



4-1-1992

Proposed Agenda for a Spiritual Strategy in Personality and Psychotherapy

Allen E. Bergin

I. Reed Payne

Follow this and additional works at: <https://scholarsarchive.byu.edu/irp>

Recommended Citation

Bergin, Allen E. and Payne, I. Reed (1992) "Proposed Agenda for a Spiritual Strategy in Personality and Psychotherapy," *Issues in Religion and Psychotherapy*: Vol. 18 : No. 1 , Article 3.

Available at: <https://scholarsarchive.byu.edu/irp/vol18/iss1/3>

This Article or Essay is brought to you for free and open access by the Journals at BYU ScholarsArchive. It has been accepted for inclusion in *Issues in Religion and Psychotherapy* by an authorized editor of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.

Proposed Agenda for a Spiritual Strategy in Personality and Psychotherapy*

Allen E. Bergin and I. Reed Payne
Brigham Young University

Abstract

This essay argues that spiritual approaches in personality and psychotherapy are currently not coherent and that a rational strategy is not being pursued to develop an authentic spiritual orientation that can take its place alongside the other major orientations to personality and psychotherapy. It is suggested that a systematic spiritual approach needs to be developed that contributes uniquely to (a) a conception of human nature, (b) a moral frame of reference, and (c) specific techniques of change. In addition, a spiritual approach, if it is to be a viable option in the mental health field needs to be (d) empirical, (e) eclectic, and (f) ecumenical. Finally, specialized aspects of a spiritual strategy can be (g) denominationally specific and thus contribute to homogeneous subgroups within the religious diversity and plurality that exists among the public mental health clientele.

The effort to implement spiritual values¹ in psychotherapy is a worthy goal, but we must remember that such an enterprise exists in a context. It is the purpose of this article to outline a broad spectrum of effort that must be pursued if value-oriented

*This article first appeared in the *Journal of Psychology and Christianity*, 10, 197–210, 1991, and is reprinted here by permission.

¹By “spiritual values” we mean those deriving from our Judeo-Christian heritage. An eclectic, ecumenical spiritual strategy will likely also include approaches rooted in compatible values from diverse sources.

therapeutic practices are to attain optimal meaning and efficacy. We propose, therefore, that those who are motivated to develop such an approach join in addressing an agenda of tasks to be accomplished in establishing a spiritual strategy. We use the term “strategy” in keeping with the usage defined by Liebert and Spiegler (1990), who refer to the major approaches to personality and psychotherapy in this manner. Their text on personality is subtitled “Strategies and Issues” and they have avoided using the phrase “personality theories.”

This important distinction implies that existing major approaches are not technically theories as such, but are strategies or approaches to the main issues of personality and therapeutic change. The modern versions of these strategies are actually collections of “micro-theories” concerning related topics rather than “macro-theories” that explain all behavior in a single over-arching conceptualization. Strategies include concepts regarding the origins, development and dynamics of personality, the organization or structure of personality, assessment or measurement of personality, and personality change. Liebert and Spiegler outline the details of the traditional theories within this structure, such as the psychoanalytic, dispositional, phenomenological, and behavioral strategies.

We suggest that specific approaches to therapy based upon Christian and other religious traditions are actually embedded in a broad array of assumptions and professional procedures that are part of the beginnings of a new “spiritual strategy” in the psychosocial and mental health fields. Although the specific assumptions on which these works rest are often not explicitly articulated, they exist and need to be specified more overtly as part of a plan for a comprehensive approach.

It is our view that a spiritual approach contributes distinctive factors to a strategy of personality and therapeutic change, but that such an approach also necessarily partakes of some characteristics of other approaches. It is our view that a spiritual approach contributes uniquely to (a) a conception of human nature, (b) a moral frame of reference and (c) specific techniques of change. In addition, a spiritual approach, if it is to be a viable option in the professional domain, needs to be (d) empirical, (e) eclectic, and

(f) ecumenical. Finally, specialized aspects of a spiritual strategy can be (g) denominationally specific and contribute meaningfully to the religious diversity and plurality that exists among the public clientele. As we proceed to outline each of these dimensions to a spiritual strategy, we will provide reference to articles that attempt to define each of these particular areas. When we have completed this outline, it will hopefully be much clearer how a value-oriented approach within a spiritual strategy can contribute to a more comprehensive understanding of personality and psychotherapy.

A Conception of Human Nature

To have a spiritual approach to psychology has profound implications for personality theory. The assumptions that this approach brings to theory are rooted in theology and have been outlined by several writers (Bergin, 1988a, 1988b; Collins, 1977, 1980). One of the essential points is recognizing the existence of a spiritual reality as a fundamental assumption. As we read in the Book of Job (32:8): "There is a spirit in man and the inspiration of the Almighty giveth them understanding." The exact nature of a person's spirit may be disputed in its details across denominations, but there is a clear agreement that the essential identity of a person is eternal, has a spiritual or invisible aspect, and can respond to the spirit of God through prayer and other means of inspiration that have direct effects upon thought, feelings, and conduct. There are many other fundamentals that derive from a spiritual perception of the world and of man's place in it that could and should help to shape a new perspective on personality. Some of these concern "Identity," "Agency," "Integrity," "Power," "Intimacy," "Family," and "Value Systems." It is essential that the hard work required to develop and integrate such concepts be undertaken. Although hermeneutic, existential, humanistic, cognitive and social constructionist thought all open the way to a spiritual approach to theory, none of these has bridged the secular-to-sacred gap. Transpersonal psychology attempts this but its all-inclusive style is alien to an approach rooted in biblical concepts and practices. While no truly systematic spiritual strategy has yet appeared, there are worthy

beginnings in efforts to tie theology to concepts of personality and psychotherapy.

One example of this is Jones' (1989) attempt to show the relationship between a Christian perspective and rational-emotive theory and therapy. Jones points out a number of apparent similarities between the two perspectives that have been noted by other Christian writers; but his analysis is telling in that while there are some regions of overlap, such as the importance of beliefs in guiding behavior, there are actually many incompatibilities at a fundamental level. He notes that the rational-emotive conception of self is basically atomistic and that it "undermines persons seeing themselves as agents, as substantive selves; as responsible moral agents with continuous identities through life" (p. 117). Another key point of potential conflict is in the definition of "rational." Theology suggests beliefs, such as *dependence* upon God, that may be viewed as irrational by secular theorists. We are thus challenged to show what healthy dependency is and how it is an integral aspect of human nature. Both the difficulties Jones identifies and the possibilities he outlines provide a meaningful attempt toward a Christian strategy of personality.

Spilka and Bridges (1989) provide another interesting effort at comparing and contrasting theological assumptions with psychological theories. They evaluate contemporary "process," "liberation," and "feminist" theologies and show certain parallels between them and social cognitive theory. "The importance of the role of the self and needs for meaning, control and self-esteem are stressed, indicating that theology can serve as psychological theory and that both psychology and theology might benefit from increased interaction between the disciplines" (p. 343). The paper is not specifically denominational in orientation, but deals with modern struggles to interpret our understanding of God in relation to groups who have suffered social oppression and who seem to be alienated from traditional religious identifications. The authors note that one approach to process theology emphasizes the themes of God as "presence," "wisdom," and "power" (p. 347). This apparently does not deny the additional biblical conceptions of God but attempts to show that "a sense of God's *presence* may be tied

to feelings of self worth.” God as *wisdom* may be associated with meaningfulness through the faith that “no matter what threats and contingencies we may experience, God is faithful and is leading us to creative modes of dealing with problems.” Finally God as *power* “may reflect personal capability in being able to influence the world” (p. 347).

The notion is that if people can perceive God’s influence along these dimensions then therapeutic change in one’s life way be more likely. “Meaninglessness, powerlessness, and low self-esteem are correlates of cultural realities that deprive people of opportunities to realize their potential” (p. 347). This type of thinking certainly has implications for a theory of personality and shows how such a theory can be enhanced by theological thought. A further task for a spiritual strategy would be to link traditional concepts of sin, forgiveness, and salvation in a significant way to meaning, a sense of personal capacity and self-esteem.

In sum, these articles demonstrate the fact that thoughtful people are struggling with the problem of developing a conceptual framework for a spiritual strategy. Human nature transcends the empirical with meaning emanating from relationships with God and fellow humans. We endorse such efforts and believe that as they become more systematic, a more powerful conceptual framework may be arrived at which can guide theory, research, and practice in personality and psychotherapy.

A Moral Frame of Reference

An important contribution of a spiritual perspective is that it anchors values in universal terms. Since evidence shows that psychotherapy is a value laden process, this makes the spiritual strategy immediately and especially relevant to the therapeutic situation. Although therapists are often unaware of their particular moral frames of reference and especially how they impact upon clients, this situation is rapidly changing. It is becoming abundantly clear that values must be dealt with more systematically and effectively if therapeutic change is to be lasting. To be optimal, values must also affect one’s life style and one’s impact upon others (Bergin, 1991).

No more powerful value themes could be invoked in this context than the teachings of Jesus Christ.² An eternal and universal morality can inform or impact professionals and their clientele in profound ways. How to do this with efficacy and with respect for other noble traditions is an essential task for the future. For our purposes here, some illustrative work will suffice.

In contrast to earlier assertions that values are “relative” and that psychotherapy should be “value-free,” it seems more likely (implicit though it may be) that there may be certain values which mental health care workers see as “better” or as underlying healthy adjustment. Many values “imply a frame of reference for guiding behavior and regulating life style so as to prevent or ameliorate psychopathologies” (Bergin, 1985, p. 106). Making these implicit values explicit in therapy, particularly in the spiritual realm, may in actuality promote freedom in the therapeutic environment by promoting specific and open deliberation about values (Bergin, 1988a, 1988b).

In a national survey of mental health care workers, Jensen and Bergin (1988) found considerable consensus on values assessed to be pertinent to both mental health and psychotherapy. These included: (a) a sense of being a free agent, (b) a sense of identity and feelings of worth, (c) being skilled in interpersonal communication, sensitivity and nurturance, (d) being genuine and honest, (e) having self-control and personal responsibility, (f) being committed in marriage, family and other relationships, (g) having orienting values and meaningful purposes, (h) having deepened self-awareness and motivation for growth, (i) having adaptive coping strategies for managing stresses and crises, (j) finding fulfillment in work, and, (k) practicing good habits of physical health. These, in essence, are traditional values, which are correspondingly many of the same values which underlie practices and beliefs espoused in religious environments.

²We begin with Jesus Christ because we revere Him as our Lord and Savior; but we naturally also include the teachings of the Biblical prophets and apostles and our own Latter-day Saint tradition. In addition, we respectfully rely upon compatible virtues and values that are emphasized in other traditions.

Sprinthall and McVay (1987) give examples of progress towards a generalized conception of universalistic values that may bridge the gap between such “clinical” values and spiritual values. They note an increasing consensus between religious and secular value theories in a common ground of universal and humane principles. While religion as an organized system of faith concerns itself with universals, spirituality *is* a universal. Dombek and Karl (1987) state, “Every person can be understood to have a spiritual life, although some persons do not subscribe to any established religion” (p. 184).

When value related problems are encountered in therapy, both the client’s and the therapist’s values may need to be examined or articulated to provide an ethical and open atmosphere. Though a therapist and client’s values may differ at points, this need not discourage value exploration and problem solving. Indeed, some divergence may be preferred to total value agreement (Beutler, Crago & Arizmendi, 1986; Propst, Ostrom, Watkins, Dean & Mashburn, 1990). If values become a problem in therapy the therapist should approach them openly and, if conflict between client and therapist persists, referral elsewhere may be required. Referrals based on value discrepancy, client need, and/or therapist bias need to be made from a position of value knowledge and professional integrity. Therapy techniques or strategies need to be justified and explained, especially if they are other than what traditional therapy might offer (cf. Bergin, 1985; 1991).

Is it ethical to provide services to persons who have diverse backgrounds if those backgrounds are not understood? Certainly this point has been made when dealing with cross-cultural counseling or therapy with minorities and might well be made in terms of values or working with clients who have a distinct religious or value orientation. Psychologists will encounter more religious diversity than any other kind of diversity.

Both Meyer (1988) and Lovinger (1984) suggest that it may be appropriate to become acquainted with major teachings and dilemmas typical of clients of diverse religious orientations. To deny service to a client who wants to deal with spiritually related issues seems to Meyer no more appropriate than “to deny service

to a student coping with educational issues or a terminally ill patient struggling with medical concerns” (p. 488). According to Meyer, clarification of values and biases with regard to religion could be better understood through research, role playing, exploratory papers, or additional education aimed at understanding spiritual issues, both process and content, in research and in practice. It is important in understanding religious clients that the therapists both appreciate the value pattern of the individual’s particular group and understand the individual’s personal value pattern within that group (Worthington, 1986).

Implications of a moral frame of reference for therapy is seen in this vignette: If a client is bothered by the habit of viewing or using pornography and remains uncomfortable, how might this dilemma be approached? A traditional therapist might reason that viewing or not viewing pornography is not the issue, but reducing the guilt or conflict (the real culprits) is of concern. Since the therapist may not know of any data indicating pornography is damaging, there would be little motivation to suggest the client’s discontinuance of the habit. Yet if the client’s values of human dignity, sensitivity, reverence for life, or respect for persons are brought into awareness, the client has clear justification and motivation to modify this behavior while remaining within his or her value system.

It is paradoxical that traditional psychology and psychotherapy, which fosters individualism, free expression, and tolerance of dissent would be so reluctant to address one of the most fundamental concerns of humankind—morality and spirituality. In fact, therapeutic efforts have studiously avoided controversy, concern, and needs associated with religion. Regarding this conspiracy of silence, one could accusingly reflect that: We speak of wholeness but insist on parts; we value openness but stay partly closed; we like to be accepting but only of some things; it is good to be tolerant but not of things we don’t understand. In the larger matrix of sociocultural variables, religion cannot be avoided as subject or object, cause or effect, noumena, or phenomena.

The danger of a moral philosophy or moral frame of reference not anchored to spirituality or religion is that of relativeness, expediency, and an ever changing hierarchy of values. With no

standard of measure or no reference point, it is easy to manipulate moral issues to meet merely expedient needs. Defense mechanisms and self-justifications can be used to reconcile questionable intentions or “needs” with situational moral imperatives. An entire domain of human experience may be neglected by ignoring the spiritual and moral frame of reference. Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client’s life which may impact significantly on adjustment or growth. Therapy may clumsily tread on sensitive areas. If the therapist is blind to the spiritual or moral realities of the client, resistance and transference will remain only partially appreciated.

We have suggested several important issues for the therapist and client. Spiritual, religious, and moral diversity are givens which we must acknowledge. It is argued that a moral frame of reference might be appropriately and advantageously anchored to the spiritual and religious. The therapeutic process encounters value dilemmas on every side. As therapists, we must prepare to understand and address these complex issues more effectively. This will require an interaction and combining of traditional techniques adapted to value issues and techniques emanating from moral and spiritual strategies.

Specific Techniques of Change

As with other approaches, a spiritual strategy implies hypotheses and techniques of change. Although these have special applicability to normal and mildly disturbed persons, which is the special province of spiritual approaches, they are also frequently applicable to more severe disorders, usually in conjunction with techniques from secular sources.

Essentially there are two categories of counseling techniques used in dealing with religious or spiritual issues: (1) those grounded in traditional psychological theories or emanating from professional secular sources, which then adapted to religious content, and (2) those originating specifically from within spiritual or religious frameworks, which are used therapeutically in coping with both

standard symptoms and religious issues. This section will explore examples of the use of techniques, traditional and religious, applied to diverse issues.

Illustrative of applying traditional techniques with religious content, Propst (1980) found that cognitive behavioral therapy with religious imagery and a religious placebo (group discussion of religious issues) showed more of a treatment effect in mild depression for religious subjects than did a nonreligious imagery treatment. In a subsequent study, fifty-nine clinically depressed subjects (nonpsychotic, nonbipolar) were treated with two forms of cognitive-behavioral therapy, one with religious content and one without (Propst et al., 1990). Religious and non-religious therapists were used in each group. There was also a pastoral counseling treatment group. Subjects in the religious content treatment and pastoral counseling treatment reported significantly lower rates of posttreatment depression and better adjustment scores than the waiting list controls or the subjects in the nonreligious cognitive therapy. It is also of interest that the non-religious therapist, using the religious approach, had the highest level of treatment effect.

In an article addressing religious values and therapy, Aust (1990) reviews techniques mentioned by several authors. Success with imagery is detailed by Propst (1980), Worthington (1978), and Frank (1973). Wilson (1974) notes client improvement with "Christian therapeutic maneuvers" consisting of (1) commitment or rededication, (2) confession or uncovering, (3) forgiveness of self and others, and (4) fellowship or community. Moral Reconciliation Therapy (Little & Robinson, 1988) is a step by step treatment program applied to treatments for antisocial or drug abuse clients. The authors report that the approach appears effective in promoting moral growth and behavior improvement. They also indicate that it fosters commitments to goals and development of identity.

One of the unique aspects of Moral Reconciliation Therapy is the requirement for clients of a payback to society in the form of public service, such as working with Special Olympics, rebuilding park structures, or building food boxes for the poor at Christmas time. Briefly, the treatments appear to involve the following behaviors: the clients are responsible for their own treatment as well

as the treatment of others, confrontation is an important aspect, and a formal written assessment of the self is required. Activities that raise the person's awareness of relationships with others are implemented. A connection between freedom and responsibility is taught. The client must provide service to others where there is no overt gain for the client. The strategies include an effort to decrease clients' decisions based on pleasure and pain. Also, they are taught to tolerate delays in gratification. They are exposed to problems and moral dilemmas at the various stages of moral development. Trust and honesty in relationships are points of focus. Ongoing self-assessment, in conjunction with receiving assessment from other clients and staff, are required. Preliminary research suggests that there is an encouraging level of success.

The concept of forgiveness, with its roots in religion, has been espoused as a spiritual therapy technique (Bergin, 1980; Brandsma, 1985; Hope, 1987). Hope (1987) states:

Choosing to forgive is a paradoxical act that releases a person from the need to seek payment or revenge for past insults or disappointments through an up-leveling or refraining process. Forgiveness is a core value of Christianity and other major religions. . . . It is proposed that understanding the dynamics of forgiveness can serve as a powerful therapeutic tool (p. 240).

Forgiveness, Hope further indicates, is a voluntary act, a decision about how a person deals with the past. In dealing with injustice, disappointment, and humiliation, one needs to learn how to reinterpret, let go, or accept the past in a way that frees one for future growth. Although anger and indignation may be therapeutic and essential in some cases, lasting change requires transcending one's sense of victimization. Hope indicates that by choosing to forgive we increase our options and freedom to grow. Further, it is suggested that "forgiveness can be seen as a meta-action, as a reframing of how one views the world" (p. 242). The opposite of forgiveness is a desire to seek vindication, which delivers a person into a crippling state of ambivalence towards people who are most important. Forgiveness of others, then, may be a necessary requisite for forgiving one's self. Hope also explains, "for those who also view life from a spiritual dimension, forgiveness becomes

an act of faith, a way of actualizing religious beliefs” (p. 242). Hope quotes Fillipaldi (1982, p. 75) who states that “Forgiveness is a focus on the present that frees from the past and opens up the future.” A series of steps in the forgiving process is outlined by Donnelley (1982).

Confession and contrition are two preliminaries seen as preparatory acts to healing (Harrison, 1988). Involved in these processes is the radical lowering of one’s defenses. Often involved is a reordering of values and the freeing of energies that are bound up in the process of trying to hide. Contrition is equated with desire to change and is the opposite of defensiveness. It implies pliancy. In practicing each virtue, the complementary vice is rendered ineffective or non-existent. “The individual is made a new creature bit by bit and each aspect of moral goodness is acquired by deliberate choice” (p. 315). Harrison continues,

. . . Much of what is involved in psychotherapy is similar to the practices intrinsic to religious purification. The point to be made here is not that psychotherapy is equivalent to the process of sanctification, but that it is often compatible with it and in some cases may contribute to it by exposing attitudes and personal difficulties that the individual does not want to face. . . . But the larger task, the perfecting of the entire person, necessitates a larger process—one which is supernatural as well as human and more intimate and more pervasive than any earthly method could be (Harrison, 1988, p. 317).

Specific therapy techniques mentioned by Lovinger (1984) include (1) religious imagery, for example, comparing Christian charity with being a Christian doormat, (2) using alternative Bible translations considering context, special use of words, and other interpretations of scriptures, (3) using contradictory imperatives, wherein the meaning is modified by other scriptural statements, (4) corrective experiences, (5) literary resources, (6) denominational resources, (7) forgiveness, and (8) service. It is mentioned that the hallmark of effective therapy (Freud) is increased capacity to work and to love.

Some Cautions

Caveats are warranted in this venture of implementing spiritual strategies. Because religious techniques are espoused for a variety of reasons, it need not be assumed that those who are promoting spiritually based methods are always competent, honest, or ethical in their approach. There may be hidden agendas, exploitiveness, and manipulations for implicit reasons which reflect something less than integrity.

Potentially, the directness, evangelism, and conversion agenda of a pastoral counselor or a religiously oriented therapist may not be compatible with the traditional therapeutic value of autonomy and independent choice. However, there is no inherent reason why a spiritual approach or moral frame of reference need be any more directive than other approaches to psychotherapy. The value of personal choice and growth based on independent judgment can be equally valued by those with a religious orientation and those who do not espouse any religious framework.

Many therapists may not know how to deal with values and spiritual concerns in a constructive, helpful manner because they have not been taught to do so. They have avoided the process of helping others cope with spiritual issues and controversial values in a religious context. When dealing with values, certain principles may need to be observed in preserving human agency or freedom of choice. Though working with a client's spiritual values may promote growth and change in a positive direction, the therapist should remain "within" the client's own value system in this endeavor. To impose the therapist's own religious values onto a nonreligious client may not only be counter-productive, it may also violate professional ethics.

No blanket statement that religious techniques are universally beneficial in therapy is endeavored in this article. The usefulness of such therapeutic techniques is predicated on several criteria such as religiosity of the client, desire by the client to employ such techniques, comfort level of the therapist, skill of the therapist in the use of religious techniques, and, ultimately, empirical proof of efficacy.

Dual or unwarranted roles should be avoided as well. Both the client and the therapist should understand that though the therapist may be sensitive to and discuss the client's religious issues, the therapist does not possess the role assigned to members of the client's particular ecclesiastical leadership. A proper referral in cases where the client may need to speak with an appropriate member of the faith may be necessary to comply with the expectations of a client's religious affiliation.

Despite such cautions, there is a vast untapped potential for spiritual approaches to therapeutic change. The way is open for creative Christian counselors and others to develop and assemble a repertoire of useful techniques that add to what is already known and can be done. At the same time, we need to remember our obligation to be empirical, eclectic, and ecumenical.

The Empirical Dimension

It is essential that a spiritual strategy have an empirical dimension if it is to have credibility in the profession at large and if we are serious about using all of the sources of truth God has given to us. Certainly, the scientific method in its various forms (experimental, correlational, qualitative, descriptive) is a rich source of truth which we cannot afford to ignore even though we may be emphasizing processes that are not easy to observe in traditional scientific ways. Nevertheless, we can observe many of the effects or consequences of invisible spiritual processes such a spiritual experience. Just as in biology or physics, many of our phenomena will be inferred from observable events. It has been noted for instance that there seem to be material consequences to spiritual conviction. This is manifested in the fact that physical health of people who have a sense of coherence in their lives or a certain way of believing in God are healthier than others (Antonovsky, 1979; McIntosh & Spilka, 1990). We also note that there are correlations between the quality of one's life-style, the nature of one's belief system and mental health indices (Bergin, 1991).

Although the psychology of religion field, as exemplified by the work of the members of The Society for the Scientific Study of Religion, is pertinent to the empirical dimension of a spiritual

strategy, much of it is essentially secular social psychology. We need to carefully identify those subsections of research that are particularly pertinent to an approach that openly acknowledges the reality of the invisible spiritual dimension in life. Much of psychology of religion research simply ignores the possibility of a spiritual reality. On the other hand, Hood's work on mystical and religious experiences constitutes a set of studies and measures which give us an observational handle on a very private domain of phenomena (Spilka, Hood & Gorsuch, 1985). Hood's mysticism scale expressly identifies and quantifies self reports of transcendental spiritual experiences. This work exemplifies the encounter of empiricism with spiritual phenomenology that is not intimidated by behavioristic, mechanical, or other objectivistic strictures that might otherwise inhibit good research in this area.

At the same time, we would not want to ignore objectivist research that is pertinent to the cause of the spiritual agenda. For instance, there is an abundant literature in the area of prevention of mental disorders and social pathology which shows a very positive effect of religion (Payne, Bergin, Bielema & Jenkins, 1991). Many other research areas, for example the study of Intrinsic and Extrinsic religious orientations, illustrate the value of standard psychology of religion research (Donahue, 1985; Kirkpatrick, 1989).

In entering the empirical domain, we do not want to be limited entirely to traditional designs, however. Qualitative, descriptive research may be very important in analyzing the relation between a religious lifestyle and personality traits and mental health indices. In addition, we need to be brave enough to consider a spiritual method itself as a form of empiricism. That is, a researcher may use a spiritual perception of the characteristics of a person being studied that is not accessible by ordinary observational techniques. In this sense spirituality overlaps with intuition, inspiration, illumination and creativity. Such phenomena have been noted by some therapists who have touched on the transpersonal realm and have referred to the possibility that therapists may be able to perceive characteristics of a client and to commune with the spirit

of that client in a way that goes beyond ordinary empathic perception (Rogers, 1980).

This kind of spiritually enhanced perception can occur in research as well as in therapy and might become the focus of new studies in which spiritual tests become part of the realm of empirical testing. By spiritual tests we mean that the researcher tests the communications from or impressions received from a subject against a sensed perception of the truth as witnessed by the spirit to the observer. This is a type of internal consistency or a reliability on which validity is based. Such perception still needs to be checked against the perceptions of equally qualified observers and against consensually established scriptural criteria of truth. A balance is required between idiographic and nomothetic perceptions in order to avoid self-deception. Although this method may seem radical, it will be essential to consider it in the repertoire of assessment devices available within a spiritual strategy. Although there are many dangers to this, there are also many potentialities. This procedure takes research beyond the ordinary qualitative and descriptive methods of the empirical approach. Reports of its use are rare, but as a prototype it could become an essential ingredient of a spiritual strategy.

Eclectic

Since much of the ground we are currently exploring in developing a spiritual strategy is uncharted, there is considerable opportunity for creativity. We must take care, however, that we do not reinvent the wheel. There are resources within the behavioral sciences that can be tapped for the purpose of our effort. Therefore, as we seek to integrate psychological theory and technique, eclecticism will be a valuable guiding principle as we select what is useful from a variety of sources.

Consider some examples of efforts toward such an integration. Jones' (1989), as previously discussed, attempted to integrate some aspects of the theory and practice of the rational-emotive approach into a religious framework while also discarding major aspects of the theory. Smith and Hendelman (1990) have made similar efforts with regard to religion and psychoanalytic thought. The

goal of their book, *Psychoanalysis and Religion*, is to help bridge the gap that has so long existed between psychoanalysts and religious thinkers, especially in identifying healthy ego processes in religious experience and expression. Another exemplary effort is a book edited by Miller and Martin, *Behavior Therapy and Religion* (1988), which attempts to establish integration of spiritual and behavioral approaches to change. Of particular note is Martin and Carlson's (1988) chapter on health psychology in which they "emphasize . . . combining modern, well-tested medical and behavioral health interventions with appropriate spiritual ones" (p. 103). They note an interesting series of exploratory studies showing a positive effect of a "Divine Love" film on measures of immune function.

Propst et al. (1990) has also demonstrated the value of integrating religious content into cognitive therapy of depression. When Propst's Religious Cognitive Therapy was conducted according to a prescribed technique manual, Christian religious clients benefited more from the religiously integrated therapy than from standard cognitive techniques. We would do well to follow the lead of these and other pioneers in seeking to broaden the interface between religion and secular psychology.

In addition to learning from secular approaches, a spiritual strategy has much to offer psychology at large, especially regarding the way it deals with religious and spiritual issues. It may be that those who are currently ignoring relevant spiritual and religious content would be less likely to do so if it were translated into the terms of their espoused strategy. By first understanding other strategies and then asking ourselves how religious and spiritual issues fit into their system (by "speaking their language"), we will be better prepared to extend contributions from the spiritual strategy to other strategies. The fact that they are framed in a familiar language will make it more likely that those from other strategies will recognize these potential contributions.

Dombeck and Karl (1987) have created a model as an aid for understanding how spiritual aspects of mental health care fit into four different helping professions: Medicine, Nursing, Humanistic Psychology, and Pastoral Counseling. They explore the distinctions between the professions, seeking to understand how spiritual needs

might fit uniquely into the framework of each. Case illustrations are given, including one of a man who had become elated after an inspirational religious experience during a retreat. He was diagnosed as hypomanic but the psychiatrist recognized the religious experience as valid and separate from the man's pathology. Diagnosis and treatment allowed for retention of the religious dimension following mental improvement. Neither the psychiatric nor the religious perspective dominated, but each did its respective part in a balanced, eclectic approach to the helping process.

In addition to educating therapists and sensitizing them to religious issues, Miller and Martin (1988) offer the following possibilities for spiritual contributions to psychology: (a) enlarging the scope of inquiry, (b) stretching the science, (c) unlocking training, (d) raising clinical issues, (e) improving effectiveness and accessibility of therapy, and (f) broadening perspectives.

In sum, a spiritual strategy can be eclectic in two ways. First, by integrating useful technique and theory *from* a variety of sources within psychology, and second, by seeking to introduce a spiritual perspective or frame of reference *to* traditionally secular techniques and theories.

Ecumenical and Denominational

One avenue we must pursue in seeking to increase the utility of our work is that of breaking down the barriers that can prevent productive communication of thought between denominations. In order to be of maximum benefit, our work must be ecumenical in the following ways: (a) areas of agreement should be sought out and specified, rather than focusing upon narrow areas of disagreement, and (b) even in areas where disagreement on specific doctrinal issues or beliefs exist, we can seek out ways to apply things learned within the context of one denomination to other denominations.

The interface between psychology and religion is only part of a larger ecumenical movement noted by Sprinthall and McVay (1987). The spirit of their essay suggests that those interested in the interface between religion and psychotherapy may learn from

each other and learn together in spite of divergence in belief systems or denominations. In order to be truly ecumenical, this exchange must include not only traditional Christian religion but other religions as well, and, in our culture, this should include particular attention to our Judaic heritage. Hutch (1983) points out that some bridges can be built between Christian and Eastern philosophies in their approaches to anxiety, human suffering and insight into the human condition.

Perhaps, there are bridges that should not be built, but generally a free interchange between denominations and even across cultures opens the door for research and theorizing to be done in a broad manner. We may then comprehend human nature and human need in a worldwide way that will better fulfill the purposes of the Lord and those who wish to serve Him.

Beit-Hallahmi (1975) provides an example of how issues on therapy—even those which are denominationally specific on content—can be reported in an ecumenical manner. He uses specific examples from case studies to illustrate more general or universal issues in working with religious clients.

For example, he presents a therapy case of an individual from an orthodox Jewish background. He discusses the importance of understanding that Israeli society is divided into a religious subculture and a secular subculture. Understanding this division and the coinciding differences in terms of beliefs, appearance (dress), and behavior allowed the therapist to work more effectively with the client in his struggles within the context of that society. This example is used to illustrate the universal problem of understanding the client's specific religious group and the client's way of defining himself within it.

In addition, Beit-Hallahmi uses this case to illustrate the general issue of dealing with the gap in religiosity between the client and the therapist. Since Beit-Hallahmi did not wear a skullcap, it was obvious to the client that he did not practice orthodox Judaism. He describes how the tension that resulted from the client-therapist religious difference was discussed openly and how this initial

openness set the stage for future work on religious aspects of the client's life.

While the discussion of the client's specific religion and its influence in therapy provides illustrative clarity, the author's specification of the universal issues which the case studies illustrate insures that the article's scope of application will be ecumenical.

At the same time, the role of concepts and techniques specific to denominations must be recognized. Evangelical Christian, Latter-Day Saint, and Orthodox Jewish clients present different needs embedded in languages and lifestyles that demand technical content adapted to their needs (Lovinger, 1984, 1990; Spero, 1985). A psychologist whose background and perspective derive strongly from a denominational context needs to learn how to function both in the broader ecumenical world and in the fine texture of his or her own tradition. A viable spiritual strategy must be responsive to both ends of this continuum and persist in the conceptual struggle to embrace them both. An example of this was recently noted in a newsletter article on pain management ("Using Faith," 1990). Coping skills are taught for handling suffering using two types of spiritual content ("Christian" and "God and Faith") and a non-spiritual format. Watson, Hood, Morris and Hall (1985) nicely illustrate ways of carefully integrating denominational Christian concepts of sin and salvation with the psychology of personal growth and self-esteem. Lovinger's work (1985, 1990) reflects an attempt to touch upon common themes across religions within an ego-analytic perspective, while Jensen and Bergin (1988) attempt to identify mental health values that can be endorsed by persons of diverse denominational origins.

Conclusion

We have noted but a few of the many illustrations that could be given of substantial work in each of the seven tasks we have outlined for the development of a "Spiritual Strategy." It is encouraging that a literature is evolving that could form the basis for a new approach that is comparable in substance with the existing major strategies. At the same time, we must realistically acknowledge that this work is relatively primitive compared with

the main secular traditions. In all areas of theory, practice, and research, major work remains to be done. We hope that our outline will provide a meaningful structure and a stimulus for this challenging cause.

Authors' Note

We are grateful to Mark Chamberlain, Patricia Loftus, and David Greaves for substantial assistance with this article. This work was supported by an intramural grant from the College of Family, Home and Social Sciences, Brigham Young University.

Correspondence concerning this article should be addressed to Allen E. Bergin, Comprehensive Clinic, Brigham Young University, Provo, UT 84602.

References

- Antonovsky, A. (1979). *Health, Stress, and Coping*. San Francisco: Jossey-Bass.
- Aust, C. F. (1990). Using the client's religious values to aid progress in therapy. *Counseling and Values, 34*, 125-129.
- Beit-Hallahmi, B. (1975). Encountering orthodox religion in psychotherapy. *Psychotherapy: Theory, Research and Practice, 12*, 357-359.
- Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 48*, 95-105.
- Bergin, A. E. (1985). Proposed values for guiding and evaluating counseling and psychotherapy. *Counseling and Values, 29*, 101-115.
- Bergin, A. E. (1988a). Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change. *Counseling and Values, 33*, 21-31.
- Bergin, A. E. (1988b). The spiritual perspective is ecumenical and eclectic (rejoinder). *Counseling and Values, 33*, 57-59.
- Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46*, 394-403.
- Butler, L., Crago M., & Arizmendi, T. (1986). Research on therapist variables in psychotherapy. In S. Garfield & A. Bergin (Eds.), *Handbook of Psychotherapy and Behavior Change* (3rd ed., pp. 257-310). New York: John Wiley & Sons.
- Brandsma, J. M. (1985). Forgiveness. In D. G. Benner (Ed.) *Baker Encyclopedia of Psychology*. Grand Rapids, Michigan: Baker Book House.
- Collins, G. R. (1977). *The rebuilding of psychology: An integration of psychology and Christianity*. Wheaton, Il. Tyndale House.

- Collins, G. R. (1980). *Christian counseling: A comprehensive guide*. Waco, TX: Word Publishing
- Dambeck, M. & Karl, J. (1987). Spiritual issues in mental health care. *Journal of Religion and Health*, 26, 183-197.
- Donahue, M. J. (1985). Intrinsic and extrinsic religiousness: Review and meta-analysis. *Journal of Personality and Social Psychology*, 48, 400-419.
- Donnelley, D. (1982). *Putting Forgiveness into Practice*. Allen, Texas: Argus Communications.
- Fillipaldi, S. E. (1982). Zen-mind, Christian-mind, empty-mind. *Journal of Ecumenical Studies*, 10, 69-84.
- Frank, J.D. (1973). *Persuasion and healing (Rev. ed.)*. New York: John Hopkins University Press.
- Harrison, S. M. (1988). Sanctification and therapy: the model of Dante Alighieri. *Journal of Psychology and Theology*, 16, 313-317.
- Hope, D. (1987). The healing paradox of forgiveness. *Psychotherapy*, 24 240-244.
- Hutch, R. A. (1983). An essay on psychotherapy and religion. *Journal of Religion and Health*, 22, 7-18.
- Jensen, J. P. & Bergin, A. E. (1988). Mental health values of professional therapists: a national interdisciplinary survey. *Professional Psychology: Research and Practice*, 19, 290-297.
- Jones, S. L. (1989). Rational-emotive therapy in Christian perspective. *Journal of Psychology and Theology*, 17, 110-120.
- Kirkpatrick, L. A. (1989). A psychometric analysis of the Allport-Ross and Feagin measure of intrinsic-extrinsic religious orientation. In M. L. Lynn and D. O. Moberg (Eds.) *Research in the Social and Scientific Study of Religion*. Vol. 1, 1-31, Greenwich, Connecticut: JAI Press.
- Liebert, R. M. & Spiegler, M. D. (1990). *Personality: strategies and issues*. Pacific Grove, CA: Brooks/Cole.
- Little, G. L. & Robinson, K. D. (1988). Moral reconnection therapy: a systematic step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.
- Lovinger, R. J. (1984). *Working with religious issues in therapy*. New York: Jason Aronson, Inc.
- Lovinger, R. J. (1990). *Religion and counseling: The psychological impact of religious belief*. New York: Continuum Publishing Co.
- Martin, J. E., & Carlson, C. R. (1988). Spiritual dimensions of health psychology. In W. R. Miller & J. E. Martin (Eds.), *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change* (p. 57-110). Newbury Park, CA: Sage Publications, Inc.
- McIntosh, D., & Spilka, B. (1990). Religion and physical health: The role of personal faith and control beliefs. In M. L. Lynn and D. O. Moberg (eds.), *Research on the social scientific study of religion*. (Vol. 2) (p. 167-194). Greenwich, CT.: JAI Press.

- Meyer, M. S. (1988). Ethical principles of psychologists and religious diversity. *Professional Psychology: Research and Practice*, 19, issue 5, 486-488.
- Miller, W. R., & Martin, J. E. (1988). *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change*. Newbury Park, CA: Sage Publications, Inc.
- Payne, I. R., Bergin, A. E., Bielema, K. A. & Jenkins, P. H. (1991). Review of religion and mental health: Prevention and the enhancement of psychosocial functioning. *Prevention in Human Services*, 9, 11-40.
- Propst, L. R. (1980). The comparative efficacy of religious and nonreligious imagery for the treatment of mild-depression in religious individuals. *Cognitive Therapy and Research*, 4, 167-178.
- Propst, L. R., Ostrom, R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology*, 60, 94-103.
- Rogers, C. R. (1980, January). Healing and growth in the therapeutic relationship. In C. W. Waymon (Chair), *The efficacy of psychotherapy: New Perspectives for Tomorrow*. Symposium sponsored by The Institute for Social Systems Engineering and The University for Humanistic Studies, San Diego, California.
- Smith, J. H., & Handelman, S. A. (1990). *Psychoanalysis and religion*. London: John Hopkins.
- Spero, M. H. (Ed.) (1985). *Psychotherapy of the Religious Patient*. Springfield, Ill: Charles C. Thomas.
- Spilka, B., & Bridges, R. A. (1989). Theological and psychological theory: Psychological implications of some modern theologues. *Journal of Psychology and Theology*, 17, 343-351.
- Spilka, B., Hood, R. W. Jr., & Gorsuch, R. L. (1985). *The psychology of religion: An empirical approach*. Englewood Cliffs, N.J.: Prentice-Hall.
- Sprinthall, N. A., & McVay, J. G. (1987). Value development during the college years: A cause for concern and an opportunity for growth. *Counseling and Values*, 31, 126-138.
- Using "Faith" as a coping skill. (1990, Fall). *Coping Skills Development (DSC) Newsletter*, p. 1. 124-B Exchange Pl. Lafayette, LA 70503.
- Watson, P. J., Hood, R. W., Morris, R. J., & Hall, J. R. (1985). Religiosity, sin, and self-esteem. *Journal of Psychology and Theology*, 13 (2), 116-128.
- Wilson, W. P. (1974). Utilization of christian beliefs in psychotherapy. *Journal of Psychology and Theology*, 2, 125-131.
- Worthington, E. L. Jr. (1978). The effects of imagery content, choice of imagery content, and self-verbalization on the self-control of pain. *Cognitive Therapy and Research*, 2, 225-240.
- Worthington, E. L., Jr. (1986). Religious counseling: a review of published empirical research. *Journal of Counseling and Development*, 64, 421-431.