been helpful if their therapist had tracked religious involvement throughout their relationship. Jason noted that they "spent about as much time on [their] relationship as [they] did going to church." Thus, their tendency to neglect their relationship because they were tired or busy paralleled their religious neglect.

Numerous questions could be explored during a relationship history. How did the couple

decide which church to attend? Did their attendance frequency vary or remain steady? What religious practices did the couple decide to participate in? How did the birth of children affect their religious involvement? How does one spouse's beliefs or commitment level compare to the other spouse's? When a couple says that they are Christian or of a particular religion, but they are not practicing, then what is the reason for that? (This last question was suggested by Jason during the interview.)

Be willing to discuss religious issues when appropriate. Several of the participant couples came to therapy with the expectation and desire to discuss religious issues at some point. Therapists who overtly or covertly sidestep the topic do their clients a great disservice. Anderson and Worthen (1997) suggest that discussions of religion begin with the therapist's willingness to "listen to the couple's statements for any fourth-dimensional [or spiritual] process." Through doing so, therapists are likely to be prompted by curiosity to ask questions that help clients to become more aware of this dimension and discuss it more fully. Alan, the therapist for Linda and Ron, opened up an important topic when he asked Linda, "What do you think you should do as far as your religious background and training tells you?"

As Benningfield (1997) points out, however, some therapists may be uncomfortable discussing religious issues with their clients. This may be due to a variety of reasons including negative feelings towards a previous religious leader, community or church. It may result from the therapist's own uncertainty and anxiety concerning the meaning of life and other related issues. Regardless of the reasons, it is important for therapists to work through them just as they would any other self-of-the-therapist issues. Had Alan not been able to talk with Linda about her religious beliefs, she may have continued to struggle setting boundaries or felt guilty doing so.

Benningfield (p. 33, italics added) warns that being completely open and flexible to discussing religious issues is not the answer either.

> While thoughtful flexibility is required with all clients, it is inappropriate to gratify clients' demands for religious or spiritual discussions, religious readings, and so on *at the expense of* addressing important psychological or emotional problems.

Integrate religion into interventions and assignments. Couples who express a strong

commitment to their religion may benefit from weaving religion into interventions and assignments. For example, Meg and Chris worked with their therapist to improve their personal time and daily planning, but according to them it lacked a spiritual dimension (prayer) that could have been suggested by the therapist. Other clients, such as Linda, might benefit from specific topics for meditation during the week.

Research by Butler et al. (1998, p. 7) found that prayer can enhance conflict resolution in a number of ways, including "a renewed desire to resolve the conflict," "a shift in perspective," and a "heightened awareness of the need for self-change." Prest and Keller (1993) suggest the use of quotations from religious texts that are congruent with the client's belief system. This recommendation is supported by a number of participants in this study who found religious quotations helpful and others who indicated that the use of such texts could have been helpful.

Maintain appropriate self-disclosure. When therapists "open space" for religious issues in therapy, they also open the door to increased opportunities and requests to disclose their own religious beliefs and affiliation. Two of the findings from this study seem particularly helpful in addressing the issue of self-disclosure. First, in reference to therapists disclosing personal beliefs, sessions are not to become sermons in which the therapist attempts to proselyte their own religious beliefs upon the clients. Therapists must be very careful to keep the clients needs at the center of the therapist's mind and as the guiding compass for any conversation that occurs in session.

Still, many of the participants indicated that they were open to their therapist sharing views from other religious perspectives as long as it "fit the context," is done "in a sharing atmosphere," and/or is perceived to be helpful by the therapist. Referring to this third qualification, John stated, "If [the therapist] thinks that would work by giving us some other knowledge of something, I wouldn't be offended."

Certainly, there is a limit to this receptiveness. Differing views that still parallel a client's basic beliefs are likely to be considered while views that counter a client's core beliefs are not apt to be received well. For example, in learning how personal prayer helps strengthen a Protestant couple on a personal/individual level, a therapist might talk with a couple about how praying together may help increase their spiritual intimacy. While praying together might not be a

religious practice that is encouraged in the couple's religion, it builds on the practice of individual prayer already accepted by the couple. If the therapist suggested praying to the Virgin Mary, however, the couple is unlikely to be receptive to the idea and may decide to discontinue therapy.

Second, in reference to disclosing religious affiliation to clients, the findings suggest therapists should generally not disclose their religious affiliation, even if a client asks. This is especially true when the client is likely to have negative opinions of the therapist's religion. The findings also suggest that clients often will not directly ask for their therapist to disclose their religious affiliation.

Moreover, it is reasonable to assume, based on the findings, that when clients do ask for the therapist's religious affiliation, they are doing so mainly to help reassure themselves that their therapist is not going to be disrespectful of their religious beliefs. Based on this conclusion, therapists may wish to respond to their client's inquisition by stating something like, "As a general policy, I choose not to disclose my religious beliefs. But I think it is important for you to know that I will respect your beliefs and be more than happy to discuss that part of your life with you." Still, while such validation may suffice, there may be some clients who want to know that their therapist shares a common conviction in certain values and principles such as faith. As mentioned earlier, this desire to share a common conviction may be more prominent when the presenting concerns relate to religious values and beliefs.

Recently, I found myself in a situation where religion was brought up in therapy by the client. I used some of the findings from this research to guide my actions during that discussion. I was caught off guard when the client asked me this very question out of the blue. "So where's your faith?" I chose to answer his question by sharing and building on the common beliefs we both share. Remembering that he is Baptist and recognizing that some Baptist congregations are less accepting of LDS theology, I chose not to disclose my religious affiliation, and he did not ask directly. Our conversation proved to be very therapeutic for him and seemed to increase his trust in me and his comfort in discussing religious issues, based on his increased self-disclosure in subsequent sessions.

There seems to be some exceptions to the conclusion discussed above. First, if the

therapist and clients share the same religious affiliation, disclosure may help provide increased trust in the therapist. However, it is suggested that the therapist reassure the clients that he or she will be careful not to assume that the clients' specific beliefs are the same as his or her own just because they belong to the same religion. Second, if the client begins discussing religion at a level beyond that which the therapist is familiar, it may be helpful for the therapist to acknowledge to the client that they are not of the same religion (still, they need not disclose what religion they are). The fact that they are of a different religion will likely become obvious anyway, and disclosure simply allows the therapist to more clearly ask for clarification or explanation when necessary. It also helps decrease the possibility of a client feeling deceived if they perceive the therapist is of their same religion and then later find out that he or she is not.

Be sensitive. The manner in which therapists ask about religious issues should be considerate of the client's personality and religious affiliation. Clients who are by nature more private, quiet, and hesitant *or* who are affiliated with religions that have a history of being misunderstood and/or persecuted may prefer a softer, more careful approach. Clients who are fairly opinionated, outspoken and confident and who are affiliated with the more prominent religions will probably be more open to a more direct, matter of fact approach.

Be respectful. Constructivism and postmodern thought have become more prevalent in family therapy. Recognizing the existence of multiple realities has prompted therapists to promote acceptance in the lives of their clients by helping them "open space" for the existence of their spouse or family members (Mendez et al., 1988). While these theories can be applied in respectful ways that encourage acceptance, they can also be misused in ways that harm. For example, while some therapists may believe "truth is what is made" (Vico, as cited in Moules, 2000, p. 230), they will likely work with religious clients who believe some truths exist regardless of whether we choose to believe in or "make" them.

Such truths may differ from the therapist's values. In such cases, therapists should remember that "it is the absence, denial, or rejection of others' truths that becomes worthy of concern" (p. 232). This understanding should prompt therapists in being respectful and supportive of their clients' beliefs and realities. After all, as Stander et al. (1994) suggest, "to ignore the morality and sense of direction provided by organized religion is to cut off an

important source of ethical decision making." Having said this, it is important to remember that the opposite also applies. Religious therapists must respect the fact that their clients may not believe in some or any of such "truths."

Respect can also be communicated by implementing three principles suggested by Jankowski (1995) when working with families with different religious or cultural backgrounds: (1) Learn their language, (2) practice not knowing with a healthy portion of curiosity, and (3) be willing to change your assumptions and prior understanding of clients. Coming from a social constructionist view, Thayne (1997) reminds therapists to view themselves as co-authors with their clients. He emphasized, however, that great care should be taken to ensure that clients take the lead as "first author" (p. 17).

Remember, the therapeutic relationship is still the key. Numerous participants reported that it was because of the strong relationship of trust they had with the therapist that they really didn't have any concerns discussing religion. In fact, as many researchers have noted (Anderson, 1992; Friedlander, Wildman, Heatherington, & Skowron, 1994), a positive therapist-client relationship can make up for a great deal of clumsiness on the part of the therapist. Kristen's statement below is a good example of this principle. It is important to remember that Kristen was very clear that discussing religious issues would not have helped their couple therapy.

> We like Tammy. (she laughs) I know it's not her evaluation but.… Yea. I mean if she wanted to throw in a bunch of - for lack of a better word - Bible thumping garb, we would listen to her. And we would take what we wanted to take. And leave what we wanted to leave, and…I wouldn't feel suddenly I need to put my hair in a bun and wear a skirt…. I trust her. I trust her judgment and suggestions.

In addition, some of the qualities that have been found to be associated with a positive therapist-client relationship have to do with being understanding and nonjudgmental (Laszloffy, 2000). These are some of the same qualities that the participants used to describe their therapist and why they were able to have positive discussions concerning religious issues.

Back to the Basics: Family Systems Theory

Findings in this study confirm many principles of systems theory. This section briefly discusses how systems theory applies to religious issues in family and social relationships as well

as therapeutic relationships.

Systems theory and religion in therapeutic relationships. According to findings in this study, therapists can improve the way they address religious issues in therapy by keeping in mind and implementing basic systems theory principles such as boundaries, hierarchy, feedback loops, subsystems and supra systems. For example, boundaries regarding the discussion of religious issues should remain permeable based on the clients' wants and needs, not those of the therapist. Variability in boundaries is expected, with less permeability in early stages of therapy and increased permeability as the clients establish trust in their therapist. As mentioned, therapists' boundaries with regard to disclosure are less permeable but still retain some selectivity based on various factors discussed above.

The findings with regard to hierarchy are less complicated. Participants clearly desire for their therapist refrain from taking a hierarchical role. Maintaining an egalitarian relationship requires therapists to avoid preaching and proselytizing. It also means allowing clients to determine how much religious discussion is included in therapy. However, as mentioned in the subsection entitled, "Recognize bias and remain open to possibilities," some exceptions apply.

Communication feedback loops become critical when it comes to providing a safe and welcoming atmosphere for discussing religious issues. First, therapists must be careful not to send attenuating feedback to clients who try to discuss religious issues. Therapists who are uncomfortable discussing religious issues often unknowingly send attenuating feedback to clients in subtle, nonverbal ways, such as ignoring religious comments or references made by clients.

My own clinical experience reflects this reality. At the time when I began conducting the interviews for this study, religious issues were included with very few of my cases. Having completed the interviews and analysis, I found myself much more comfortable with religious issues being discussed in therapy. Since that time, religious issues are being discussed much more frequently in my therapy sessions. One might readily assume that I am asking about religious issues more. However, in actuality, I have generally not been the one initiating these conversations – hence, the power of dealing with self-of-the-therapist issues.

Second, therapists must be in tune with attenuating feedback coming from the clients. Many of the participants emphasized the importance of therapists paying close attention to the

clients' nonverbal responses when religious issues were inquired about by the therapist. Attenuating and amplifying feedback can help the therapist sensitively and effectively address religious issues with their clients.

Lastly, the therapist-client subsystem seems to be influenced strongly by other subsystems and supra systems. As mentioned, when there is a link between the therapeutic subsystem and the religious subsystem by way of referral from the religious leader, discussion of religious issues in therapy seems more comfortable and even anticipated by the clients. In addition, clients' experiences with religion in the larger supra system or ecosystem impact the clients' receptiveness to religious issues being addressed in the therapeutic subsystem. For example, clients who have been ridiculed for their religious beliefs are likely to be more wary of discussing religion in therapy.

Systems theory and religion in family and social relationships. A number of experiences shared by the participants illustrated principles of family systems theory. A few of them are discussed here in this section. First, several participants discussed certain roles that they fulfilled in their church. Linda commented,

> I'm really about the only person in our church that has a musical ability. So then I think, "Gee, if I had gone to big church, I could have been part of this big choir. Then I thought, "No, God has me where he wants me, because this church wouldn't have music much if I wasn't here."

These roles seemed to provide the participants with a sense of belonging and a feeling of being needed. Anecdotal experience has suggested that these church roles can also be a source of stress and anxiety for individuals and families. Asking to be removed from these roles can often be associated with guilt and shame.

Kristen's experience of having her grandmother express displeasure when she chose not to attend Mass is a good example of attenuating feedback that families sometimes give to other family members when they begin to behave outside of the family's religious expectations. In addition, society can also send attenuating feedback to individuals who act outside the normal social limits regarding religious activity. Ryan's youthful persecution with regard to his early Pagan beliefs and practices is an example of this type of attenuating feedback.

Finally, several participants experienced what systems theorists call the law of composition – the whole is greater than the sum of the parts. These participants expressed their gratitude for the strength and support that they received from their religious communities. Linda and Ron discussed how their church family helped them through physical illness, parenting difficulties, and coping with a family member committing suicide. Sam and Melissa indicated that without their religious beliefs and support system, they did not feel their marriage would have endured the trials they have faced.

Therapeutic Considerations

Some of the findings discussed above deserve further discussion with regard to considerations or even contraindications. In addition, one tangential finding regarding children and religion deserves consideration even though it was not central to the purpose of this study.

Supporting religious beliefs. I discussed in the findings how helpful it can be for therapists to reinforce a couple's religious beliefs through support and encouragement. I gave the example of Sam and Melissa who were strengthened when their therapist validated the importance of them staying together because of their temple marriage and their children. However, it is important to note that Sam and Melissa were both committed to staying together. They believed they had a good relationship and could be happy if their presenting concerns were able to be resolved. Thus, the therapist's emphasis on how important their temple marriage was and how they "couldn't just mess around" was interpreted by the couple as "very supportive."

Not all couples will feel the same in response to their therapist taking such a supportive stance. Thus, several contraindications seem to exist, and it is important for the therapist to postpone such support until it is determined that the following contraindications are not present: a) the couple is ambivalent about their desire to stay together regardless of their ability to overcome their presenting concerns, b) the couple married due to pressures or other factors and believed it was a mistake even at the time of marriage, or c) some form of abuse is occurring in the relationship. Certainly, there are other contraindications. In short, therapists should use their judgment before communicating such messages to couples, especially when there are religious pressures to stay married.

Therapists must also be careful about supporting religious beliefs when "one spouse

views him- or herself as 'spiritually one-up' and wants the therapist to form a spiritually based coalition against the other partner" (Rotz, Russell, & Wright, 1993, p. 369). These authors provide practical and helpful recommendations about how to navigate these waters, especially for therapists who are perceived by the clients as being "spiritually correct."

Children and religion. Out of the eight couples who were interviewed, seven of them had at least one child. Although I had noticed references to the children during the interviews, it wasn't until I was coding the interviews that I noticed how much the children were impacting the couple's religious experience in some way or another. Consequently, I went back through the interviews and identified each time a reference was made to children. This resulted in several observations.

First, parents tend to have a desire to pass on their religious beliefs and values to their children. "We want [our son] raised in the same lifestyles that we were raised in, going to church and Sunday School and Vacation Bible School and things like that," said Angela. Interestingly, the birth of a child seems to magnify the parent's desires to become active in their church. Tim and Angela had not been able to find a church that they both liked, but they weren't exactly looking either. After the birth of their son, they felt the need to "get into gear and find a church."

Moreover, some parents want religion to be a larger part of their children's lives than it was for them growing up. Nicole said, "I wasn't as involved growing up, so I want to be more so now, more for my kids." Strangely, these desires sometimes exists even though the parents are not currently active in their church and typically went "mainly out of guilt and disapproval of [their] family if [they] didn't go" (Kristen).

These phenomena seem prevalent and are important for therapists to be aware of, especially when doing premarital counseling with interchurch couples. Many of these couples are casual or not active in their church attendance at the time of marriage, and thus tend minimize the challenges their religious differences might create in the future. Williams (2002) provides some excellent research-based suggestions for working with these couples in a realistic but solution-focused manner. By not overlooking religious issues with these couples, premarital conversations in counseling sessions may help prevent or reduce the emotionally charged conflicts by setting a pattern of communication about religious differences. Williams and Lawler (2000) also offer

strategies for interchurch couples who seek therapy after marriage as a result of conflict over religious differences.

The second observation I noticed was that parents differ in how they choose to pass on these beliefs to their children. Some of the couples seem to expect that their children would simply continue in the same beliefs and practices as they themselves do (Couples #2, #3, #4, and #5). While other couples seemed to see their role as "exposing" them to "opportunities" that allow them to develop a "basis" of "fundamental beliefs" and "good values." Then, after providing a foundation, allowing the child to "use with it what he's going to use and throw out the rest." In thinking about what his daughter may decide to do, Ryan (Wiccan/Neo-Pagan) said the following:

> Maybe she'll wind up being Baptist and want to burn me at the stake. I don't know. I would be somewhat disappointed in that choice, but it's her choice to make, not mine.

What makes the difference between these two divergent philosophies is not completely clear. It does seem that those couples who maintained a more flexible stance were those couples who were not actively involved in their religion, or like Ryan and Samantha, considered themselves more spiritual than religious.

Third, couples who choose to leave their parents' religious affiliation seemed to receive attenuating feedback in an attempt to get the children or at least the grandchildren to return to the status quo (Constantine, 1986). Such messages are often guilt laden and critical. Some even reported that such messages were continually voiced, clear up until the sender's death. Such messages seemed particularly common when they had to do with key religious practices such as not baptizing the grandchild(ren).

Fourth, children had a way of encouraging and discouraging religious practice. Some couples mentioned how they would not pray as frequently or read Bible stories if it were not for their children. On the other hand, children can also lessen or dampen a couple's religious involvement. For example, both Catholic couples, however, pointed out how difficult it is to attend Mass with a young child. Kristen and John shared some of their frustrations.

> Why should we go if he's going to be screaming and disrupting the entire

> congregation? Or one of us has to stand out in the foyer with him, or sit in the cry room where it's not piped in so you can't hear anything.
>
> I'm the embarrassed type that with my kid everybody's turned around going, "Who's that crying back there?"

Meg talked about how she feels like they are in "survival mode," running just to keep up, with no time to recharge the batteries.

> Our formal religious experience has suffered since our son has come along. And that's not a criticism of him; that's just normal, I guess…and as a mother, I have to admit I don't get nearly what I use to get out of my Mass experience. Even if I go by myself sometimes, I'm thinking about how he's doing. And sometimes I feel like something is lacking in my life that has always been very strong and I have an inner spiritual life that has been very strong and isn't so much now.

Certainly, if a client were talking about exercise or personal time, almost any therapist would encourage her to find the time to reenergize. The response should be no different when it comes to religious and spiritual issues.

Academic Implications

As mentioned, academic curriculum has traditionally failed to adequately address religious issues as they pertain to therapy and the therapist (Shafranske & Malony, 1990; Sheridan, Wilmer, & Atcheson, 1994; Kelly, 1994). Not too many years ago, the family therapy field was still ignoring issues of culture and ethnicity. Perhaps it is time to begin understanding more about religion and spirituality.

As pointed out by several participants, religion often has a cultural and ethnic flavor to it. Understanding a person's religious background can be just as important as understanding their ethnic or cultural background. Still, "it is not enough only to discuss religiosity as a cultural variable" (Stander, Piercy, Mackinnon, & Helmeke, 1994). As the findings of this study support, the values and beliefs embedded in religion often provide clients with a "moral compass" (p.33). Moreover, religious practices can provide clients with additional resources for empowering change.

As Stander et al. (1994) point out, this topic poses many difficult questions without

obvious or straight-forward answers. Frame (2000) and others also discuss ethical considerations that must be understood when navigating religious issues in therapy. If these issues are not addressed in graduate courses, therapists are likely to be blind-sided and react without adequate understanding of what the consequences might be. This is of concern given that participants in this study generally believed that therapists had received such training and were skilled at addressing such issues.

While this study has begun to provide answers and/or considerations to some of the difficult questions posed by Stander et al. (1994), much more research needs to be done. In addition, graduate programs should begin to consider how to include religious issues in their curriculum. Numerous suggestions have been given about how to do this despite the time and cost efficiency challenges faced by graduate programs. Patterson et al. (2000) offer a rationale and specific suggestions for a 5 week, 15 hour seminar that addresses religious and spiritual issues in an interactive discussion format.

Stander et al. (1994) suggest a number of ways that religion and spirituality could be *integrated* into the curriculum. First, classes focusing on systemic approaches to therapy could look at how structural, transgenerational, narrative or other models could be applied to religious issues. Second, basic courses on therapy skills might address religion as a self-of-the-therapist issue in terms of how the therapist might respond to a client bringing up religion or in terms of how the therapist's own religious beliefs have influenced their beliefs about human nature and change. Finally, they point out that journals that address religious issues in therapy could be made more available and used more effectively.

Haug (1998) suggests a three stage model for integrating religious and spiritual issues into graduate programs. The first stage involves professors and supervisors becoming comfortable with religious and spiritual matters as well as gaining more clarity about their own beliefs. The second stage integrates these topics into the coursework, thus encouraging students to do the same as their professors and supervisors. The final stage involved learning how to incorporate religious and spiritual issues into therapy using clinical cases and supervision.

Religious issues could be more adequately addressed at the AAMFT annual conferences. Despite the surge of workshops on religion and/or spirituality in the 2001 AAMFT national

conference, these issues were underrepresented in the 2002 conference, "Weaving the Family Tapestry." Only two workshops, 1 roundtable discussion, and one poster presentation focussed on spirituality and/or religion. It seems unfortunate that a conference devoted toward diversity hardly addressed the issues of religious diversity.

Interviews: Participant Insights and Changes

The informed consent signed by participants the interviews warned participants that they would be discussing the concerns that led them to therapy as well as their religious beliefs and practices. They were told that "such discussions may result in distressing or painful feelings." They were also told, however, that these "discussions may provide further insight and may be helpful in solidifying changes [they] might have experienced during couple therapy." While none of the participants seemed to be troubled by the discussions, many of them did experience insights and growth.

Most of the insights came as the participants struggled to put their thoughts and feelings into words. Several of them said things like, "I didn't think of that before, it just struck me now," or "I never thought about it that way, but maybe that's why…." Such experiences reminded me of the importance of not underestimating the simple power of what a conversation can do for someone. Sometimes the greatest benefit of therapy is found in the simple experience of having two people talk about a topic they would not normally discuss, and doing it in a controlled and safe environment.

Take, for example, my experience with Ryan and Samantha. We talked about how Ryan had ideas for how some of his spiritual beliefs and practices could help their sexual intimacy, one of the very problems that led them to therapy but which had not been resolved. When I asked if she had asked him to share these ideas with her, she replied, "This is the first time we've ever really talked about it." Ryan was not sharing these ideas with Samantha because of his strict prohibition against proselyting his beliefs.

My curiosity led me as an interviewer to ask additional questions about this to try and understand where Ryan was coming from. He explained and I listened and asked additional questions. Six weeks after the interview, Ryan called me to make sure I was returning for a follow-up interview. He told me about the affect that the first interview had upon him.

> The conversation crystalized some things for me about my own spirituality and the ideas of balance. It took me in places that I hadn't really been down in a while, thoughts that I hadn't visited in a while.

This cognitive journey resulted in a number of changes for Ryan and Samantha. During the follow-up interview, they discussed some of these changes with me. First, the interview helped him realize that the concept of balance and the Dao were central to his core beliefs. This realization as well as some other factors led him to leave the Coven he had been a part of for several years. Second, he realized that his proselyting prohibition was "out of balance" and that he was just "shooting himself in the foot" by not sharing some of his thoughts and feelings about the issue. Samantha talked about how things were different now.

> He's making little steps to actually try and share some of that with me, and I'm actually making steps back toward him. And we're actually reading and we're actually talking about it. And that's the first time that he's really talked about and really attempted to have me understand where he's coming from with any kind of spiritual thing in a long time – several years.

This interview outcome is representative of what can happen when therapists "open space" to allow for their clients to talk about religious issues that may never be discussed out of therapy. Certainly, not all couples will experience such changes. The fact that both of them are social workers and are prone to process information and seek for change makes them more likely to experience the changes they did.

Limitations of the Study

This research study contains several limitations. First, most participants had completed therapy 7-12 months before their research interview occurred. As a result, many details were undoubtedly lost in time. Several of the participants commented on the difficulty of remembering specifics from their experience in therapy. Still, this limitation is considered minimal because the primary purpose for interviewing former clients was not to critique or obtain a vivid description of their therapy. Rather, former clients were chosen because their personal experience provided them with a better sense for what therapy is like and gave them a general context on which to reflect. In addition, the data obtained from the one couple that was still involved in therapy (John

and Kristen) concurred with the themes established by the previous seven couples.

Second, the use of triangulation in terms of multiple data sources (client and therapist interviews) could be expanded. The initial pilot study included interviews with the therapists, but it was determined that while these interviews provided helpful data, they distracted from the research questions and would best be addressed in a completely different study. The interviews in this study provided additional data, including specific instances of religious issues being included in therapy. In retrospect, interviews with the therapists would have proved useful for three unexpected reasons: (1) to compare the clients' views about their therapist with the therapist's actual views about the inclusion of religion in therapy, (2) to determine the therapist's religious affiliation or lack thereof, and (3) to explore the therapist's perspectives on those instances where religion was discussed in therapy.

Because the participants in this study were told from the beginning that the therapists were not going to be interviewed and that their interviews would be kept confidential from their therapist, it was decided not to add therapist interviews to the study. As mentioned, however, a brief questionnaire was administered to the therapists to obtain their basic views of religion in therapy as well as their religious affiliation (Appendix F). Future research in this area might be strengthened by more fully involving the therapists.

A third limitation concerns the transferability of these findings to other populations. As evidenced by the participant profiles, the sample included a very limited number of religions considering the wide variety that exist. Thus, these findings cannot be confidently transferred to religious populations not represented in these findings. And, as the findings suggest, even individuals who share the same religious affiliation with the participants can differ greatly in their beliefs. In addition, the sample was largely Caucasian, including only one Asian American female and one Mexican American male. Moreover, all of the participants were born in the United States and spoke English as their first language. Thus, there are ethnic and cultural limitations to the transferability of these findings.

Directions for Future Research

Because this study was exploratory in nature, it is recommended that additional research expand upon the breadth of this study in a number of different ways. First, comparative analysis

would be possible if there were more than two couples from each religious category. Second, other religious populations that may have differing views could be explored, such as Jewish, Jehovah Witness, Non-denominational, and various Eastern religions. Third, additional research with atheist and agnostic populations may result in different findings than what were suggested by the pilot study. And lastly, future research could expand the diversity of this study by focusing on other ethnic or cultural groups.

Process research could be applied by analyzing video-taped sessions in which religion was discussed. Interviews with the therapist and clients soon after the session may also be helpful in defining specific components of effective and ineffective religious conversations. This type of research could also attempt to compare how religious therapists discuss religion as compared to non-religious therapists. Collaboration with religious leaders could also be more fully explored by talking with therapists, clients, and religious leaders who have worked together. Given the tentative findings about the effects of children on religious beliefs and practice patterns, further research on this topic also seems important.

While several of the participants reported religious discussions being key components of their progress in therapy, further research needs to observe the therapeutic impact of discussing religious issues in therapy. Do clients tend to benefit from such discussions more, the same, or less than they benefit from standard therapeutic interventions? If they are beneficial, is it because they help alter the presenting problem or do they help instill hope in being able to overcome the problems? What might lead some religious discussions to be helpful while other are unhelpful or even harmful?

Other questions could also be explored through research. Are some presenting problems or clinical diagnoses more likely to be associated with religion than others? For religions that have a significant amount of doctrine related to marriage (e.g., The Church of Jesus Christ of Latter-day Saints), how do couples affiliated with these religions internalize and apply these doctrines to their relationship? How should therapists respond to clients who wish to talk about the meaning of life, being angry with God, or uncertainty about their religious beliefs? Should these topics be referred to religious leaders? What if the client does not have a religious leader or is not comfortable talking with him or her? What are some of the cultural aspects of specific

religions, and how does culture and doctrine influence decision making, courtship patterns, roles, power, dependency, and other relationship themes?

Conclusion

Given that religious issues seem to affect a large number of clients, therapists would do well to "open space" and allow for the discussion of such issues in therapy, *if* this seems helpful to the clients. Just as the importance of being culturally sensitive has become more apparent, religious issues should continue to be given more credence and understanding by academic and clinical realms alike. To continue to ignore such issues due to discomfort or lack of knowledge is no different that avoiding sexual and cultural issues for these same reasons. Therapists would do well to learn how to respectfully inquire about and, if necessary, address religious issues. In short, therapists are advised to no longer "tip toe around" religion, but rather "tip toe" through religion.

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Appendix A

The Interview Guide

Thank you for agreeing to visit with me today. I hope you feel comfortable as we visit today. I recognize that this is a very personal topic, and I appreciate you being willing to discuss these issues with me. There are a few items I would like to discuss before we begin. (1) As you know. I am tape recording the interview. It is important that you try to speak loudly and clearly during the interview. Also, it is helpful if you avoid talking at the same time because that makes it difficult to decipher what is being said. (2) This interview is confidential. Your names will be replaced with pseudonyms when I transcribe the interviews. (3) There are no right or wrong answers to these questions – just your opinions. (4) You need not agree on the answers you each give. Two different opinions are just fine. (5) If at any time you are too uncomfortable to answer a question, please feel free not to answer. (6) During the interview, if you feel like you need a break, please let me know and we can do that. I'm excited to talk with you and I hope you will find this to be an opportunity to reflect on some meaningful things in your life.

---

1. How would you define "spirituality"?
2. How would you define "religion" and/or "religious"?

Recognizing that religion and spirituality are often seen as overlapping concepts, emphasize that the focus of this interview will be on religion. (This may or may not include spirituality gained from religion.)

3. How much do your religious beliefs influence the way you live your life?
4. In what ways, if any, do you choose to practice your religion?
5. How do such practices influence your life? (What is the purpose of these practices?)
6. In what ways does religion influence your relationship with your partner?
7. Do you believe that your religion can provide answers to your personal or family difficulties? (Also ask specifically about the difficulties leading to therapy.)
    a. If so, would you mind sharing some specific examples with me?
    b. If not, please explain.
8. Based on your definition of the word religious, did your therapist ever inquire about or discuss your religious beliefs or practices with you? If no, skip to question 9. If yes, review the following questions:

a. Please describe how the topic of religion was brought up? By whom?
b. How did you feel when the topic was addressed in therapy? How did you respond? Or, how did your therapist respond?
c. How were your religious beliefs or practices used as part of couple therapy? (As contributing to the difficulties? As a helpful resource for solutions? Or simply as a relevant part of your lives?)
d. Was including religion in therapy helpful, harmful, or neutral?
e. What other ways, if any, could your religious beliefs or practices have benefited couple therapy? For example:
    i. Are there specific doctrines/teachings supported by your church that relate to relationships/marriage? Please explain. Would it have been helpful to discuss these doctrines with your therapist? Please explain.
    ii. Are there specific doctrines/teachings supported by your church that your religious leader might have discussed with you in helping you with your relationship difficulties? Please explain. Would it have been helpful to discuss these doctrines with your therapist? Please explain.
    iii. Would it have been helpful to invite your religious leader to a therapy session to discuss these topics? Please explain.
    iv. Are there specific religious practices (e.g., prayer, scripture study) that could have been used to help overcome your relationship difficulties? Please explain. If so, in what ways, if any, could your therapist have helped you (or your relationship) benefit from these religious practices?
f. What concerns did you have about discussing religious beliefs and practices with your therapist? Did your therapist address your concerns?
    i. If so, in what way(s) were your concerns addressed?
    ii. If not, how would you have liked your therapist to respond to your concerns?
g. (Skip to question 11)

9. In what ways, if any, could your religious beliefs or practices have been included in couple therapy? (As contributing to the difficulties? As a helpful resource for solutions? Or simply

as a relevant part of your lives.) For example:

a. Are there specific doctrines/teachings in your church that relate to relationships/marriage? Please explain. Would it have been helpful to discuss these doctrines with your therapist? Please explain.
b. Are there specific doctrines/teachings supported by your church that your religious leader might have discussed with you in helping you with your relationship difficulties? Please explain. If so, would it have been helpful to discuss these doctrines with your therapist? Please explain.
c. Would it have been helpful to invite your religious leader to a therapy session to discuss these topics? Please explain.
d. Are there specific religious practices (e.g., prayer, scripture study) that could have been used to help overcome your relationship difficulties? If so, in what ways, if any, could your therapist have helped you (or your relationship) benefit from your religious practices?

10. What concerns, if any, would you have about discussing religious beliefs and practices with your therapist? How would you like those concerns to be addressed?
11. How would you have felt about your therapist discussing your marriage with your religious leader in a combined effort to work with you on overcoming your difficulties?
    a. If either partner is in favor of the idea -- How might this be helpful to you?
    b. If either partner is opposed to the idea – What reservations do you have?
12. In general, do you think therapists should routinely inquire about religious practices and beliefs?
    a. If yes, at what point in the therapy should a therapist inquire? (Forms? 1st session?)
13. What do you believe the therapist's role should be when it comes to religion in therapy?
14. Should the therapist only stay within the scope of the clients' religious views? Or could the therapist offer something from another perspective?
15. What could a therapist do or say that would help you be more comfortable discussing your religious beliefs in therapy?
16. Should the therapist disclose their religious affiliation? (If asked, should they share?)

17. How did you learn about and decide to go to the therapist that you went to? (Did you perceive them to be affiliated with your religion/church?)
18. Is there anything I have not asked you about that you would like to mention?

(Questions #14-17 were added throughout the interview process.)

Appendix B

Introductory Letter to the Therapists - "Gatekeepers"

(Name of therapist),

I have randomly selected the potential participants to include in my qualitative study. I am hoping that you will be kind enough to help me by contacting these participants who are your former clients. The research indicates that individuals are more likely to participate in a study if they are invited to participate by someone they know. So I am asking if you will contact the following individuals and invite them to participate in my dissertation study.

I have included their contact information as well as some other basic information that you might find helpful. I have also prepared a suggested script that might guide what you say to them. This is just a guide and obviously does not have to be followed exactly. Please try to be positive in your request. This part of my study will be much easier if I can avoid lots of "no" responses.

PLEASE call them as soon as you can so I can begin the interviews as soon as possible. Once you have talked to them, please indicate their response by circling "YES" or "NO" below.

Case #:
Clients: **Phone**:
Last session: **Total # of sessions**:

Suggested script:
"I am calling to ask you a question. Our full-time resident therapist is conducting a study for his dissertation. As part of the study, he will be interviewing couples who have been to marital therapy and have finished therapy in the last year. Your part will simply be to participate in an interview. Bryan, our full-time resident can tell you more details about the focus of the study. He can also answer any questions you might have when he calls you. Would you be willing to participate?" (If their spouse is not home, but they say that it would be okay with them, just ask them to run it by their spouse and tell them to expect a call from me.)

Please circle their answer below and provide brief comments that might be helpful.

Husband: YES / NOComments:

Wife: YES / NO Comments:

Please place this letter in my mailbox as soon as you have talked with the couple.

Thanks, Bryan Zitzman

Appendix C

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants

Project: Clients' views regarding the inclusion of religious issues in couple therapy
Investigator: Bryan Zitzman, Doctoral Candidate, Marriage and Family Therapy Program, Virginia Tech

1. The purpose of this study is to discover what beliefs clients have about *if, how, and why* their religious beliefs and practices should or should not be considered during couple therapy in addressing the couple's presenting concern(s).

2. I understand that I will be participating in a 60-90 minute interview with my partner, a 15-20 minute individual interview immediately after the first interview, and possibly a short follow up interview (if necessary) several weeks later. Each interview will consist of a discussion about how my religious views and background were or could have been included in the couple therapy I received at the Marriage and Family Counseling Service.

3. I understand that the interviews will require me to think about how my religious views and religious background might have related to and/or helped me overcome the concerns that were discussed in couple therapy. I realize that such discussions may result in distressing or painful feelings. I recognize, however, that such discussions may provide further insight and may be helpful in solidifying changes we might have experienced during couple therapy. I also understand that others may benefit from the results obtained from this study.

4. I understand that the interviews will be audio-taped. My first name will be used in the recording of the interview(s) and a pseudonym will be used in the transcripts of these interviews. Tapes will be erased after the study is complete.

5. I understand that I will receive no monetary compensation for my participation. I will, however, be given a copy of my interview transcripts as well as a summary of the results for my own records.

6. I understand that I can withdraw from the study or the interviews at any time without penalty of any kind. In the event that I withdraw from the study, any tape from the interview will be erased and no transcript will be made of the interview.

7. This study has been approved by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University.

8. If I feel I have not been treated according to the description in this form, or that my rights as a participant in the research have been violated during the course of this study, I know I can contact: Dr. David Moore, Chair, IRB; Bryan Zitzman, Principal Investigator; or Dr. Scott Johnson, committee chair. (The contact information for these individuals is listed below.)

9. I voluntarily agree to participate in this project and agree to be interviewed according to the terms outlined above. I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

Signature Date

Signature Date

Should I have any questions about the research project or procedures, I may contact:

Bryan Zitzman	Dr. Scott Johnson	Dr. David Moore
Principal Investigator	Committee Chair	Chair, IRB
540-231-1473	540-231-3311	540-231-4991

Appendix D

Brief Questionnaire

Please take a few moments to complete questions 1 – 15 before we meet for the interview.

1. Gender: Male / Female
2. What is your age?
3. Ethnic origin:
   A. ___ African American/Black
   B. ___ American Indian
   C. ___ Asian American/Asian
   D. ___ Caucasian/White
   E. ___ Mexican American/Chicano
   F. ___ Other Latino
   G. ___ International (Please state country of origin: _____)
   H. ___ Other (Please specify: _____)
4. How would you describe your level of education?

_____

5. What is your current occupation?

_____

6. How many times have you been married? _____
7. How many years have you been married to your current spouse? _____
8. How many children do you have? _____

9. How many of those children live at home? _____

10. What religion(s), if any, did your family of origin affiliate with during the time you lived at home? Is your family of origin still affiliated with the same religion(s)?

_____

11. During the time you were still living at home, how often did your family attend a church or synagogue affiliated with their religion? Did you attend with them?

_____

12. With what religion are you currently affiliated?

_____

13. How often do you attend a church or synagogue affiliated with your religion?

_____

14. What would you say was the most important concern that led you and your partner to seek couple therapy?

_____

_____

_____

15. How would you describe your level of satisfaction with the therapy you received? Please provide a brief explanation of your answer.

_____

_____

_____

Appendix E

Participant and Therapist Profiles

Couple #1: Tim and Angela

Angela is a 27-year-old, Asian American with 2 years of college and currently works as a teacher's associate. Tim is a 27-year-old Caucasian with a bachelor's degree and is employed as a computer technician. Tim and Angela have been married for five years. This is the first marriage for both of them. They have had two children, a daughter who died at ten days old and a seven-month-old son.

Angela was raised in an active Methodist family. She considers herself Protestant but is still undecided between being Methodist or Lutheran. Tim grew up in an active Lutheran family. He considers himself to be Lutheran. Both of their parents are still active in their religion. They both attend church about 10 times a year, alternating between both denominations. They interested in being more active but have not found a church in this area that they want to attend regularly. They have also spent little time looking due to "busy schedules."

Angela reported that she practices her religion at home by reading Bible stories to her son, saying grace at the dinner table every now and then, and writing a "letter to God" periodically to "let him know what's going on in [her] life" – something she had to do in preparing for confirmation as a young girl. Tim indicated that he occasionally says grace at the dinner table, but even that has become less common because Angela had made fun of the way his family says grace. Both reported that their religious values influence their decisions and how they treat others.

They reported going to marital therapy as a result of a "breakdown in communication" after the "recent loss of [their] first baby." They were referred by a pastor and had expectations that religious issues would be respectfully addressed. They attended 17 sessions, the last of which occurred seven months before our interview. They reported being "truly satisfied" (Angela) and "fairly satisfied" (Tim) with the services. Both felt it helped them to be able to communicate better and handle the grieving of their daughter's death in a way that helped them "lean on each other more."

Therapist #1: Dr. Janice Hill

Dr. Hill received a doctorate in Marriage and Family Therapy in 2001 from an AAMFT accredited school. She is a licensed MFT in the Midwest and has been practicing full time for two years. Part of this practice has been with a marriage and family therapy agency while the latter part has been primarily as a school counselor.

Dr. Hill prefers to allow the couple to "open the door" to religious issues, but will bring it up herself if they are eluding to religious issues. When clients ask her about her religious or spiritual beliefs, she "answers them honestly." She reports that religion is currently discussed in approximately 10-15% of her cases. While getting her doctorate in the state of Utah, she reports that it came up in about half of her cases. . She is a member of the Lutheran church.

Couple #2: Ron and Linda

Linda is a 54-year-old Caucasian. She has a high school diploma and has taken several college courses. She currently works as an information technologist. Ron is a 56-year-old Caucasian with an associate's degree and is presently employed as a factory worker. They have been married for 30 years and have one 22-year-old son who currently lives at home with them. This is the first marriage for both of them.

Although Linda was raised in a Lutheran home, she attended a Presbyterian church regularly while her family infrequently participated in religion. She is still an active member of a small Presbyterian church. Ron's family was Lutheran but never attended church while he was growing up. After marrying Linda, Ron slowly began to be involved in the Presbyterian church. Initially, his participation was for Linda's benefit, but he now reports wanting to be involved for his own benefit. Due to work he is only able to attend church services about twice a month.

Ron is the type of person who lives his religion primarily through service rather than rituals. His wife reported that he is frequently involved in volunteer work at the church. Linda, on the other hand, is more active in some of the more traditional practices such as prayer and Bible study. She saw therapy as pathway to healing and believed it helped her to be able to fulfill God's plan for her. She mentioned that she would pray that she would be able to "retain and put to use" what they were given in therapy. She also enjoys and seeks out opportunities to talk about religion with others. They both indicated that their religious beliefs influence their decision-making. Lastly, both liked that their church gave them the "independence" to decide what was comfortable for them.

The couple was referred to therapy by their pastor because of problems they were having with their son that was in turn creating marital conflict between the two of them. In addition, Linda reported having some "personal issues [she] needed help with." Because of this referral, both of them expected religion would be brought up at some level. They participated in seven sessions, the last of which took place almost a year prior to the research interview. Ron indicated that therapy was very helpful in giving him some understanding about how to "talk over things with [his} wife and son." Linda agreed that it gave them "a united front" in facing some of the challenges before them.

Therapist #2: Dr. Alan Johnson

Dr. Johnson received a doctorate in Marriage and Family Therapy in 2000 from an AAMFT accredited school. He is a licensed MFT in the Midwest and has been practicing full time for six years. All six years of practice have occurred at the primary marriage and family therapy agency accessed for this study.

Dr. Johnson believes that a client's religious and spiritual life is "an important piece of who they are and can serve as a tremendous resource to them." He believes that tapping into these areas "can be as equally as impactful as tapping into emotions or cognitions in creating change." As a result, he generally asks about their religious or spiritual beliefs over the course of therapy. He believes his role is to remain open to such topics and allow the clients to educate him concerning their belief system where necessary. He approximates that "religious or spiritual issues come up in about 50-60% of [his] cases." He adds that many of his clients do not have a religious background. Dr. Johnson is currently an active member of a Presbyterian church.

Couple #3: Chris and Meg

Meg is a 38-year-old Caucasian with a graduate degree who works as a white-collar professional in the field of human services. Chris is a 39-year-old Caucasian who has a law degree and presently works as an attorney. They have been married for seven years and have a five-year-old son. This is the first marriage for both of them.

Meg grew up in an active Roman Catholic home that attended church one or more times a week and always participated in worship services on Holy Days and holidays. She remains active in the Roman Catholic with nearly this same frequency, as does her family of origin. Chris was raised in an active Roman Catholic family as well. He is still a practicing Roman Catholic and attends church on a weekly basis except when he is out of town. His family remains active as well.

Other than attending church services, both reported that prayer is a part of their lives. They pray before meals and before going to bed and teach their son to do the same. As a couple, they have been in and out of the habit of praying together, but feel it is important. They believe that such practices help them to make important decisions, maintain their priorities and keep their values "fresh in their mind."

They sought out therapy due to communication problems that often resulted from discussions about family roles and values including Meg's belief in "the importance of moms being at home with children." They were referred to their therapist by a friend of a friend after having what Meg felt was a negative experience with a therapist they found in the phone book. They participated in 11 sessions, the last of which was about ten months before the research interview. Chris felt very good about the communication skills they enhanced through therapy. Although Meg agreed, she would have liked to have continued therapy and gone more in depth by focusing on their "belief systems and values." Chris was not in favor of continued therapy, however, because he felt "everything [was] just fine."

Therapist #3: Mr. Steve Heiden

Mr. Steve Heiden has a Masters in Sacred Theology and is a licensed MFT in the Midwest. His marriage and family therapy experience began with a one-year residency followed by one year of direct supervision under a marriage and family therapist. He has been in full time practice for 35 years and participated as a supervisor for most of that time. He is the director of the primary agency used in this study.

He believes that therapy can incorporate spiritual and religious issues as "a source of strength and direction for healthy thinking and functioning." Moreover, for couples where religion is a source of conflict, he suggests that therapy can help them be respectful and understanding of their differences as they "find ways to live with religious diversity." He reports that religious issues are discussed in about 30% of his cases. Mr. Heiden is an ordained clergyperson in the United Methodist Church.

Couple #4: Sam and Melissa

Melissa is a 28-year-old Caucasian with a Bachelor's degree and currently is a "stay home mom" with their two-year-old son and six-year-old daughter. Sam is a 31-year-old Caucasian currently working on his doctorate while he works as an assistant professor at a local college. They have been married for seven years. This is the second marriage for both of them.

Both of them grew up in LDS families that attended church weekly. They and their families continue to be active members of the LDS church. Sam and Melissa had been married in the LDS temple which is believed to have the power to marry them not just until "death do us part," but for "time and all eternity. This marriage covenant includes living the teachings and commandments upheld by their church. Their religious practices include church attendance, personal, couple and family prayer, and scripture study. Their religious community is a large part of their social circle. They emphasized the importance of teaching their children as well.

They went to therapy because their marriage was on the verge of divorce as a result of a problem Sam had been having with pornography on and off throughout their marriage. This problem was contributing to additional marital conflict. At the time, Sam did not see this as the main problem as Melissa did, but in retrospect they both agree it was. Sam felt as though therapy with Dan was frustrating because they had to explain too much about their background and they were never given anything to work on. He felt as though they left the sessions feeling as though things were getting worse, not better. Melissa agreed that it was not helpful because she didn't feel comfortable disclosing her concern about the pornography. She did feel as though it at least gave her hope for a little while because at least they were working on things.

They left therapy with Dan after only four sessions. A month or so later, they began working with their religious leader. This led to a referral to an LDS therapist named Sue, who worked with them in collaboration with their religious leader as well as an LDS Social Services therapist named Mark, who met with Sam once. Both reported being very satisfied with these services. Therapy with Dan had ended about four months previous to the research interview, while the work with Sue, Mark and their religious leader had only finished a month or so before the interview.

Therapist #4a: Dan

Dan has a Masters in Social Work and is a Licensed Clinical Social Worker in the Midwest. He has 750 hours of supervision from marriage and family therapists and has been practicing therapy full-time for the past 6 years and before that was practicing part-time for two years.

Dan believes that if religion is an "obvious" and important aspect of a couple's life, he attempts to understand their "faith and convictions" because he sees it as a great potential for strength for the couple. He reports that religion is discussed in about 10-15% of his cases. Dan says he has no religious affiliation.

Therapist #4b: Sue

Sue has a Masters in Education and is a Certified Counselor in the Midwest. She has taken 18 credit hours of marriage and family therapy courses beyond what was required for her counseling degree. She participated in 200 hours of therapy with couples and families during her

sixteen month internship in marriage and family therapy. She has practiced part-time for the past two years.

Sue believes it is important to respect the religious beliefs of the clients. She asks about the clients' religious beliefs through a form during the intake process. She follows up on this with them in therapy and attempts to proceed with counseling in "a way that includes their beliefs." She reports that she discusses religious issues in about 40% of her cases. Sue is a member of the Church of Jesus Christ of Latter-day Saints.

Therapist #4c: Mark

Mark has a Masters in Counseling Psychology and Marriage and Family Therapy. He is licensed in several states. He has been practicing full-time for 13 years and currently works for a social service agency managed by the LDS church.

Mark believes that it is very important to understand a client's spiritual belief system as well as their ability to live within that belief system. He suggests that not being aware of a client's spiritual beliefs may keep a therapist from understanding critical factors and result in misguided interventions. He states that problems can also result when therapists are not aware of their own spiritual and/or religious biases. He discloses his religious affiliation with his clients and asks them to do the same. Upon learning of their religious affiliation, he talks with them about how much or little he knows about that religion, in general. He reports that religious issues are discussed with approximately 85% of his cases.

Couple #5: Jason and Nicole

Nicole is a 26-year-old Caucasian with a bachelor's degree who presently stays home with her two children, two boys, ages six and three months. Jason is a 27-year-old Caucasian with a bachelor's degree and currently works as a salesman. They have been married six and a half years. This is the first marriage for both of them.

Nicole was raised in a Presbyterian home but her family did not, and still does not, participate in church except for holidays. Jason grew up in a Methodist family that attended church two to three times a month. They currently belong to a Methodist church and attend three to four times a month. Although their church attendance is regular and Jason has recently accepted a position on the church council, they clarified that they were not very active in their church at the time they began marital therapy.

Nicole reported that she has "always been more of a spiritual person rather than a religious person." Thus, she feels she has a strong feeling of faith and often prays for strength for herself and others. Jason says he used to pray more but had decided several years earlier that "our actions are independent" and while a million people might be praying for one thing, a million others are praying for the opposite. Thus, he quit praying for himself, but still prayed occasionally for others because that's what they wanted.

They had been struggling with a lack of communication and "closeness" that had led Nicole to file for divorce. Jason responded by talking with his pastor who referred them to their therapist. Despite the referral, they went with the anticipation that therapy would be "a concentration on [their] relationship and not on religious beliefs." They participated in 13 therapy sessions, the last of which occurred about 10 months prior to the research interview. Nicole was "very satisfied" with the therapy they received, stating that it "helped her realize what [she] needed to do to make the marriage work." Jason said he was "very happy" with the therapist. He found the discussions to be "life altering," and felt that some of the individual time he had with the therapist was very helpful.

Therapist #5: Dr. Alan Johnson

See description under therapist #2.

Couple #6: Ryan and Samantha

Samantha is a 27-year-old Caucasian with a Bachelors in Social Work and currently works as a social worker/case manager. Ryan is a 31-year-old Caucasian with a Masters in Social Work and currently is a professor at a local college. They have been married four years and have a two-year-old daughter and a two-week-old son who was born about a month after the follow-up interview. This is Samantha's first marriage and Ryan's second. He has one daughter from the previous marriage.

Samantha was raised in an Episcopalian family that attended church on Easter and Christmas. Although she attended with them, she no longer does so, nor does she affiliate with any other religion. She was baptized into the LDS church a couple years before the interview, but had discontinued her involvement long before I met with them. Ryan's Dad has always been affiliated with the Church of Christ and generally attends twice a week. When he lived with his Dad, he also was forced to attend. His Mom was active in the LDS church until Ryan was seven years old. His Mom passed away about nine months before the interview. Ryan has explored all kinds of religions and spiritual paths and currently considers himself to be Neo-Pagan/Wiccan.

Ryan celebrates the "Wheel of the Year" by engaging in rituals with his Coven during Solar and Lunar cycles, or in other words about 21 times a year. They integrate Ryan's beliefs into their marriage by maintaining an egalitarian relationship that strives for balance, respect, connection and other principles.

They learned about the marriage and family therapy agency through a referral from a professor that Ryan had at a local college. They sought therapy to improve their sexual relationship and to work on co-parenting with Ryan's x-wife because it was affecting their own relationship. They had 22 therapy sessions, the last of which was just under a year before the research interview. Samantha said that she was "satisfied" with therapy. She says the co-parenting greatly improved, but the sexual relationship still needs some help. Although Rob agrees, he said that he had a "very high level of satisfaction," and refers two or three couples to the agency each month.

Therapist #6: Dr. Alan Johnson

See description under therapist #2.

Couple #7: Kyle and Sara

Sara is a 22-year-old Caucasian currently attending a community college and working part-time as assistant in a medical field. Kyle is a 25-year-old Mexican American who is currently a graduate student. They have been married for two years and do not have any children. This is the first marriage for both of them.

Sara was raised in an LDS home and attended church weekly with her family. Sara stopped going to church in her late teens but has since become more active in the LDS church, although her family is currently not active. Kyle, who was raised in an active Catholic family and attended church with them one or more times a week, was baptized into the LDS church about one previous to the research interview.

They both indicated that reading scriptures, prayer and attending church helps them to "stay focused" throughout the week. Kyle explained that when he reads the scriptures he finds that "there's a lot less drama in [his]life." He says it helps him "make better decisions and as a result, there's not as many bad consequences. So there's less drama."

They found their therapist through Sara's Employee Assistance Program. They had both been going to individual therapy and decided to do some couple therapy as well with one of their therapists. They chose Kyle's only because his therapist's schedule met their needs. Their reasons for pursuing therapy had to do with cultural differences and sexual intimacy problems. They felt as though the therapist did not add much to what they had learned during individual therapy. This may be due to the fact that they only had two marital sessions, the last of which occurred about seven months prior to the research interview. Still, they reported being satisfied. Sara is still seeing her individual therapist, and Kyle intends to do more also, but has been busy.

Therapist #7: Howard

Howard received his Masters in Social Work in 1991 and is a Licensed Clinical Social Worker in the Midwest. His training in marriage and family therapy includes numerous workshops (family systems, brief/solution focused, gestalt) and several graduate level courses. He has practiced full-time therapy since 1976.

Howard says he generally lets the couple take the lead when it comes to bringing up religion. If they mention they attend church, he will ask about the support they receive for their church. If they discuss issues such as the "meaning of life" or being "angry with God," he will also inquire about their religious or spiritual beliefs. Howard reports that religious issues are discussed in about 30% of his cases. He is a member of the Lutheran church.

Couple #8: John and Kristen

Kristen is a 27-year-old Caucasian who is a registered nurse and currently works part-time in the medical field as well as a day care provider in her home. John is a 30-year-old Caucasian with a high school diploma and earns a living as a farmer. They have been married five years and have one three-year-old son. This is the first marriage for both of them.

Kristen grew up in a Roman Catholic family that attended church on a weekly basis. She also attended with them, mostly out of guilt spurred on by her grandmother if she did not attend. John was also raised by a Roman Catholic family who attended church on a weekly basis. He attended with them. Their church attendance began declining during their courting years, but then returned to weekly participation in Saturday evening Mass and holidays. Then, about a year and a half ago, once their son became more challenging to take to Mass, John stopped going and stayed home with their son. Then about a year ago, Kristen decided the family time was more valuable than attending church alone or with a rambunctious child.

Neither one of them participate in religious practices such as prayer or reading the Bible. Kristen says that she does sometimes go to church on holidays to please her family. Still, both indicated that their religious beliefs and values do influence their decisions in life about right and wrong.

They were referred to a Catholic social service agency by a Kristen's cousin. Kristen was concerned because it was affiliated with the Catholic church, but both of them indicated that other than the name, they would not even know it had any connection with the Catholic church. They sought out therapy due to a feeling of being "disconnected" as a result of a lack of communication and conflict resolution skills. Kristen reports being "satisfied" with the services, especially the way Tammy is able to "put issues into perspective." She does wish they had more time than just an hour for each session. John feels "so, so" about the therapy, mostly because there are so many other things he needs to be accomplishing with his time.

Therapist #8: Tammy

Tammy has a Masters in Social Work and is a Licensed Clinical Social Worker in the Midwest. She indicates that she is an AAMFT Clinical Member and has been supervised by an AAMFT Approved Supervisor for 14 years of full-time practice.

Tammy believes that a person's religious beliefs can be a "strength and resource in helping them address their presenting problems." She believes that religious and spiritual beliefs "shape [a client's] worldview. She feels that understanding their beliefs allows her to use their language, access resources, and develop interventions that will tap into and be congruent with their beliefs. She says that she will "generally conduct a spiritual assessment if the client(s) refers to their church or God during their counseling session." She reports that religion is discussed in about 50% of her cases. She is a member of a Vineyard church.

Appendix F

Therapist Questionnaire

Thank you for your continued support in my research. Would you please take a moment and fill out the following questionnaire. It is estimated that it will probably take about ten minutes to complete. The purpose of this data is for descriptive not evaluative use. Your responses will be kept confidential through the use of pseudonyms.

1. Please list your degree(s) and your licenses (please attach a vita/resume if you prefer).

2. If your degree is not in marriage and family therapy, please indicate what training and/or supervision you have you had in working with couples.

3. How many years have you been practicing therapy? (Please indicate whether this is part-time or full-time practice.)

4. What is your religious affiliation, if any?

5. Briefly describe your philosophy about including or not including religious and spiritual issues in couple therapy?

6. On a practical level, with approximately what percentage of your cases are religious issues discussed? (This would not include just asking clients what religion they are.)

Bryan K. Zitzman
Vita
April 2003

General Information

Address: 1800 3rd Avenue, Suite 512, Rock Island, IL 61201-8000
Phone: (W) 309-786-4491
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Birth date: September 14, 1973
Marital Status: Married, 1996, Lori Jeannine Yates.

Professional Education

Ph.D. - Virginia Polytechnic Institute and State University, 2003. Major: Human Development with an emphasis in Marriage and Family Therapy

M.S. - Brigham Young University, 2001. Major: Marriage and Family Therapy

B.A. - Brigham Young University, 1998. Major: Family Sciences

Relevant Work Experience

Full-time Marriage and Family Therapy Resident, Marriage and Family Counseling Service, Rock Island, IL, 2002 to present.

Graduate Assistant for Valerie L. Giddings, Associate Dean, College of Human Resouces and Education, Virginia Tech University, Blacksburg, VA, 2000 to 2002.

Graduate Assistant/Staff for Adult Day Services, Virginia Tech University, Blacksburg, VA, 2000 to 2002.

Research Assistant for D. Eugene Mead, Professor of Marriage and Family Therapy, Brigham Young University, Provo, UT, 1998 to 2000.

Trainer, Chrysalis Enterprises, Provo, UT, 1996 to 2000.

See "Teaching Experience" and "Clinical Experience" (below) for additional volunteer work experience.

Publications

Zitzman, B. K. (2001). No violence contract. In A. Hovestadt (Ed.) *Practice management forms: Tools for the business of therapy*. AAMFT.

Zitzman, B. K., Mead, D. E. & Thurber, S. L. (1999). Treatment manual: Using desensitization acceptance training to reduce physiological arousal and increase marital satisfaction for couples with severe marital relational problems. Unpublished treatment manual. Marriage and Family Therapy Program, Brigham Young University, Provo, UT.

Research Experience

Principal investigator, (2001 – 2003). Clients' views regarding the inclusion of religious issues in couple therapy. Doctoral dissertation.

Principle investigator, (1998 - 2001). Applied clinical research using direct supervision and continuous measurements to establish empirical treatments in an age of managed care. Principle investigators: Zitzman, B. K. & Mead, D. E., Brigham Young University, Provo, UT. Responsibilities: review literature, develop theory, create a treatment plan, design the study, find and train therapists and supervisors, obtain clients, supervise the research process.

Analyst, (1998). Gendered patterns in religious couples use of prayer during marital conflict. Principle Investigators: Gardner, B. C. & Butler, M. H., Brigham Young University, Provo, UT. Qualitative research study using a hermeneutic process with a team of four members. Responsibilities: reviewing and coding transcripts of 26 structured interviews, identifying major and minor themes, meeting with other analysts to delineate and solidify legitimate themes.

Team member, (1996). Research Practicum: Kindness. Principle investigators: Burr, W. R. & Beutler, I. F., Brigham Young University, Provo, UT. Basic exploratory research using a team of six members. Responsibilities: reviewing literature and developing theory, formulating an operational definition, revising a quantitative survey to help ensure validity and reliability.

Research Grants Awarded

Family Studies Center (1999 - 2000). Using desensitization acceptance training to reduce physiological arousal and increase marital satisfaction for couples with severe marital relational problems. Masters Thesis. $3,000.

School of Family Life, Brigham Young University (1999 - 2000). Using desensitization

acceptance training to reduce physiological arousal and increase marital satisfaction for couples with severe marital relational problems. Masters Thesis. $2,600.

Professional Presentations

Ball, D., Hiebert, B., & Zitzman, B. (2003). Love stories: Relationship histories and what they tell us. Workshop presented at the annual conference of the Illinois Association of Marriage and Family Therapy, Chicago, IL.

Zitzman, B. K. (2001). Acceptance, soothing, pulse rate and marital satisfaction. Poster presented at the annual conference of the American Association of Marriage and Family Therapy, Nashville, TN.

Zitzman, B. K. & Mead, D. E. (1999). Desensitization acceptance training: An approach to treating severe marital relational problems. A training seminar for BYU Comprehensive Clinic interns, Provo, UT.

Zitzman, B. K. & Mead, D. E. (1999). Using desensitization acceptance training to reduce physiological arousal and increase marital satisfaction for couples with severe marital relational problems. Poster presented at the annual conference of the American Association of Marriage and Family Therapy, Chicago, IL.

Gardner, B. C., Butler, M. H., Topham, G. L., & Zitzman, B. K. (1998, November). Gendered patterns in religious couples use of prayer during marital conflict. Poster presented at the annual conference of the National Conference of Family Relations, Milwaukee, WI.

Gardner, B. C., Butler, M. H., Topham, G. L., & Zitzman, B. K. (1998, October). Gendered patterns in religious couples use of prayer during marital conflict. Poster presented at the annual conference of the American Association of Marriage and Family Therapy, Dallas, TX.

Gardner, B. C., Butler, M. H., Topham, G. L., & Zitzman, B. K. (1998, May). Gendered patterns in religious couples use of prayer during marital conflict. Paper presented at the annual conference of the Utah Council on Family Relations, Ogden, UT.

Gardner, B. C., Zitzman, B. K., Topham, G. L., Barrionuevo, M. A., & Rose, L. R. (1998, March). Gendered patterns in religious couples use of prayer during marital conflict. Paper presented at Brigham Young University's annual student conference of Family Science, Provo, UT.

Community Service Presentations

Galway, A. & Zitzman, B. K. (2002). *Aging in place: Life transitions*. A six-week walk-through gallery devoted to caregiving for the aging population.

Zitzman, B. K. (2000). *Strengthening parent-child relationships through play.* An invited presentation sponsored by the Church of Jesus Christ of Latter-day Saints, Orem, UT.

Zitzman, B. K. (1999). *Marriage.* An invited presentation sponsored by the Church of Jesus Christ of Latter-day Saints, Orem, UT.

Zitzman, B. K. (1999). *Transitioning into marriage*. An invited presentation for an undergraduate course entitled "Preparing for Marriage". Brigham Young University, Provo, UT.

Zitzman, B. K. & Topham, G. L. (1998). *Improving relationships through effective communication.* An invited presentation sponsored by the Church of Jesus Christ of Latter-day Saints, Provo, UT.

Seminars and Conferences

AAMFT (2002). Weaving the Family Tapestry. Cincinatti, OH.

AAMFT (2001). Scientific art: Evidence-based therapy. Nashville, TN.

AAMFT (1999). Family therapy in the mainstream. Chicago, IL.

Craske, M. G. (1999). Cognitive-behavioral approaches to panic disorder, agoraphobia, obsessive compulsive disorder, and generalized anxietydisorder. The 30th Annual Counseling Workshop, Provo, UT.

Glass, S. (1999). Healing the trauma of infidelity. An all day workshop presented at the UAMFT Conference, Park City, UT.

LoPiccolo, J. (1999). Post-modern sex therapy. The 5th Annual Utah State University Counseling Center Conference, Logan, UT.

McFarlane, W. R. (1999). Family psychoeducation and the management of schizophrenia: a multifamily group approach to treating schizophrenia. Utah State Mental Hospital, Provo, UT.

Protinsky, H. (2001). Eye Movement Desensitization Reprocessing (EMDR). Semester

long doctoral seminar including training, practice, and supervision. Virginia Tech, Blacksburg, VA.

Sutton, J. D. (1998). The difficult child: The conduct-disordered child and the oppositional and defiant child. Brigham Young University Counseling Workshop, Provo, UT.

Utah Association for Marriage and Family Therapy. (1999). Dealing with dysfunction in the family. Park City, UT.

Utah Council on Family Relations (1998). Family architects: Laying the foundations for life. Ogden, UT.

Teaching Experience

Classes taken to prepare for teaching:

FamSci (MFHD) 565: Instructional Processes in Family Science

FamSci (MFHD) 460: Family Life Education Methodology –

Comm 150: Public Speaking

Rel C 473: Teaching Developmentally Disabled

Experience:

Institute Teacher, Virginia Tech LDS Institute, Blacksburg, VA, 2000 – 2002.

LDS Missionary. Taught individuals, couples, and families doctrines of The Church of Jesus Christ of Latter-day Saints, 1992 to 1994.

Part-time Seminary Teacher, Peterson Special Education Seminary, American Fork, UT, 1995.

Clinical Experience

Marriage and Family Therapy, Clinic Intern, Family Therapy Center, Blacksburg, VA. Supervisors: Scott Johnson, Anna Beth Benningfield, Bud Protinsky. January 2001 to present.

Marriage and Family Therapy, Clinical Intern, Comprehensive Clinic, Provo, UT. Supervisors: Eugene Mead, Mark Butler, Tracy Lawrence, Robert Stahmann, James Harper. October 1998 to April 2000.

Adolescent Multifamily Group (Co-leader), Clinical Intern, Utah State Mental Hospital. Supervisors: AlRae Snyder (C.N.S.) and Brad Saunders (L.C.S.W.). March 1999 to January 2000.

Marriage and Family Therapy, Clinical Intern, Center for Personal and Career Development, Orem, UT. Supervisor: Ann Spafford, (Counseling Psychologist), January to May 1999.

Group therapy experience (Co-leader):
Couple Communication, Divorce Adjustment, Pre-marital, Marriage Enhancement, Multifamily Problem-solving, and Parenting.

Professional Certifications

Certified Couple Communication Instructor

Certified PREPARE Instructor

Awards and Honors

Faculty Campaign Scholarship, Virginia Polytechnic Institute and State University

Sant Scholarship, Brigham Young University

University Scholar Scholarship, Brigham Young University

Ida Reider & Fritz Feuz Scholarship, Brigham Young University

Brigham Young University Kappa Omicron Nu National Honor Society

Church Service

Church Service, The Church of Jesus Christ of Latter-day Saints, 1986 to present.

Missionary, Ogden Utah Mission, The Church of Jesus Christ of Latter-day Saints, 1992-1994.

Professional Research Interests

Spirituality and religiosity in couple therapy: Qualitative inquiry into understanding what clients believe and feel about including spirituality and/or religion in couple therapy.

High Conflict Couples: Unique dynamics and the resulting implications for marital therapy.

Applied clinical research, Empirical research in an age of managed care.

Remarriage and sexual problems, Sexual problems in previous marriages and implications for remarriage, Implications for sex therapy with remarried couples.

Beliefs/Formative processes/Developed belief systems and their influences in relationships and therapy.

Medical Family Therapy: Systems theory and its applied uses in the medical field.