4-1-1996

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Chamberlain, Ronald B.; Richards, P. Scott; and Scharman, Janet S. (1996) "Spiritual Perspectives and Interventions in Psychotherapy: A Qualitative Study of Experienced AMCAP Therapists," Issues in Religion and Psychotherapy: Vol. 22 : No. 1 , Article 3. Available at: https://scholarsarchive.byu.edu/irp/vol22/iss1/3

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Spiritual Perspectives and Interventions in Psychotherapy: A Qualitative Study of Experienced AMCAP Therapists

Ronald B. Chamberlain, P. Scott Richards, and Janet S. Scharman

ABSTRACT

As a follow-up to Richards' and Potts' (1995a, 1995b) national survey of the AMCAP membership, 13 experienced LDS therapists were interviewed and asked to describe how they have integrated religious and spiritual perspectives and interventions into their professional identities and practices. The therapists discussed 5 major themes during the interviews, including (1) their quest for professional and spiritual integration, (2) seeking divine guidance in therapy, (3) a holistic treatment tailoring approach, (4) process and ethical considerations of a spiritual approach, and (5) how they implement spiritual interventions during therapy. The therapists were in agreement that a spiritual therapy approach significantly enhances their ability to help their clients cope, heal, and change.

During the past 15 years, a broad-based, ecumenical, interdisciplinary effort has been underway to integrate religious and spiritual perspectives into the theory and practice of psychotherapy (see, for example, Bergin, 1980, 1988, 1991; Kelly, 1995; Richards & Bergin, in press; Shafranske, 1996). AMCAP members have been very much involved in this effort. Much of the content at AMCAP conventions and in the AMCAP Journal has been devoted to an exploration of how

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spiritual beliefs and principles can be integrated into psychotherapy. In addition, some AMCAP members have published in mainstream psychology and psychotherapy journals on this topic (e.g., Bergin, 1980, 1988; 1991; Bergin & Payne, 1991; Koltko, 1990; Payne, Bergin, & Loftus, 1992; Richards & Potts, 1995a; Richards, Owen, & Stein, 1993).

A recent national survey of the AMCAP membership revealed that a majority of therapists within AMCAP have favorable attitudes about using religious and spiritual perspectives and interventions in psychotherapy (Richards & Potts, 1995a, 1995b). This survey also documented that AMCAP members use a wide variety of spiritual interventions in their work, including prayer, teaching spiritual concepts, discussing scriptures, encouraging forgiveness, referral to the religious community, priesthood blessings, and so on. Many AMCAP members also provided enlightening comments about ethical issues and helpful process guidelines for using spiritual interventions.

Although the Richards and Potts survey provided valuable information, it did not give us in-depth insight into how individual psychotherapists go about incorporating spiritual perspectives and interventions into their professional identities and work. Thus, many interesting questions about how to implement a spiritual perspective remain unanswered. For example, in what ways do LDS therapists' spiritual beliefs influence their therapeutic orientation and approach. How do LDS therapists let their clients know that they sometimes use spiritual interventions? How do they resolve ethical concerns associated with the use of such interventions? How do they assess the religious/spiritual dimension of their clients' lives? How do they decide what spiritual interventions to use? How do they go about implementing various spiritual interventions during therapy sessions?

Insight into such questions would be valuable because it could help LDS therapists better understand how to integrate their secular training and spiritual beliefs in a congruent manner. It could also help them better understand how to effectively and ethically use spiritual perspectives and interventions to help their clients cope, heal, and
grow. The general purpose of our study, therefore, was to find out how experienced LDS therapists have incorporated spiritual perspectives and interventions into their professional identities and therapeutic practice. We assumed that gaining an understanding of how a select group of experienced, mature therapists have done this would provide valuable insight for all members of AMCAP.

Methods

The naturalistic inquiry model (Lincoln and Guba, 1985; Erlandson, Harris, Skipper, & Allen, 1993) of qualitative research was used. We conducted in-depth, qualitative interviews with experienced LDS therapists who frequently use spiritual interventions in therapy.

Therapists

P. Scott Richards served as the "gatekeeper" for subject selection. Dr. Richards identified 15 therapists who participated in the Richards and Potts (1995a, 1995b) survey who (a) were experienced psychotherapists and (b) indicated that they frequently use spiritual interventions in therapy. Of the 15 selected therapists, 10 agreed to participate. In addition, Dr. Richards invited four additional experienced LDS therapists who he perceived had made significant efforts to integrate spiritual perspectives into their work. Thus, the initial sample included 14 Mormon therapists. However, only 13 therapists were ultimately interviewed because the redundancy requirements for this type of research were met prior to meeting with the last therapist. The therapists were paid a small fee of $80 for their participation in this study.

All 13 therapists who participated in the study were active members of AMCAP and the majority of them had served in prominent leadership positions within AMCAP at some time in their careers. Of the 13 therapists interviewed, 9 were male and 4 female; 11 of the 13 therapists were working in the state of Utah. The other 2 were practicing in California and Michigan. All of the therapists were Caucasian. The therapists' ages ranged from 41 to 69 years (Mean = 52.85; Standard Deviation = 9.01), and their reported experience
ranged from 6 to 40 years (Mean = 21.6; Standard Deviation = 10.1). The participants reported having 1 of 6 graduate degrees including 8 PhDs, 1 EdD, 1 MSW, 1 MD, 1 MA, and 1 MS. Of the 13 therapists, 8 were licensed as psychologists, 2 as professional counselors, 1 as a social worker, 1 as a psychiatrist, and 1 as a marriage and family therapist.

There were 4 clinical settings in which the participants worked: 7 were in private practice, 3 at university counseling centers, and 1 was at a community mental health center. The other 2 therapists reported that they perform their clinical work in various settings: one works in a hospital setting, at a mental health clinic, and at a university counseling center. The other therapist works for a university counseling center, and has a part-time private practice. The theoretical orientations of the therapists were reported as follows: five eclectic, two cognitive-behavioral, one cognitive/solution-focused, one cognitive-behavioral/interpersonal, one psychodynamic, one systemic, one cognitive/dynamic, and one brief strategic.

Data Collection Procedures

The 13 interviews were conducted during a three-month period. Each interview lasted approximately 60 minutes. Nine were conducted in the therapists’ offices, and the remainder were telephone interviews. The therapists were interviewed using a semi-structured interview guide. Ronald B. Chamberlain served as the interviewer. He adapted the interview questions according to the unique responses of each therapist. Each interview was audio taped and later transcribed for data analysis purposes. Data analysis was an on-going process that occurred concurrently with data collection. The data analysis section below describes the procedures that were used for analyzing the interview transcripts. The interviewer met frequently with a peer debriefer who was a third-year doctoral student in the counseling psychology program at Brigham Young University. The peer debriefer read the interview transcripts, reviewed the interviewer’s themes or categories, and listened to the interviewer’s ideas and concerns. The peer debrief-
ing sessions took place throughout the course of the study and were used to guide data collection and analysis.

Data collection continued until it was apparent that there was redundancy in the information acquired from the interviewed therapists. It became clear, after the eleventh interview, that the amount of new information obtained was minimal. The final two interviews were then conducted to ensure that redundancy had taken place.

These two interviews did confirm to the interviewer that the redundancy requirement had been met. Thus, there were no more interviews scheduled after the thirteenth interview. By this stage, the interviewer had spent much time analyzing the transcripts and a "grounded theory" was beginning to emerge from the data.

After the interviews were completed, and the data had been thoroughly analyzed, the interviewer wrote a brief summary of the themes that emerged from the data. The 13 therapists were then contacted by telephone for follow-up interviews. These "member checks" allowed the interviewer to share the general findings of the study with those who had participated. Furthermore, the interviewees were given an opportunity to react to the information that was shared, correct any errors, and provide additional information. Each of these member checks lasted approximately fifteen minutes. This was the final step in the data collection process.

Data Analysis Procedures

Data analysis was based on the constant comparison method described as follows (Erlandson et al., 1993). First, the verbatim transcripts were unitized. This process involved breaking down each transcript into the smallest pieces of information that could stand alone as meaningful, independent thoughts. The interviewer printed two copies of each transcript. One remained intact, while the other was cut up with scissors into meaningful units. On the back of each unit, a brief description of the content was written in pencil. The units were also given an interview, page, and line number for cross referencing purposes.
The second step was emergent category designation. This step involved taking the units of data from step one, and sorting them into categories or themes. This procedure was carried out in the following manner. The first unit was read and set aside as the first unit in the first category. Then the second unit was read. If the contents had similar meaning as the first unit, then it was placed in the same category. However, if it was different it was set aside as the first unit in the second category. This procedure was followed until all units had been assigned to a category, one of which was a miscellaneous category.

Next, the categories or themes were given a title with a brief description which summarized the contents of each category. The titles and descriptions were written on sheets of paper and used as markers for each category. Then, all the units were collected and the whole process began again. The units were placed next to an appropriate category marker or placed into new categories during the second round of analysis. New categories emerged, old ones collapsed together, and some dissipated. A few units actually fit into two categories. Some categories had plenty of units of supporting data, while others had only a few units in them. This process continued until nothing new emerged from the data. Data analysis took place simultaneously with data collection and was used to help guide the data collection process.

The interviews resulted in approximately 250 pages of interview transcripts. Although there were no predetermined criteria set prior to analyzing the data, all themes were based upon separate units of data from at least three different therapists. The themes which had the most units of supporting data were generally the topics discussed with the greatest degree of enthusiasm.

Results

Five major themes emerged during the data analysis. Representative quotes from the interviewees are used to illustrate the characteristics of each theme.
Theme 1: The Quest for Professional and Spiritual Integration

The therapists described efforts they have made to reconcile and integrate their professional and spiritual beliefs and identities. They described this as a challenging process that involved efforts to (a) integrate secular and sacred world views, (b) grow and develop professionally, emotionally, and spiritually, (c) find a professional niche, and (d) seek validation and support from LDS colleagues.

Integrating Secular and Sacred World Views

As members of the LDS church, the therapists’ religious beliefs were an important part of their identity. In addition, they each had a preferred secular theoretical orientation. Thus, they had two sets of lenses from which they viewed the therapy process. However, they sought to combine their theoretical orientation and religious belief system into an integrated guiding framework. One therapist shared the following:

Some of the instruction that I got at BYU in my doctoral program was very nurturing and supportive of integrating gospel principles and seeking application of gospel principles in clinical work and I found that very valuable. And, my membership in AMCAP has been especially fruitful for ratifying my preferences for religious values and seeking an integration, bilingual integration of scholarly clinical pursuit and spiritual confirmation and pursuit.

Some therapists said that the foundation of this spiritual framework is the gospel of Jesus Christ.

My professional training has been extremely valuable to me and continues to be very valuable. But the anchor that I use, there has to be a measuring rod to assess relative degrees of truthfulness. To me, that standard must be the gospel, because the other is too shaky . . . . I'm not demeaning professional training, but I just think that the gospel has a much broader perspective and broader view, a better picture of not only things as they are, but as they were and as they will be.
Their spiritual views influence how the therapists conceptualize their clients' problems and guides them in selecting interventions during the therapy process. However, the spiritual aspects of their approach are generally not shared in a direct sense during therapy, unless it would benefit the client to do so. One therapist said:

I have a strong spiritual orientation when it comes to virtually all therapy that I do whether it's expressed or unexpressed. . . . All therapy that I do has a spiritual base or foundation within me. But I don't always express that to the client.

Another therapist said:

Every therapist works out of a framework, all of them do, whether it is articulated or not, every therapist works from a theory. . . . and it's, shall we say, in the background. It is not in the foreground. . . . If the person shows a spiritual or religious bend, or scriptural interest, or something like that, then I may use it very directly. But frankly, I don't with most people that I work with, or have worked with.

In general, the therapists said they find it challenging to integrate their religious beliefs and approach to therapy. However, it is equally challenging to separate the two. They saw themselves as "Mormon therapists," and as such, were constantly seeking to find an approach to therapy that they were comfortable with. Through experience, these therapists found that it is possible to use an integrated approach in an ethical manner. One therapist said:

Let me just be very clear about this part of it. There's a part of me that wants to be very clean and not confused because it's so important to our business to have ethics and to be professional, okay. On the other side, I have to say that to not be spiritual in relationship to what I do is probably impossible. Because I think it is integral to who I am and I've always believed that it is integral to everybody else. . . . As I've gotten to know more and more it becomes easier and easier to discover that piece of them, without challenging the religious aspects of it, but in some other way. So, the idea that there's
this spiritual thing that is going to happen, not probably in one session, probably not in three or four, but if you spend almost any time with another person, and they're going through pain, it will happen. It really will. I don't think you can do therapy without it, so you might as well understand it.

**Professional and Personal Development and Well-Being**

The therapists strongly emphasized the need for professional and personal development and well-being. They discussed the importance of being well trained and having good professional skills. They emphasized the importance of continuing to sharpen their professional skills through continuing education and collaboration with other professionals. One therapist said:

In the beginning . . . I learned a lot of the discipline of the art of therapy and I think that's really important . . . I learned behavior therapy, cognitive therapy, and hypnotherapy. I learned them as specific techniques. . . . It's like an artist who learns the discipline of drawing and design and color and form, you know, and you learn about each of those disciplines and then at some point you have to integrate those. And the integration occurs, to a degree, subconsciously.

The therapists made it clear that there is no substitute for good training and sound professional practice. To be effective as a therapist, it takes much more than just being a faithful member of the LDS church.

The therapists also expressed their belief that they must be psychologically healthy themselves. They described their own healing and growth as important and expressed the belief that they must model healthy behavior for their clients. Thus, they seek to practice sound psychological principles in their personal lives. When necessary they have sought therapy for themselves. The following views represent what many of the therapists had to say about this topic:

You can't teach anything you're not. That doesn't mean that therapists have to be perfect but you have to have your own life in order. You have to have
done enough of your own therapy that you can help somebody else... I have my flaws. I'm constantly working on my marriage, my parenting, my personal growth, but at least I believe in what I'm doing and I don't ask anything of my clients that I'm not willing to do myself.

A third factor that the therapists identified as important was their own spiritual well-being. They reported that the way they live their lives influences how effective they can be with their clients. Living congruently within their personal value system has a great impact on their spirituality. Furthermore, they believe it allows them to receive guidance from the spirit. This guidance is seen as a powerful influence and as something that is contingent upon their worthiness. The following remarks illustrate this point:

I certainly hope that I am a sufficiently receptive vessel and that I am sensitive to inspiration and guidance. On many occasions I have felt prompted or guided in interventions and in statements and in expressions of love and in sharing insights with people about how they might find better balance and healthier behavior and thoughts in their own lives. So, I certainly think that Mormon therapists who are righteous and actively living gospel principles and are receptive to the prompting of the spirit and enjoying the companionship of the Holy Ghost have a remarkable advantage if they use it. I hope that I do. Sometimes I am more cognizant of that than other times. I'm sure there is room for improvement.

The therapists reported that their spiritual well-being enhances their effectiveness in therapy, enables them to build better relationships with clients, and serves as a protection against inappropriate therapist behavior.

Finding a Professional Niche

Some of the therapists indicated that their spiritual world view and therapeutic approach influenced where they decided to practice. Some chose to work in predominantly LDS communities because they resonate with the values of many of their clients and feel more comfortable using a spiritual approach in therapy. Others chose to work in settings where the majority of their clients are Mormon (e.g.,
Brigham Young University, Ricks College, LDS Social Services). They reported that in these settings, clients often come to therapy expecting the therapist to understand and work within their value system and so it is easier to use a spiritual therapy approach.

**Seeking Validation and Support from LDS Colleagues**

Many of the therapists expressed a desire to know how other LDS therapists have incorporated spiritual perspectives and interventions into their identities and practices. The therapists seemed to be confident that they are practicing in an ethical and professional manner, but wanted feedback to enhance and validate their use of a spiritual approach.

Some of the therapists also had difficulty seeing how the use of spiritual interventions could be generalized from one therapy situation to another. They saw them as unique interventions that are situationally specific and were concerned about others attempting to use them in a “cookbook-like manner.” The therapists seemed to feel that there is a limited amount of information available to guide LDS therapists in their use of spiritual interventions, and they would like more to be said and written about this topic.

*Theme 2: Seeking Divine Guidance*

The therapists reported that they regularly invite divine guidance to shine on the therapy process. They regularly pray for the welfare of their clients and ask to be used as “instruments” or “tools” in the “hands of God” to help their clients. One therapist reported the following:

I don’t know if you want to include this on or off the record, but you know, I usually try to have a prayer every day before I start my work here. I think that’s kind of essential. It puts me in a frame of reference. I think that’s good and one of the phrases that I commonly use is a phrase that comes right out of the scriptures and that is asking the Lord if appropriate and if he wants to use me as an instrument in his hands, you know, that instrument in your hands is one that’s used often and probably because of my nature and all the
weaknesses I have and so forth, it's pretty hard for the Lord to use me as an instrument in his hand, but you know I strive toward that.

Often after praying, to be used by God to help clients, these therapists reported that they are guided to do or say something in therapy that is very helpful or effective. Other people may say that it is just a coincidence, but these therapists believe that at times they receive inspiration from a divine source. The following quote illustrates this point:

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Sometimes . . . an idea comes into your mind. "This is the right thing to do." "This is the right thing to say." Or ideas, a number of times, just come into my mind. Some of them I maybe have never thought of before, to be right truthful with you. It's sort of like the prophet Joseph Smith's definition, when you feel pure intelligence flowing into your mind, you know the source of it. And so it ranges anywhere from ideas coming into your mind, to a very warm, comfortable feeling. . . I'll utter a silent prayer for help and direction and can know which way to move so that my prayer is a regular component of trying to help people.
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There are three main ways in which guidance assists these therapists. First, the therapists described sessions in which they made a spiritual connection with their client. There was no particular intervention that took place, but rather they felt like they had a relationship which is quite spiritual and both the client and therapist grew as a result. The therapists felt like they connected with their clients at a deeper level, and as a result they had a greater capacity to be empathic. This relationship was also described as a "spiritual communion." Something special took place between the client, therapist, and God. This was described by one therapist in the following way:

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I mean, I really do believe that for many people the connections that they have with the significant spiritual leaders in their community . . . have a particular capacity at times to intuitively understand or intuitively feel or help them with a particular way of thinking so that they kind of sense where the other person is. And occasionally, you know, that kind of thing will happen
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where you say, "You know it's like being on a mountain top," I said to this one kid. "You know where you kind of have this view of things." As it turned out, he said, "How did you know that?" you know. He said, "That's in my patriarchal blessing" . . . and I've had those occasions where it's like you say something in a metaphorical sense and they'll respond with a sense, and I don't know exactly how to explain it except sometimes there's an intuitive sense that you both have about what's going on and it's almost like knowing what they're feeling or thinking about without knowing.

Second, the therapists believe that guidance enhances their ability by helping them to better utilize their skills. God was described as the source of all healing, but by working through people and events rather than through direct intervention. Most of the therapists expressed the belief that God works through people who have the skills and abilities to help others. They reported that their ability to conceptualize cases and choose appropriate therapeutic interventions was enhanced through the guidance they receive. At times, they felt guided to use an unorthodox approach, but more often than not, they felt God helped them to more effectively use the resources and tools they already possessed.

Third, the therapists described numerous experiences in which they did or said something during therapy that was not planned or did not come from them. These interventions were preceded by "promptings" which were also described as "intuition," "revelation," "ideas from out of the blue," "whisperings of the spirit," "hunches," "inspiration," "sixth sense," and "gut feelings." These promptings led to successful interventions and the more the therapists followed these promptings, the more convinced they were that they were guided by God.

Finally, most of the therapists were hesitant to share much on this topic. They were humbled to admit that guidance take place in therapy, and considered their work with clients to be a "sacred trust." Furthermore, they did not want to come across as egotistical or "holier than thou." Some of the therapists stated that they were afraid that others would misunderstand what they were trying to share, or would not
appreciate the sacred nature of these experiences. Overall, the topic of divine guidance was a sensitive one, which was difficult for the therapists to put into words. One therapist said:

We’re dealing with someone’s soul in some aspect, regardless, you know, of what the concern is and even though we’re not their bishops, you’re dealing with somebody’s soul that keeps you pretty humble. I mean I think you have to be careful what you say, you have to be careful what you suggest, you have to be sensitive to the individual and in more of a total aspect, than say if you didn’t have a spiritual orientation as a therapist, so I think it has a tendency to keep me humble. I don’t know how it affects other people, but it sure keeps me humble.

Theme 3: A Holistic Treatment Tailoring Approach

The therapists reported that they view their clients in a holistic way. This holistic approach influences how the therapists conceptualize therapy and select therapeutic interventions for their clients. One therapist described this approach as follows:

I try to integrate the whole person and therapy is a part of that, but unless you’re really thinking about the whole person, you’re often likely to miss something so I have to consider the biological aspects and these are particularly the biological aspects of the brain, the developmental aspects of how a person gets where they get to, psychological aspects of how you think about things, dynamics which has to do with the relationship between thinking and feeling and how it develops patterns like defenses and so forth, and cognitive processes, and behavioral processes, and then interrelationship issues, and then family systems, and then even larger systems. . . .

In addition to these aspects, which are also commonly considered by secular therapists, the therapists emphasized that the spiritual dimension of their clients’ lives is important. One therapist described the spiritual dimension as follows:

I think the spiritual part of it comes in the sensitivity to values you know, because I think religion is a way of gaining meaning in life and developing a value structure and its meaning that you take from things that are not nec-
essarily obvious but have to do with a shared sense of what's important, what is meaningful, what you reverence, what you consider to be valuable and then you base your principles for living on that and to the extent that people all have value systems and determine certain principles to live by, and to the extent that they are devoted to meaningful lives, there's often a spiritual component to how they perceive what it is they're doing. And I'm less concerned about the religious metaphors that a person has such as what particular religion they are in, than I am interested in how they view that meaning and put into their life and the value system that they choose. I clearly think anyone who works in this business has to be very sensitive and understanding of a person's value system.

The spiritual dimension was similarly described by other therapists. Because the spiritual dimension provides the meaning or purpose to life for clients it is viewed as extremely important. Thus, the therapists are attuned to this dimension and look for appropriate opportunities to work within it as part their holistic, integrated approach.

Therapists reported that when they address the spiritual dimension of their clients' lives, they believe that they are working at a deeper level of therapy and can make a greater impact. One counselor said:

To the extent that you are able to tap into how they see life in the sense of how they give it meaning and how they give themselves meaning and how they value themselves in a relationship to who they are and what they do, you can make an enormous impact on them beyond the standard methodologies that we use in psychiatry.

Another therapist said this at the close of his interview:

Let me just share one more thing with you. It's part of my reaction as a therapist. If we have been able to appropriately bring spiritual ideas into the therapy session and the client feels good about that and shares and contributes and I've been able to go along with them as we're looking at their problem for not only spiritual but other areas, but you know, after the session I just feel like it has been a more worthwhile session, I guess.

When asked why he believes that, he responded:
I don't know. I guess I could say one or two things, one is that you’re looking at more of the total picture, of why the problems and what you can do to help with the problems and down the road ten or twenty years, how the problems are going to help a person not only individually but from an eternal perspective. How could you say it? . . . a deeper level or a broader perspective, I think that is probably it.

There was also agreement that there is a spiritual principle behind many client difficulties. The therapists reported that the success of therapy is influenced by whether therapists accurately assess and appropriately address these principles. The following statement represents their views on this matter:

I really have very strong personal feelings that spirituality and therapeutic healing are, at least potentially, very much intertwined and that the more people see those as intertwined the more progress they tend to make . . . when they see those issues interrelated, that there's kind of a quantum leap that people can take forward and can use one with the other in ways that are very, very helpful.

Finally, the therapists reported that with some clients they never address the spiritual dimension because that is not what the client wants. In such cases, the therapists expressed the belief that they could still be helpful by addressing what the client chooses to focus on, but that they could have made a greater impact had the client chosen to work at a deeper level. Nevertheless, the client and therapist must jointly determine whether a spiritual approach would be appropriate.

**Theme 4: Process and Ethical Considerations in a Spiritual Approach**

**Methods of Providing Informed Consent**

The therapists reported four general ways in which they introduce clients to their spiritual perspective. First, most of the therapists rarely share their spiritual perspective unless they believe it would benefit
their client. When it is shared, it “unfolds naturally” during the therapy process in an informal, verbal discussion which is typically initiated by the client. This disclosure takes place later in therapy after a relationship of trust has been established and after the therapist has informally assessed the client’s needs. Even then, most of the therapists do not believe it is important to disclose their spiritual perspective to clients unless they ask. The following statement reflects the views of many of the therapists:

When I have someone come in who is LDS or has specified that they are Christian or have specified in some way to me that part of their issues are spiritual issues, that is part of what they want to talk about, then I would talk about that with them. If the client doesn’t raise an issue that is of importance to them, then I don’t specifically take a spiritual approach with them. . . . Matter of fact, probably most of my clients are not aware of my religious affiliation or background, unless they are LDS, and have been referred through LDS sources . . . even then the Church just doesn’t come up if that’s not an issue for them.

Second, some of the therapists verbally disclose their approach to therapy in the first session. At this time, they share their spiritual perspective in the context of their overall approach to therapy. These therapists usually explain to their clients that the spiritual domain is an important part of people’s lives and that this domain may be explored at some point in therapy. They generally do this up front to set the stage for later work in this area if the client takes them in that direction. One therapist described her approach as follows:

One of the other things I do . . . is explain what therapy is and what I’m doing, and that . . . it involves the social, the emotional, the mental, the spiritual, one of them is the physical. And I say, you know, when people come to me so often they just want to address one of these, but I say therapy is about all of these, and I give them examples of each one of those . . . right away they know spirituality is going to be part of the approach in one form or another.
In addition, some of the therapists also use the first session to discuss expectations they have of their clients which may include asking them to work closely with their ecclesiastical leaders as well as giving the therapist permission to contact him/her especially if the ecclesiastical leader is the referral and/or funding source for the client. Therapists who use this approach appear to be more formal initially and disclose more information about their general approach to therapy.

Third, some of the therapists shared that their clients come to them already knowing their spiritual perspective, to some degree, because of information shared by the referral source, or the client’s exposure to the therapist’s professional work through conferences, seminars, tapes, and/or books. This was especially the case for some of the therapists who were in private practice and receive most of their clients from referrals by church leaders. One therapist described how this takes place:

Most of my clients come from referrals from bishops. And they know something about my work or me as a person so it’s sort of like most of that is already established before they even come. But then I still find it sometimes very helpful to find out more before we go further.

When clients explicitly share their knowledge about the religious affiliation of the therapist, the therapists reported that they process what that information means to the client and what impact that might have on the therapeutic relationship. At times, this naturally lead into a brief discussion about the therapist’s spiritual perspective.

One other way in which the therapist’s spiritual perspective is sometimes discussed is when a value-laden issue comes up during the course of therapy. Most of the therapists expressed that it is important to be explicit about their value system as it relates to the topic being discussed so that they do not implicitly impose their value system on the client. The client can then make an informed decision about whether or not to work with this therapist on this particular
issue. The therapists reported that they are careful to present their value system in a respectful way and are not judgmental of the client. Furthermore, they seek to explore the issue from the client’s frame of reference, from that point on, if the client chooses to do so. The following example was shared by one therapist:

The surest way to influence clients, without their awareness . . . is to not ever say what you really think or believe or where you are coming from. So, periodically, as issues come up and where I have a definite stand on that, and I say, “Okay, I want you to know what my stand is on this issue. And you may not even want to talk to me about this issue. And if you don’t, that’s fine. And if you do, we’ll talk about it.” One girl came to me, for example, and said that she wanted to go to Las Vegas and spend a weekend with a guy. And I said to her, “Well, now, you know where we are [BYU] and you have some idea of my values and standards and that is, frankly, very contrary to my values and standards. Now, I would, however, like to help you explore the potential consequences of doing that. And if you’d like to, I’ll help you explore them in as objective way as I know how, with you being aware ahead of time that I don’t agree with it, okay.” So, that’s how I do it.

OTHER PROCESS ISSUES

There are a number of other important considerations that influence whether it is appropriate for therapists to use spiritual interventions. There was agreement among the therapists that a necessary condition for successful therapy is the establishment of a therapeutic alliance which is based on mutual trust and respect. When asked to share his thoughts about when it is appropriate to use spiritual interventions in therapy, one therapist responded by saying:

Well, it’s always a rapport issue. For me, all therapy is rapport, has to be rapport oriented, in my mind. In other words, if someone’s going to trust me with their personal life, I have the responsibility to enter into a rapport with them that will create safety and actually meet many of their most basic needs. I need to be a safe, well-boundaried individual in their lives in order to invite them to come out and to explore. . . . So rapport’s critical all the way through and as long as I have good, solid rapport with people, meaning that we have worked our way through the basic fundamentals. . . . I
enter into the spiritual dimension . . . so it's not the first thing we do. It's usually a little later after the other pieces are coming along that that becomes a part of the flow.

It is during this relationship building phase that most of the therapists also assess the needs of their clients. The majority of the therapists reported that they use an informal assessment style, which they describe as informal and on-going. They listen to the information their clients give them throughout the therapy process, and explore the spiritual domain in more depth if it is determined that that would be therapeutic for the client. Therapists explore this domain by asking general, non-threatening questions such as, “Is religion an important part of your life?” or “Do you have a particular religious affiliation?” or “How active are you in your religion?”

A few of the therapists stated that they will ask these types of questions during the intake interview as part of their general assessment. However, the majority stated that they wait until the client brings it up or until it can be determined, from the information that clients share, that an exploration of this area would be beneficial to the client. The therapists also reported that they gather some general information from the referral source, especially if the referral source is the client's religious leader. Not one of the therapists reported the use of a formal, paper and pencil, assessment strategy to assess the religious/spiritual domain. In fact, some of the therapists said they are opposed to formal testing of any type, and claimed that it drives clients away.

The therapists said that once they have established a therapeutic relationship and adequately assessed their clients' needs, they believe it is appropriate to use spiritual interventions in therapy. However, the use of these types of interventions must not be forced or rigidly applied. One therapist described the following situation:

Occasionally, I've had individuals whom I had a great deal of respect for refer clients to me. . . . In one instance, a bishop referred to me one of his ward members. And, he said, “What she needs is a spiritual approach.
That's what she really needs.” And there he was a bishop who also happened to be a psychologist, okay. And so I thought, “Well I guess he knows what he is talking about.” So the very first session I introduced a spiritual concept. It was a disaster! It was devastating! That was the last time I saw her. Man, she was no more ready for a spiritual approach than the man in the moon. . . . And so, don't rely on what others tell you, even if they're supposedly extremely knowledgeable in both dimensions, psychological and spiritual. Just wait and see, develop a relationship, see how they're responding, etc. And see what they're talking about and what they're feeling and experiencing. Because it is like any other approach, timing is critical. And sometimes people get the misconception that a particular spiritual approach can be used anytime. Not so at all! I don't believe that for a moment. So timing is very, very critical. And it's with a multiplicity of cues, as far as I'm concerned, that that timing is assessed.

The therapists expressed the belief that interventions need to be individualized to match the unique needs of each client. Even in situations where it has been determined that a spiritual intervention may benefit a client, it must be used with sensitivity and appropriate timing.

The therapists reported that spiritual interventions are generally initiated by clients, either directly or indirectly. Some clients openly discuss their religious/spiritual issues in therapy or ask the therapist to intervene on their behalf (i.e., invite therapist to pray with them or give them a priesthood blessing). At other times, it is obvious from what clients are sharing that they are struggling with religious/spiritual issues and the therapist then explores this area with the client. When this is the case, the client may not directly initiate the intervention, but the therapist identifies a possible therapeutic issue and together with the client explores the therapist's hypothesis. One therapist described his approach to using spiritual interventions:

I always sense their receptiveness. I have some clients who are very spiritual, who regard themselves as very spiritual, whose conversation often leads to spiritual issues and I feel comfortable following their lead and pursuing almost any spiritually related conversation that I sense they would be comfortable with. There are others who don't bring up religion and it doesn't
come up in the context of their sharing with me and I wouldn’t bring up religion with them unless it was pretty obviously accessible through the content of what they are presenting.

The therapists overwhelmingly agreed that it is appropriate to explore any information that their clients give them, religious or not. When the therapists pursue religious/spiritual issues, they claimed to do so from the client’s, not the therapist’s, frame of reference. They stated that it is also important to continuously process the client’s receptiveness to what the therapist is doing. According to the therapists, the process of using religious/spiritual interventions in therapy does not differ significantly from how they use secular interventions. They assess their clients needs, explore their problems, watch for client feedback, and process the interaction that takes place between the client and therapist.

The therapists also said they believe that it is important for them to demonstrate that they are following the lead of their clients’ by using the metaphors their clients give them. By speaking a language that their clients are comfortable with, they connect with them at a deeper level because the client feels understood. This was viewed as a powerful way to build rapport with clients. However, according to the therapists, anytime therapists begin preaching, moralizing, judging, or proselytizing they have crossed the line and are engaging in inappropriate behavior. Most of the therapists expressed their concerns about therapists using spiritual interventions in inappropriate ways:

It would be inappropriate for me to impose that or to pursue my own agenda or to do any of that if it were not either initiated or if it were at all resisted by a client. So, I would never presume to impose a religious kind of theme or tone to a session with somebody who wasn’t initiating that.

Another important consideration that was mentioned involves how to appropriately use spiritual interventions with children and adolescents. A few of the therapists stated that therapists who use these interventions with minors should seek parental permission, for other-
wise, “they are walking on shaky ground,” and are opening themselves up to legal problems.

Finally, the therapists appeared to use an eclectic and pragmatic approach to therapy. Even though they may have a specific theoretical orientation that guides their work, in-session they “go where the client is.” The therapists discussed the importance of matching religious/spiritual interventions in therapy to the client’s issues. These interventions were described as a “two-edged sword.” When used with the right client, at the right time, by a therapist who is comfortable using such interventions, the outcome is generally quite positive. However, when used rigidly, with any client, by any therapist, or at anytime during the therapy process, spiritual interventions will likely result in negative outcomes. According to the therapists, the best results are likely to take place when the following matching variables have been considered: client comfort level, therapist comfort level, and client issues. Thus, the therapists were not hesitant to use spiritual interventions with clients, but emphasized that timing and sensitivity are crucial considerations.

**Handling Ethical Concerns**

Four general ethical concerns were expressed by the therapists. First, the therapists stated that they must keep their roles clear and try not to take on the role of their clients’ spiritual or religious leader. One therapist stated:

> If I saw John Jones in my therapy office, I would deal with him the way I've been talking about. However, if I saw him in my bishop's office, I would deal with him differently and I think that the two contexts need to remain discreet from one another.

The therapists said they believe that they can keep these roles clear by consulting with the client’s religious leader and by encouraging clients to access support from their religious community. This was considered especially important when the referral and/or funding source is the client’s religious leader.
Second, the therapists said they believe it is important to avoid fostering dependency in their clients. This is very much tied to the concern of keeping the roles of therapist and religious leader clear. When therapists begin to perform roles that could be performed by the client’s religious leader or somebody in their religious community, they cut clients off from a natural support system that could be very beneficial. The following remarks were shared on this matter:

Well, the goal of therapy is to have people functioning in their own lives, you know, within the community they live in, utilizing the resources they have there and not be dependent upon the therapist except as needed. And preferably that would mean utilizing the immediate familial support system and/or church and/or community self-help systems whenever possible. So that’s the direction I’m always headed in is developing a support system that will sustain them outside of my office.

In addition, the therapists said they are hesitant to give their clients priesthood blessings or perform other roles which are part of their religious leader’s “calling.” One therapist expressed his views on this issue:

I think that priesthood blessings should be done very rarely, if ever. Because most of the time we should refer them to the bishop or their religious leaders or to the father or head of the house who holds the priesthood and tell them why it's important to go through these people instead of their therapist.

When asked by the interviewer why that was important, he responded as follows:

Well, because I think it’s a way of avoiding fostering dependency on you. I don’t like to have them dependent on me at all, as much as possible anyway, and to rightly depend upon those who are rightly set up to do that in the system of the Church.

Overall, fostering dependency was viewed as antithetical to client growth and ethically inappropriate.
Third, the therapists said they are very concerned about imposing their values or belief system on their clients. They explained that, figuratively speaking, clients often put their therapists up on a pedestal and therapists can use this power or position to “seduce” their clients. The therapists handled these concerns by working within the client’s value system and by making their own values explicit when appropriate. They expressed the belief that therapists must not preach, moralize, or judge their clients.

In addition, these therapists said they believe it is appropriate to inquire cautiously or tentatively present a hypothesis when they think the client may be struggling with a religious or spiritual issue. When they do so, they seek to be sensitive to clients’ feedback and watch for any resistance. Many therapists also stated that anytime they move into the spiritual domain they ask themselves, “Whose needs are being met, the clients or mine?” This concern is also handled by seeking to establish an equal relationship with clients and by processing any concerns with the client and/or a colleague. The following statement provides a good illustration of the therapists’ concerns regarding imposing their values on clients:

Well, I guess probably the biggest concern that I would have would be that the therapist not lead their clients to their own spiritual conclusions, you know, the therapists own spiritual conclusions. When an LDS client comes to me, specifically with, you know, concerns about the church, then I feel they’ve given me permission and in effect have asked me to help them sort those things out. And so that’s different from somebody who comes in who is not LDS or not particularly religious, in which case I don’t feel that I have their permission and try to be very careful not to impose, in anyway, my own spiritual beliefs or ideas. . . . If people want to talk about a spiritual issue, I would, but I would approach it from what it meant to them. I would ask them what they believed, what their feelings were, etc.

Finally, the therapists expressed concern about trying to fit clients into a rigid, predetermined, prescribed therapeutic approach. This was viewed by the therapists as unethical, unprofessional, and nontherapeutic. The following statement emphasizes this point:
A spiritual approach is ethical if it seems natural given the context. If it seems to be evolving or is an evolution of what is transpiring. . . . However, if it's used to meet the counselor's needs or predefined role of how a Mormon counselor functions, or how they work, or something like that, then maybe the word unethical isn't even appropriate. It's not very professional, I don't think. It's not very therapeutic. It's not being spiritual, nor therapeutic, nor professional. Not any of those things, mind you. Okay, it's just fulfilling a predetermined, prescribed role, which is sort of forced on the client. And so, yes, I think it would be unethical and unprofessional.

The therapists handled this concern by following the lead of their clients and by appropriately matching their therapeutic interventions to their clients' issues. Thus, spiritual interventions are not used at all with some clients, but are used extensively with others. The therapeutic approach varies from client to client, and from session to session with the same client. Ultimately, the client determines the course of therapy.

Theme 5: Implementing Spiritual Interventions

The therapists identified a number of spiritual interventions that they use in their professional work. The interventions most commonly identified by the therapists and how they have been implemented are discussed below.

Therapist Prayer

The spiritual intervention that appears to be used most frequently is therapist prayer. The therapists said they pray daily for their clients' welfare and for divine guidance to assist them in working with their clients. They also pray silently during therapy when they believe additional guidance would be helpful to them as a therapist or when a client is hurting and in need of comfort. The following example illustrates how these therapists use prayer as a spiritual intervention:

I pray for my clients. I like to think that it has a dramatic effect and I pray for an ability to convey to them a love and respect and caring that they often
respond to. . . I pray in my personal prayers morning and night and at other times and I often mention my clients by name. Occasionally, if I’m working on a particularly difficult case which for me would be hostile, antagonistic, or somebody who is kind of impacted in their dysfunction and is agonizing over it I’ll occasionally pray specifically about them before a session. That is fairly rare. More often than not, I’ll engage in a silent prayer during a session or a fragment of a prayer.

Many of the therapists also reported that they put the names of their clients on the temple prayer rolls. They generally do not put every client’s name on the prayer roll, but those they are most concerned about. The therapists said they believe strongly in the power of prayer and use it regularly. Most of the therapists said they do not inform their clients that they pray for them, unless they believe it would be helpful to the client.

Discussion of Client’s Values or Belief System

One way in which the therapists addressed the spiritual domain of their clients’ was by exploring their clients’ values. When doing so, the therapists said they often discover that there is incongruity between their clients’ values and behaviors which causes emotional conflict. When appropriate, the therapists said they point out the incongruency, but allow clients to decide what they want to do about it. Once clients make a decision, therapists assist them in making the necessary changes. The following remarks illustrate how therapists use such an approach with their clients:

I’m constantly referring back and forth to those things that they profess to believe within their value system and those things that they do. So one of my goals would be to have their behavior reflect their values, and if in fact they declare values that their behavior does not reflect, then I would do some pushing, I guess that might be the way to say it, for them to look at the importance of congruency and to decide if they want to modify their values to fit their current behavior or they might want to modify their behaviors to fit their values.
ENCOURAGING CLIENTS TO TURN TO A HIGHER POWER

Another common intervention that the therapists mentioned is encouraging clients to turn to a higher power for assistance when they are struggling with difficult problems. One therapist said he refers his clients to a formal, 12-step program because it is not uni-religious and is widely accepted in the therapy community. Other therapists said they explore their clients' beliefs in a higher power, and if appropriate, encourage them to seek assistance from this source. This is generally done when a client is stuck in therapy or is struggling to overcome some type of compulsive or addictive behavior. This intervention is also used with clients who could benefit from the nurturance and comfort that a higher power can offer. One therapist described her belief that her effectiveness is limited when working with eating-disordered clients if she does not address the spiritual component of this disorder.

ENCOURAGING CLIENTS TO ACCESS SUPPORT FROM THEIR RELIGIOUS RESOURCES

Encouraging clients to seek support from their spiritual resources is another common intervention reported by the therapists. Bishops are the referral and funding source for some Mormon clients. When this is the case, the therapists said they often feel a need to keep the bishop updated regarding the client's progress in therapy. One therapist described how he approaches this issue with his clients:

And as I said, many of my clients are coming to me on referral from their bishop and so one of the business issues early on in the first session is to at some point explore with them their desire or willingness to include the bishop in the conversation. In which case, I get a written release of information from them granting that. I have a number of clients at any given time whose bishops are helping to pay for their services . . . and in those cases I press for that with the client, and normally they are very cooperative with that.

In addition, the therapists generally encourage their clients to work closely with their spiritual leaders and to turn to them for spiritual guidance and blessings. Finally, the therapists said they encourage
their clients to turn to their religious community for support when this is deemed appropriate. This is done to connect them to a natural support system, which is viewed as therapeutic because it enlarges the client’s support system and lessens the likelihood that the client will become overly dependent on the therapist. The following remarks illustrates this point:

I used to occasionally give blessings to clients, I do that less now but I encourage them to seek blessings more often than I used to from bishops and home teachers and fathers and family members. . . . I have become more enlightened about the appropriateness of encouraging them to use their support system and to not rely on me.

RELAXATION AND IMAGERY EXERCISES
A number of the therapists reported that they use traditional relaxation exercises in which the client is deeply relaxed by the therapist who uses calming statements in conjunction with music or the sounds of nature. Once the clients are deeply relaxed, they are then talked through a guided imagery exercise. The content of these exercises varies, but generally include things like getting clients in touch with nature, seeing themselves overcoming problems, receiving nurturance from loved ones, and seeing themselves achieving personal goals. Although these types of interventions are used by many secular therapists, some of the therapists considered them to be spiritual interventions because they help clients to become “centered” and “in harmony with nature.”

Other visualizations reported by the therapists had content that was more explicitly religious or spiritual. For example, some of the therapists reported that they may encourage a client to go to a “sacred spot” or to the presence of a “great being” for advice. The clients are given a general framework during such visualizations, but decide themselves where the “sacred spot” is or who or what the “great being” is. This type of intervention was described by one therapist as a spiritual intervention that works with many clients regardless of their religious belief system.
RELIGIOUS DISCUSSION

The therapists described a number of interventions that were categorized under the heading of “religious discussion.” These discussions are typically initiated by the client. However, the therapists said they might also initiate their use when they believe that a client is struggling therapeutically because of religious issues. According to the therapists, clients often struggle emotionally because of distorted or unhealthy belief systems. For instance, they may misunderstand what it means to be striving for perfection and become depressed and discouraged when they do not live up to the unrealistic expectations they have for themselves. One therapist described how he commonly addresses the topic of guilt with Mormon clients:

My experience has been that clients tend to use the spiritual dimension in kind of a destructive way, particularly in the religious domain, to hurt themselves with rather than to bless themselves . . . and focus on guilt rather than on godly sorrow and not distinguish between the two. I think it’s important in therapy that we teach the difference between godly sorrow which is feeling bad for dumb things we do, but in a gentle and kind way, in a way that nurtures and heals as opposed to in a way that punishes. . One is a source of light and energy like a star and the other is an emotional black hole that takes all the energy.

Other common topics that the therapists said they often discuss in therapy that may have a religious component include: anger, assertiveness, discouragement, responsibility, identity, agency, marriage, and sexuality. There are certainly many other possible topics that may have a religious component and the therapists said they watch for cues or ask direct questions to determine if taking a religious approach would be indicated. Most of the therapists agreed that it is important to use the religious metaphors that a client gives them, or to speak a language that clients’ can relate to and are comfortable with.

Sometimes religious issues themselves become “grist for the mill” in therapy. One therapist shared that many of his clients are eager to discuss struggles that they are having because they trying to be a faith-
ful member of the church and are getting opposition from family members and friends:

I guess I consider it an important intervention to reaffirm to people that their value system is healthy and that they can have faith and that they can accept hardships and trials and tribulations as a part of the refiners fire and growth in their life experience. And it doesn't mean that they are dysfunctional, and it doesn't mean they are crazy and it doesn't mean that they are wrong because they have a spouse who says they're a religious fanatic. . . . I tell them that I feel good, I mean if they're saying they feel good about something and what do I think, I'm always very affirming of them and tell them that I share with them a strong faith that God does bless people for being righteous and honoring their value system and that they have reason to believe that even if they don't get rewarded in this life that there are eternal rewards and blessings.

Some of the therapists reported that clients have discussed the power of Satan with them and how he is attempting to discourage them to the point that they want to give up on life, or how they see God as someone who abandoned them when they were being sexually abused. These types of religious discussions take place at times in therapy because they are real issues for clients and deserve careful consideration by the therapist. Some of the therapists said they do not really consider these discussions to be an intervention. One therapist stated, "Some of the things I do just seem so, you know, they don't really seem like techniques. . . . We're just talking about spiritual things."

USE OF SCRIPTURE AND RELIGIOUS BIBLIOTHERAPY

During these types of discussions about religious issues, the therapists at times referred their clients to scriptures or religious bibliotherapy resources (i.e., written material authored by religious leaders or spiritually oriented therapists). These resources are most often used when clients make reference to the scriptures or to what religious leaders have said. Again, the therapists try to speak a language their clients are comfortable with. They said they would not use these resources on
just any client who came through their door. According to the therapists, scriptures and religious bibliotherapy materials are generally used to verify or validate an important point the therapist was trying to make, to reframe a client's distorted or inaccurate interpretation, to promote universality and instill hope in clients by showing them how others have struggled and overcome similar issues to what they are experiencing, or to serve as a catalyst for clients to explore certain topics that will lead them to important insights about their own therapeutic issues. The following statement was shared by one therapist:

I just think there is therapeutic value in using the scriptures if clients value the Lord and inspiration and the scriptures and knowledge from that source. . . . It's just tying together some of the concepts we would normally talk about as a therapist with another source that they see as very valid, you know, and you tie those together and I think you've got more of a therapeutic edge to help the individual.

Most of the therapists said they do not read directly from the religious literature in therapy, but instead paraphrase the source they are referring to. They pay particular attention to how the client responds to their statement and back off if there is any resistance. However, client resistance is rare because they have previously assessed whether this type of intervention is something the client would be comfortable with. Some of the therapists said they also assign or suggest that their clients read an appropriate scripture, article, or book that would match what they are working on in therapy between sessions. Again, this approach would not be rigidly applied to all clients.

**Religious self-disclosure**

Religious self-disclosure by the therapist is another intervention that was mentioned frequently. The therapists said they use this intervention less frequently than the other interventions used above, but consider it to be quite powerful when used appropriately. They said that timing is critical when deciding to disclose personal information to the client, and that the therapist must only share this information
when he or she believes it will help the client. The therapists also emphasized that it is important to share a little information, and then check the client's response. If the client responds favorably, it may then be appropriate for the therapist to share more with the client or go into greater depth. However, if the client does not respond favorably or appears to not be benefiting the therapist should back off. Too much therapist disclosure, or disclosing information in order to meet the therapist's needs, is considered to be inappropriate.

The type of information that the therapists said they disclose depends upon what issues the client is working on or what questions the client asks the therapist. Some examples of information the therapists said they have disclosed include: therapists sharing what they do, in a spiritual sense, when they are feeling overwhelmed or in need of comfort; and describing their own struggles with religious issues to give the client a sense that they are not alone in their struggles. Some of the therapists also said they believe that it is important to genuinely answer questions that clients ask about their religion or their beliefs regarding certain issues. The therapists said they believe this models honesty and enhances the therapeutic relationship. It also lets clients know, explicitly, about the therapist's values when value laden issues are discussed in therapy. Thus, according to the therapists, therapist disclosure can be a powerful intervention, when used appropriately.

IN-SESSION PRAYER

Therapist in-session prayer with clients received mixed reviews from the therapists. Some of the therapists said that they would not pray with clients because they believe it is a "conflict of interest" or that it "contaminates" the therapy. These therapists said they are concerned about sending a message that they are in some way the client's spiritual leader or advisor. They want to keep their role as therapist clear for the client. However, some of the therapists reported that they believe it is appropriate to pray with their clients and would not hesitate to do so if their clients ask them to. They let the client bring it up and decide who should pray. These therapists said that they would not
deny clients the use of such an intervention, especially if clients believe strongly in the power of prayer. None of the therapists regularly initiates prayer with their clients, but some have done so on rare occasions with clients who they knew would feel comfortable with their suggestion and who they thought would benefit from praying in-session. The following statement reflects the views of most of the therapists who were interviewed:

As a therapist in the mission field . . . I always prayed with the people that I saw . . . but rarely in my work at BYU did I even suggest that. Now sometimes a client would ask, "Would it be okay if we prayed together? I'd feel more comfortable if we had a prayer," they would say. Okay, let's have it. But unless I got a pretty strong feeling that with this particular client that was a good thing to propose, I did not do this at BYU, and have rarely done it in the private practice. But I have done it sometimes.

In-session prayer can be used with clients from various religious orientations, but the therapists stated that in most cases where this intervention did take place it was with LDS clients.

PRIESTHOOD BLESSINGS

Another intervention the therapists perceived as controversial is therapists giving their clients priesthood blessings. Without exception, the therapists agreed that this type of intervention should not be a regular part of therapy. According to the therapists, clients seldom ask their therapists for blessings. When clients do, the therapists reported that they discuss the topic with them and generally encourage them to seek the blessing from their bishop, home teacher, family member, or other priesthood holder in their religious community. This discussion is usually sufficient and the therapist does not give the blessing.

SPIRITUALLY INSPIRED INTERVENTIONS

The therapists also described a number of interventions which we have labeled as spiritually inspired interventions. These are interven-
tions that are not typically used in therapy, and do not necessarily fit into any of the above categories. However, the therapists shared them during their interviews because they have used them with great success. The use of these interventions seems to follow a similar pattern. The therapist is in a session with a client and feels impressed to try something out of the ordinary. They refer to this impression as guidance from the spirit or intuition. They have learned through experience to trust these feelings. Thus, they follow through with the intervention they are prompted to use. Without exception, the therapists stated that when they followed the prompting the intervention was a success. It is exactly what the client needed at that particular time. The following example illustrates such an intervention:

I have a certain intake format that I use for clients. But I was impressed to ask this woman something about somebody, a grandfather. I said, “Was there anything with your grandpa?” Well, that’s not in my history, I don’t ask that kind of thing. I ask generally if there was any abuse of any kind, but this was a 65- or 68-year-old [woman], who just broke down and cried about how her grandfather had sexually abused her and she’d never told anyone her entire life . . . I mean, ordinarily, I would never have pursued that. Instead, I would have taken just the general history.

The therapists also offered a caution that these types of interventions cannot be forced. They just naturally occur during the course of therapy with some clients. They further state that they are not everyday occurrences, but instead are rare experiences that they have as therapists. Finally, the therapists were somewhat hesitant to share these types of experiences because they consider them to be sacred and are concerned that other therapists might try to use them where they do not fit.

Some examples of spiritually inspired interventions include reviewing and exploring a client’s patriarchal blessing, religious oriented visualization experiences, beginning a marital therapy session with prayer to dispel the spirit of contention, playing a religious song
during a therapy session with a client, asking clients unusual questions during the initial interview (e.g., tell me about your grandfather), and encouraging a client to be of service to others and to seek forgiveness from God. In conclusion, it is not “what” the therapists did during these unorthodox interventions that is important because that cannot be generalized. Instead it is the process of “how” they went about doing it that seems to be important. When therapists learn to trust their spiritual impressions, the “content” of these types of interventions will be given during the natural flow of therapy.

Summary Conceptualization of the Themes

Our conceptualizations of the themes described above are summarized in Figures 1 and 2. Figure 1 shows the relationships between Theme 1, its corresponding sub-themes, and Theme 2. The integrated world view of the therapists influences how they approach therapy. The therapists said that three factors are important in determining how successful they can be as therapists; namely, professional development, psychological health, and spiritual well-being. Furthermore, they report that by having their “spiritual lives in order” they can receive divine guidance to assist them in their work as therapists. This guidance helps them to establish better therapeutic relationships with their clients and to more effectively utilize their skills to meet their clients’ therapeutic issues.

Figure 2 summarizes how the therapists’ integrated worldview is actually implemented during therapy and shows the relationships between Themes 3, 4, and 5.

There are four general ways in which these therapists inform their clients that they approach therapy from a spiritual perspective. The therapists seek to be sensitive to the unique needs of each of their clients. They view their clients in a holistic way which includes assessing their physical, mental, emotional, social, and developmental needs. In addition, they view their clients’ spirituality as a crucial element and watch for appropriate opportunities to work in an integrated way with this dimension of their clients’ lives. When they do so in
The therapists were curious to know how other Mormon therapists are integrating their religious beliefs into their professional practice.

This spiritual perspective influences the decision about where some Mormon therapists choose to practice. They select therapy settings where the clientele would be more open to a spiritual approach.

Integrated Worldview of Mormon Therapists:
Therapy is approached from a spiritual perspective which is an integration of the therapists’ theoretical orientation and religious belief system. This perspective guides them in how they conceptualize the therapy process, but may or may not be expressed to clients during therapy. Three factors that determine their effectiveness as therapists include professional development, psychological health, and spiritual well-being.

Guidance helps therapists in three ways:
1. It enhances their ability to establish therapeutic relationships with their clients and know what their clients need.
2. It assists them in more effectively utilizing their skills as therapists.
3. It leads them to use unorthodox interventions, at times, with positive outcomes.

Therapists are humbled to admit that they are guided in their work. They consider these experiences to be sacred and are concerned about being misunderstood or appearing to be egotistical.

Figure 1
Integrated Worldview of Mormon Therapists and the Role of Divine Guidance in Therapy
III. Client Considerations: These Mormon therapists view their clients in a holistic way. They see their clients' spirituality as an important dimension of their clients' lives. They report that there is a spiritual principle behind many of their clients' problems and watch for appropriate opportunities to work at this level. When they work at the spiritual level, they report that deep and lasting changes are more likely to occur. Thus, by appropriately addressing their clients' spiritual issues, they report better therapeutic outcomes.

IV. Therapeutic Considerations

IVA. Appropriate Use of Spiritual Interventions:

Therapists first seek to establish a therapeutic alliance. Effective therapy is based on having a good relationship with their clients. While establishing the relationship, therapists assess their clients' needs. Assessment is informal and on-going. Therapists listen to their clients and ask general non-threatening questions. 

Spiritual interventions must be a natural part of therapy. They should not be forced or rigidly applied. Sensitivity and timing are crucial factors. Clients generally initiate the use of spiritual interventions. When therapists initiate their use, they do so in a respectful manner and are responsive to the feedback their clients give them. Therapists seek to speak a language their clients are comfortable with or use their clients' metaphors. Spiritual interventions must be used to meet the clients' needs and be explored from their perspective. Therapists match their interventions to their clients' issues. They appear to be eclectic and pragmatic in their approach with clients.

Parental permission may need to be sought before using such an approach with children and adolescents.

IVB. Ethical concerns:

1. Therapists must keep their roles clear.
2. Therapists must avoid fostering dependency in their clients.
3. Therapists must take precautions against imposing their values on their clients.
4. Therapists believe it is inappropriate to rigidly use spiritual interventions with their clients.

V. How Therapists Implement their Spiritual Approach

VA. Four ways in which therapists inform their clients that they approach therapy from a spiritual perspective:

1. Undeclaring initially.
2. General disclosure upfront in which therapists describe their holistic approach.
3. Referral source discloses therapists' perspective.
4. Therapists make values explicit when clients discuss value-laden issues.

Figure 2

How Mormon therapists conceptualize their clients' issues, determine the appropriateness of a spiritual approach, and implement spiritual interventions.
an effective manner they report that it often leads to better therapeutic outcome. There are a number of therapeutic considerations and ethical concerns that must be considered before therapists use religious/spiritual interventions in therapy, as outlined in Figure 2. Once the therapists have considered the unique needs of each client and have determined that the use of religious/spiritual interventions is appropriate, they implement such interventions during therapy.

The therapists made it clear that some interventions are used quite frequently, while others are used sparingly. In addition, they felt comfortable initiating the use of some interventions, but felt that others needed to be client initiated. Finally, some interventions can be used with most clients regardless of their belief system; these were considered spiritual interventions by the therapists. Others are more appropriately used with religious clients and were described as religious interventions. These three dimensions ([1] frequency of use, [2] client versus therapist initiated, and [3] religious versus spiritual) have been combined in Figure 2 to form the Intervention Pyramid. The interventions in the lower section of the pyramid are described as spiritual interventions, are used frequently, and are generally therapist initiated. Moving up the pyramid, the interventions are more religious in nature, are used with less frequency, and are client initiated.

Limitations of the Study

Because we interviewed only 13 LDS therapists, and selected them non-randomly, the results of this study cannot be safely generalized to all LDS therapists or even to all AMCAP members. Of course, it was not our desire to generalize in this manner. We wished only to gain as much insight as we could into the views of a select group of experienced therapists who have made significant efforts to integrate spiritual perspectives and interventions into their work. Our qualitative procedures were ideally suited for this purpose. But readers should not assume that the views expressed by the therapists we interviewed necessarily represent those of other AMCAP therapists, even experienced ones. In particular, we purposely chose not to interview therapists who
are opposed to using spiritual interventions in therapy. A valuable project for the future would be to interview such therapists to help us gain more in-depth insight into their concerns and objections to spiritual interventions and to determine how they reconcile or integrate their religious beliefs with their professional practices.

Perhaps the most significant limitation of the study is that the results are based entirely on qualitative interviews. These interviews provided rich insight into the therapists' perceptions, but do not necessarily provide an “objective” or completely accurate view of how these therapists actually utilize spiritual perspectives and interventions in their work. Because of the inherent inaccuracies associated with self-reports, there may be some discrepancy between what the therapists believe they do and what they actually do. Also, all that the therapists shared was filtered through the “lenses” of the interviewer. Although the interviewer did his best to faithfully and truthfully represent the views and perceptions of the therapists, it is possible that he did not completely succeed in this effort.

Discussion

Despite its limitations, this study provides in-depth insight into how a select group of experienced LDS psychotherapists have incorporated spiritual perspectives and interventions into their professional identities and practices. As researchers and practitioners, we personally learned a great deal from the information the therapists so graciously shared, and we agree with most of their views.

It was interesting to learn how the therapists have integrated the secular and sacred into their professional identities. We were fascinated to learn that they view their spiritual beliefs as the foundation or core of their therapeutic approach and that secular theories and approaches seem to be built around this spiritual core. We suspect that many LDS therapists view the spiritual as foundational and consider secular theories and approaches as very useful, but as less foundational or central to their therapeutic orientation.

We are in strong agreement with the therapists that it takes much
more to be effective as a therapist than just being a faithful member of the church. Sound professional training, good psychological health, and continuing education and professional development are all essential. But as pointed out by the therapists, with this foundation, it does make a difference to be a faithful member of the Church. Seeking to live congruently with our religious values and in harmony with the spirit can enhance our effectiveness beyond our secular training and professional skills.

We found it interesting that despite their rather intense involvement in AMCAP, the therapists we interviewed still felt the need for more information and dialogue with other LDS therapists about how to integrate spiritual perspectives and interventions into therapy. We do not know if this is a widespread need in AMCAP, but we suspect it is. Hopefully, this need can continue to be addressed at AMCAP conventions and in the AMCAP Journal. This article and others like it should help us better understand how our colleagues have gone about integrating the sacred and secular in their professional work. There is also a relatively large body of mainstream professional literature now available on these issues including a major Psychological Bulletin review on religious counseling by Everett Worthington and his colleagues (Worthington, Kurusu, McCullough, & Sandage, 1996), and recent books on religious and spiritual issues in counseling and psychotherapy by Kelly (1995), Shafranske (1996), and Richards and Bergin (in press).

We were pleased that the therapists were willing to share their feelings about the role of divine guidance in therapy. It is rare for therapists, even religious ones, to talk about such matters, but from time to time such expressions and experiences of faith need to be shared. Most therapists, even atheistic ones, would acknowledge that at times they experience intuitive hunches or insights during therapy and that such hunches are often “right on target” Such experiences need not be interpreted spiritually and we are not saying that all clinical hunches come from the divine source. Nevertheless, we believe, as do the therapists we interviewed, that some do. For those who believe in the real-
ity of inspiration and revelation, it would seem wise for us to consistently and humbly seek for such guidance as we work with our clients. Making time before, during, or after therapy sessions for moments of prayer, meditation, and contemplation could help us be more receptive to such guidance. Encouraging clients to seek guidance and inspiration regarding their problems and issues may also often be appropriate.

We are in agreement with the holistic treatment tailoring approach described by the therapists. We agree with Richards and Bergin (in press) that human beings are multisystemic; that is, "biological, emotional, social/systemic, cognitive, behavioral, and spiritual processes all impact human functioning" (p. 153). Therapists need to consider the impact of each of these systems on their clients' functioning. Therapy goals should be pragmatically tailored in an attempt to address the unique problems and needs of each client. We agree with the therapists that the spiritual dimension is often a crucial, core component of treatment, although spiritual interventions are not indicated with all clients (Richards & Bergin, in press).

We thought that the process and ethical guidelines provided by the therapists were helpful and, for the most part, consistent with the views of others who have written about such issues (e.g., Kelly, 1995; Richards & Bergin, in press; Richards & Potts, 1995a, 1995b; Tan, 1994). Perhaps the only areas where our views differed from those expressed by the interviewed therapists concerned how therapists should (a) provide informed consent and (b) conduct religious and spiritual assessments. In contrast to the interviewed therapists who said they rarely explicitly share with clients in the first session that they approach therapy from a spiritual perspective, in our view, therapists should briefly share that they view the spiritual dimension as important during the first session. We think that this should be briefly mentioned in therapists' written informed consent documents and/or that therapists should briefly mention this verbally in their initial session.

In our view, clients have a right to know what their therapist's theoretical orientations is, and if the therapist's orientation is signifi-
ly influenced by a spiritual perspective, this should be shared with clients. This, of course, needs to be done briefly and sensitively. When doing so, therapists need to make it clear to clients that they will not impose their spiritual views on clients or coerce them into participating in spiritual interventions. When therapists share their belief that spiritual issues are important and that they are willing to explore them with clients, this can help clients to feel safe enough to discuss their religious and spiritual concerns.

We agree with the interviewed therapists that the primary method for assessing the religious and spiritual system of their clients' lives is the clinical interview. During clinical interviews, therapists can ask questions about their clients' religious and spiritual beliefs and orientation in an informal, flexible manner. Much that is clinically relevant about clients' spirituality can be learned in this way. Another reason therapists currently must rely primarily on clinical interviews as they assess clients' spirituality is because there are very few formal or objective religious and spiritual assessment measures available. Nevertheless, we disagree with the view expressed by some of the therapists that formal spiritual intake questionnaires or objective religious assessment measures have no place in the assessment process.

In our view, questions about clients' spirituality can and should be asked on written intake questionnaires. Written intake questionnaires are a standard part of the intake and assessment process in many settings, and should include questions about clients' religious and spiritual background and beliefs (Richards & Bergin, in press). In addition, there are a small number of objective religious and spiritual measures that could be used in therapy for assessment purposes; for example, the revised intrinsic/extrinsic (I/E) scale (Gorsuch & McPherson, 1989), spiritual well-being scale (Ellison, 1983), and the religious status inventory (Malony, 1988).

We appreciated the valuable information the therapists provided about specific religious and spiritual interventions, such as prayer, value discussions, turning to a higher power, and so on. Very little has been written about how to use such interventions in therapy, and so
the insights the therapists shared about how they have gone about implementing them were very enlightening and valuable. We agree with the therapists that in-session prayer and priesthood blessings by therapists are very controversial (see also Richards & Potts, 1995a, 1995b). Our own position is that LDS therapists should not pray in-session with clients or give clients priesthood blessings. Such practices may confuse professional and religious role boundaries, raise difficult transference and counter-transference issues, and foster dependency on the therapist by taking away opportunities for the client to seek spiritual support and help from their religious leaders and community (Richards & Bergin, in press).

Of course, in saying this, we are aware of the saying, “Never say never.” And so, we stop short of saying that therapists should never pray with clients or give clients priesthood blessings. In some settings, such as LDS Social Services, therapists take on a pastoral counseling type of role. Because of their close affiliation with the church, LDS Social Service therapists may feel it is appropriate and clients may expect to begin sessions with prayer. Even in this setting, however, it would seem that therapists would be wise to carefully define the differences between their role and that of their clients’ bishops and other church leaders. There may be other settings and circumstances in which LDS therapists feel that it is appropriate to pray with their clients, but if they do so they should frequently consult with professional colleagues in an effort to ensure that they remain alert to the potential dangers of this practice.

We are even more firmly opposed to therapists giving their clients priesthood blessings because the dangers mentioned above seem even more likely to arise if therapists give blessings. In our view, in almost all cases, priesthood blessings would be more appropriately given by the client’s priesthood leaders or close family members or friends. Perhaps there may be rare occasions where the Spirit dictates that a blessing by the therapist would be appropriate. We hope that if such occasions arise, therapists will consult with professional colleagues and, if possible, the client’s religious leader to minimize the possibili-
ty of role confusion and potential harm to the client. We refer readers to Richards and Bergin (in press) and Richards and Potts (1995a, 1995b) for further discussions of the risks of in-session prayer and priesthood blessings.

**Conclusions**

This study has provided much insight into the process of integrating spiritual perspectives and interventions into therapeutic practice. Nevertheless, there is still much that we do not know in this domain. For example, we still know very little about how spiritual interventions and influences promote therapeutic change and healing. We also do not yet know whether, or how much, spiritual interventions enhance the efficacy of therapy beyond what can be achieved through secular therapeutic approaches. Many fascinating theoretical and research questions remain to be explored in this domain (see Worthington et al., 1996, and Richards & Bergin, in press, for proposed agendas for research and theory in this domain for the next decade). It is our hope that many members of AMCAP will contribute to this exploration by sharing their ideas, insights, research, and writings about these important issues in the years ahead.

**References**


