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*Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*  
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# Part I

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## INTRODUCTION



# I

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## A Rationale for a Spiritually Integrated Psychotherapy

As I held my baby in the delivery room, I looked up. I saw billions of stars, and I heard music I can only describe as celestial. The stars began to form like a fence, like a huge chain. And I knew that I was part of everything.

—“Why We Pray” (1994, p. 62)

When [my partner] first died I felt a very strong presence of him for the first few weeks. I would be sitting somewhere and suddenly get a whiff of him. Just my head down on my arms, and I turned my head and all of a sudden he was there. I know he was just lying on top of me. It was very comforting . . . he’s very definitely still there. Sometimes more than others.

—Richards, Acree, and Folkman (1999, p. 117)

Spirituality is an extraordinary part of the ordinary lives of people. From birth to death, spirituality is manifest in life’s turning points, revealing mystery and depth during these pivotal moments in time. In crisis and catastrophe, spirituality is often intertwined in the struggle to comprehend the seemingly incomprehensible and to manage the seemingly unmanageable. But this isn’t the full story. Spirituality is not reserved exclusively for times of crisis and transition. It is interwoven into the fabric of the everyday. We can find the spiritual in a piece of music, the smile of a passing stranger, the color of the sky at dusk, or a daily prayer of gratitude upon awakening. Spirituality can reveal itself in the ways we think, the ways we feel, the ways we act, and the ways we relate to each other. Paradoxically, the presence of the spiritual dimension can also be felt through its absence,

in feelings of loss and emptiness, in questions about meaning and purpose, in a sense of alienation and abandonment, and in cries about injustice and unfairness. Spirituality is, in short, another dimension of life. An extraordinary dimension, yes, but one that is a vital part of ordinary life and what it means to be human. We are more than psychological, social, and physical beings; we are also spiritual beings.

When people walk into the therapist's office, they don't leave their spirituality behind in the waiting room. They bring their spiritual beliefs, practices, experiences, values, relationships, and struggles along with them. Implicitly or explicitly, this complex of spiritual factors often enters the process of psychotherapy. And yet many therapists are unaware of or unprepared to deal with this dimension in treatment. How does the therapist understand spirituality? How does the therapist address the spiritual dimension in psychotherapy? These questions are the focus of this book. In this introductory chapter I consider the peculiar tension between psychology and religion, and discuss several reasons why it makes sense to move beyond this tension to integrate spirituality into psychotherapy. As a prelude to what's to come in the chapters that follow, I briefly characterize the essential features of spiritually integrated psychotherapy. I conclude by making explicit some of my own values and beliefs that underlie this approach to treatment. Let me start with a story.

#### ALICE'S STORY

Several years ago, I worked with a client named Alice. At first glance, there was nothing remarkable about her, but I was to learn otherwise. She came to my office dressed in formless polyester pants and shapeless sweatshirts, perhaps as a way to conceal her heavy frame. Her hair was clean but cut short and unstyled, and the scattered lines and wrinkles on her face were untouched by makeup. What Alice did convey was a deep sense of sadness. It showed in her slow walk, in the slight bend in her shoulders, and most of all in her eyes. They had the look of a puppy that had been mistreated, fearful of what might come next but still hopeful that something better might come along. It was hard for Alice to tell her story. Her face reddened, she directed her gaze downward, her words seemed to get caught in her throat, and she frequently apologized for her difficulty in speaking with me. At times, though, she offered a small joke that lifted the deep melancholy that had settled in the room. During these moments her eyes would sparkle and her sad face would break into a delightful almost child-like smile.

Alice had experienced emotional pain for most of her 45 years. Overweight as a child, she had been mercilessly teased and taunted by her father until he abandoned the family when she was an adolescent. Convinced of her own unattractiveness, Alice had avoided romantic entanglements. In

late adolescence, Alice developed symptoms of bipolar disorder and over the next decades suffered from a terrible roller-coaster of emotional upheavals. Medications had helped her achieve a modest level of emotional stability, but she was still subject to unpredictable and powerful shifts in moods that occasionally resulted in hospitalization.

In spite of her illness, Alice had succeeded in creating a meaningful life for herself, one that centered around other people. She was devoted to the care of her elderly mother. She was a loyal volunteer at both the local hospice and the school for the blind. She was a good friend to several people with serious mental illness and spent many hours helping them through their own emotional crises. In our sessions, Alice showed a genuine interest in how things were going in my life. And yet Alice was unable to derive any satisfaction from the knowledge that she was an exceptionally caring and compassionate person. She described herself in the same language her father had used: "big and stupid." Her contemptuous view of herself was deep-seated. Through our conversations, Alice learned more about the root causes of her self-contempt, but her insights led to minimal change. My other efforts to buoy her self-image were just as unsuccessful.

Over many months, I watched Alice go through the full spectrum of her moods: exuberance tinged with the unsettling recognition of where it was leading her, depression that seemed to wash over her like huge waves plunging her into the sea of despair, and total exhaustion that followed her emotional whirlwinds. Yet, time and again, she emerged from these cycles intact, picking up the pieces of the life that she had created, reconnecting with the people she loved and cared for. How, I wondered, did this remarkable woman manage to sustain herself through her periods of emotional upheaval when she was so weighed down by the added burden of her self-contempt? What could I do to help make her life more bearable?

A pivotal moment in therapy occurred when Alice was in the midst of another deeply depressive period. She had been withdrawing from social contact for a few weeks (always a danger sign for Alice) and was thinking more and more about suicide. In this session, Alice was wracked with pain, sobbing so hard it was difficult for me to follow her. I was about to suggest her need for hospitalization when Alice spoke in a kind of language that was unusual for her. "When will my suffering end?" she cried. The question had a spiritual, almost biblical, sound to me, like a lamentation. Understand that I had talked with Alice about the role of religion and spirituality in her life earlier in therapy. Although she had mentioned that she was a churchgoer, she left it at that and showed no interest in pursuing the subject any further. So I had put the topic aside. But now I was struck by the spiritual tone of her question. I responded in kind with a question of my own: "I've often wondered, Alice, how in the midst of your terrible suffering, you are able to find some consolation?" She didn't seem surprised by the question. Instead, she paused for a long moment and then told me a story.

“When I was first hospitalized,” she said, “they put me in restraints and threw me in a seclusion room. I was only 16 at the time and I didn’t know what was going to happen to me. I was so frightened. I was so scared. I thought I was going to die. And then, lying on my bed, I felt something warm in the center of my chest. And the feeling spread through the rest of my body.”

“How did that feeling affect you?” I asked.

“It calmed me down. I felt comforted.”

“Did that feeling speak to you in some way?”

“Yes, I knew that God<sup>1</sup> was speaking to me, God was with me, telling me that He would always be with me no matter how badly I felt. I would be okay.”

Alice and I sat quietly in the room. From a corner of my mind, I noticed that her sobbing had stopped.

“Alice,” I went on, “have you felt this presence at other times in your life?”

“Oh, yes,” she said immediately. “I feel it sometimes when I’m with other people who are going through hard times. And sometimes,” she paused, “I feel it with you.” She hesitated for a longer period of time, looked down at her feet, and softly asked, “Do you feel it too?”

Every therapist knows that there are some special moments in psychotherapy. I experience them as “sacred moments” when immediate realities fade into the background, when time seems to stand still, when it feels as if something larger than life is happening. In these moments, I believe, a meeting of souls is taking place. This was one of those times.

So I answered Alice, “Yes, I do.”

Alice sat quietly and seemed to be at peace with herself—quite a dramatic change from the intense pain she was feeling just minutes earlier. After a while, I said, “I’d like to talk with you some more about this presence in your life. Would that be alright with you?” Alice agreed.

In the following months, Alice and I spoke often about her sense of spiritual connection. It had been, for much of her life, the source of her resilience and strength. We explored ways she could draw more fully on this powerful resource as she went through her emotional ups and down. And we discussed the implications of her spirituality for overcoming her own unmerciful sense of herself. There was no miracle cure. Alice would continue to struggle with her illness and with her own sense of inadequacy. However, armed with a more fully realized spirituality, Alice was far better

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<sup>1</sup>The term “God” is capitalized and referred to as “He” when used by clients who view the divine as a personal, patriarchal figure. I also capitalize God in this book, though I avoid using gender pronouns to refer to God. In some instances, I use “gods” in lowercase to refer to problematic representations of divinity (e.g., false gods, small gods).

equipped to face her challenges. She became more aware of herself, more confident in her own capabilities, and more hopeful about her future. In the process, her mood swings lost much of their ferocious intensity and her visits to the hospital became rare.

As she was leaving the room that day, I asked Alice whether she had ever mentioned her sense of spiritual presence to the other mental health professionals who had worked with her over the years.

“No,” she said.

“Why not?”

Alice gave me a quizzical look as if the answer was only too obvious. “Why would I do that? They already think I’m crazy.”

Spirituality is another dimension of the lives therapists encounter in psychotherapy. Yet, oddly enough, as Alice’s parting words suggest, psychologists and other mental health professionals are often uncomfortable with spirituality. No decent clinician avoids the most private and sensitive of topics; love, sex, death, jealousy, violence, addictions, and betrayal are grist for the therapist’s mill. Questions about spirituality and religion, however, are routinely neglected. Spirituality is separated from the treatment process as if it were an irrelevant topic or a subject so esoteric that it falls outside the bounds of psychotherapy. “Priests should stay out of therapy and therapists should stay out of spirituality” is the way some have put it, as Prest and Keller (1993, p. 139) note. Of course, clients do bring “God,” “religion,” or “spirituality” into therapy on their own, but when they do many practitioners admit to feelings of irritation (“Damn, we’re going to have to talk about this stuff?”) coupled with the desire to punch through this language of illusion and magic to get to the stark truths of reality. Not all therapists are so dismissive of spirituality. Many would like to be more responsive, but they feel uneasy when spiritual issues are raised. They fear entering potentially dangerous, uncharted waters, and find themselves at a loss for ways to proceed. This is a strange state of affairs. As Allen Bergin and I. Reed Payne (1991) commented, “It is paradoxical that traditional psychology and psychotherapy, which fosters individualism, free expression, and tolerance of dissent, would be so reluctant to address one of the most fundamental concerns of humankind—morality and spirituality” (p. 201). Why should this be the case?

#### THE PECULIAR TENSION BETWEEN PSYCHOLOGY AND SPIRITUALITY

The founding figures of psychology saw no reason to separate spirituality from psychological study and practice. Eminent leaders of the field, from William James to G. Stanley Hall, took the root meaning of the word *psychology*, from *psyche* (soul) and *-logy* (study of), quite seriously and fo-

cused their attention on a variety of religious phenomena, most notably conversion and mysticism. In the early 20th century, however, this picture began to change as the attitude of those in the field regarding religion shifted from interest and openness to suspicion and hostility. Under the influence of the positivistic philosophy of the time, psychology moved quickly to ally itself with the natural sciences and thereby distinguish itself from its embarrassingly close disciplinary kin, philosophy and theology. Within the developing field, religion came to be seen as an impediment to the scientific search for enlightenment and a roadblock to rationally based efforts to improve the human condition. Commenting on this transition, David Wulff (1997) writes, “Only the new social sciences, in concert with the physical and biological sciences, might hope to deliver humankind from the fears and suffering that some say inspired the first prayers and magical incantations” (p. 17). Psychology began to attract young people who were disaffected from their religious upbringing; these were “enlightened fundamentalists” (Bellah, 1970), fervently convinced that religious beliefs would go the way of other superstitions with the advance of scientific knowledge.

Out of this context emerged models of personality and psychotherapy that depicted spirituality in oversimplified, stereotypical terms. Consider behaviorism and psychoanalysis, the two major psychological paradigms of the 20th century. B. F. Skinner, the founder of behaviorism, was himself the product of a fundamentalist religion that he later rejected. “God,” he wrote, “is the archetype pattern of an explanatory fiction” (1971, p. 201). He believed that religious institutions maintain this fiction by attempting to control behavior, primarily through the use of aversive measures, including punitive laws, fears of hell and damnation, and religious practices that discourage sinful behavior. In his vision of utopia, as presented in his fictional *Walden Two* (1948), the members of the community act out Skinner’s own history and gradually leave their religious practices behind. “Religious faith,” he writes, “becomes irrelevant when the fears which nourish it are allayed and the hopes fulfilled—here on earth” (p. 165).

Similarly, Sigmund Freud was raised in a moderately Jewish household, but he eventually rejected traditional Jewish beliefs and practices, though he continued to identify himself as Jewish, culturally and ethnically. Freud (1927/1961) held that religion was rooted in the child’s sense of helplessness in a world of dangerous forces. Early in life, he theorized, the child is able to find comfort and security in the presence of the father. As the child ages, he or she discovers the limitations of the father, but the child must continue to reckon with the powers of nature, powerful others in the surrounding world, and powerful conflicts that lie within. Out of the child’s deep wish for safety and protection from these hostile, overwhelming forces, a psychic transformation takes place; the natural becomes supernatural, the uncontrollable becomes malleable, and, as a result, “we can



breathe freely, can feel at home in the uncanny and can deal by psychical means with our senseless anxiety” (p. 20). Yet, Freud maintained, this sense of security is illusory, for the powers that be have not been tamed and the individual’s emotional comfort has been purchased at the price of personal mastery and maturity. “Surely infantilism is destined to be surmounted,” wrote Freud (p. 63). Painful as it may be, the head-on confrontation with reality offers a far better solution to the problems of existence.

Attracted to and shaped by these forces of positivism and these models of personality and psychotherapy, modern practitioners of psychotherapy have become in some important respects quite different from those they serve and in some ways unprepared to help them. Edward Shafranske (2001) has conducted a number of surveys in which he contrasts the religious beliefs and practices of psychologists with those of the general public in the United States. He finds a clear difference. While 58% of the national sample reports that religion is very important to them, only 26% of clinical and counseling psychologists indicate that religion is very important to them. While over 90% of the U.S. population reports belief in a personal God, only 24% of clinical and counseling psychologists do so. When it comes to religion, therapists and their clients come from different worlds. These statistics suggest that a client who believes in a personal God and sees religion as a salient part of his or her life is likely to work with a therapist who does not believe in a personal God and does not consider religion to be very important personally.

True enough, therapists do not have to be “like” their clients to help them. After all, therapists treat people with depression, anxiety, or addictions without being depressed, anxious, and addicted themselves. However, while therapists receive a great deal of education about a full range of psychological problems, they are taught little or nothing about religion and spirituality. For instance, according to a survey of training directors of counseling psychology programs in the United States, only 18% of the directors indicated that their graduate program offered a course that focused on religion or spirituality (Schulte, Skinner, & Claiborn, 2002). Only 13% of training directors of clinical psychology programs in the United States and Canada reported that their curriculum included a course on religion and spirituality (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). Most young professionals leave graduate school unprepared to address the spiritual and religious issues that they will face in their work. This state of affairs is a reflection of the deeply seated assumption within the mental health field that spirituality is, at most, a side issue in psychotherapy, one that can be either sidestepped or resolved through an education to reality. I believe this assumption is just plain wrong. There are, in fact, a number of good reasons to take the spiritual dimension of life far more seriously and to integrate it far more fully into the process of psychotherapy.

## A RATIONALE FOR A SPIRITUALLY INTEGRATED PSYCHOTHERAPY

### Spirituality Can Be Part of the Solution

Although mental health professionals have often viewed spirituality more as a cause of problems than as a source of solutions, stories like Alice's suggest that this attitude toward spirituality is out of kilter. Of course, any single case could be the exception rather than the rule, but research studies show that Alice's story is not unusual. Many people look to their spirituality for support and guidance in times of stress. In fact, for some groups spirituality is one of the most commonly used methods of coping. For example, Bulman and Wortman (1977) asked people who had been paralyzed in severe accidents how they explained their situation. The most common response to the question "Why me?" was "God had a reason." In a study of black and white elderly women facing medical problems, prayer emerged as the most frequent method of coping (Conway, 1985–1986). Ninety-one percent of the women coped through prayer, more than the number who coped through going to a doctor, resting, using prescription drugs, or seeking information. The United States as a whole sought support and solace from religion following the September 11 terrorist attacks; 90% of a random sample of people drawn from across the United States said they coped with their feelings after the disaster by turning to religion (Schuster et al., 2001). And, it is important to add, many people are supported and sustained not only in times of major stress but in their daily lives by involvement in regular religious practices.

Most people who look to their faith for support find it helpful. In studies of veterans of combat, hospital patients, parents of children with physical handicaps, widows, and physically abused spouses, 50–85% of the studies' participants reported that religion was helpful to them in coping with their difficult situations (Pargament, 1997).

Do the same findings hold true for people experiencing serious psychological problems? Expressions of spirituality among this group have often been seen as symptoms of an illness rather than as signs of a potentially valuable resource for coping with that illness. A few empirical studies have challenged this perspective. For example, in a survey of more than 400 people with serious mental illness, over 80% reported that they used some sort of religious belief or practice to help them cope with their symptoms and daily problems (Tepper, Rogers, Coleman, & Malony, 2001). They had been engaged in religious coping for an average of 16 years. Most (65%) found their religious coping helpful, and 30% indicated that their religious beliefs or practices were the most important things they had to keep them going. Religious coping when symptoms worsened was also tied to fewer hospitalizations. Studies of people with eating disorders have yielded similar findings; spiritual resources are often described by individuals as

critical to their recovery (see Richards, Hardman, & Berrett, 2007, for a review).

These findings are clear. Many, if not most, people in the United States draw on their spirituality when they encounter significant problems. The same holds true for people with serious mental disorders. Why might this be the case? In later chapters, I talk about the specific resources of spirituality and what they add to peoples' lives. For now, I would like to make a more general point. There is a deeper dimension to our problems. Illness, accident, interpersonal conflicts, divorce, layoffs, and death are more than "significant life events." They raise profound and disturbing questions about our place and purpose in the world, they point to the limits of our powers, and they underscore our finitude. These are, as theologian Paul Tillich (1952) put it, matters of "ultimate anxiety": the anxiety of fate and death, the anxiety of emptiness and meaninglessness, and the anxiety of guilt and condemnation. These deep questions seem to call for a spiritual response.

The solutions prescribed by modern psychology are insufficient. I have argued elsewhere that U.S. psychology is largely a psychology of control (Pargament, 1997). In spite of their differences, all the major paradigms of psychotherapy share an interest in helping people maximize the control they have in their lives. Within psychodynamic therapy, patients are encouraged to make the unconscious conscious. Behaviorally oriented therapists help their clients unlearn maladaptive reactions and replace them with new skills that provide greater mastery and competence. Cognitive therapists teach their clients how to identify and control irrational and self-defeating thoughts.

This picture has begun to change in recent years. With the rise of positive psychology (Peterson & Seligman, 2004), the development of new treatments, such as acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and the introduction of Buddhist thought into Western psychology (Wallace & Shapiro, 2006), a new set of more spiritually friendly terms has begun to enter the psychological lexicon, terms such as "mindfulness," "acceptance," "virtues," "detachment," "being present." Nevertheless, promising as they are, these are recent developments, and our discipline remains largely a psychology of control.

Yet there is a limit to how much we can control. Anthropologist Clifford Geertz (1968) put it this way: "The events through which we live are forever outrunning the power of our ordinary, everyday moral, emotional, and intellectual concepts to construe them, leaving us, as a Javanese image has it, like a water buffalo listening to an orchestra" (p. 101). Spirituality helps people come to terms with human limitations. It offers solutions to problems that are not merely substitutes for secular solutions, including those that psychologists often advocate. In response to the unfathomable and uncontrollable, it speaks a language that is relatively unfamiliar to psy-

chology. We hear strange words such as “forbearance,” “faith,” “suffering,” “compassion,” “transformation,” “transcendence,” “sacredness,” “hope,” “surrender,” “love,” and “forgiveness.” These terms should not be quickly dismissed as merely soft and sentimental, for they embody deep yearnings, powerful emotions, and more generally a different way of viewing the world. Through the spiritual lens, people can see their lives in a broad, transcendent perspective; they can discern deeper truths in ordinary and extraordinary experience; and they can locate timeless values that offer grounding and direction in shifting times and circumstances. Through a spiritual lens, problems take on a different character and distinctive solutions appear: answers to seemingly unanswerable questions, support when other sources of support are unavailable, and new sources of value and significance when old dreams are no longer viable. Spirituality, then, represents a distinctive resource for living, one particularly well suited to the struggle with human limitations and finitude. By bringing the spiritual dimension into the helping process, psychotherapists could tap more fully into this reservoir of hope and source of solutions to life’s most profound problems.

It is important to add one word of caution for those interested in drawing more fully on spirituality in psychotherapy. Spiritual resources are not simply another problem-solving tool. They are, instead, embedded in a larger worldview. As I stress throughout this book, spiritual resources are, first and foremost, designed to facilitate an individual’s spiritual journey. Therapists who overlook the larger sacred purpose and meaning of these resources risk trivializing spirituality by reducing it to nothing more than a set of psychological techniques.

### Spirituality Can Be Part of the Problem

Freud, Skinner, and other psychologists who have criticized religion haven’t been wrong so much as they have been incomplete. They have focused on the dark side of faith to the exclusion of its other qualities. And yet there is, in fact, a “seamy side” to religion, as Paul Pruyser (1977) put it. Several years ago, Lynn came to my office quite distraught, crying, wringing her hands, and repeatedly telling me that she just didn’t know what to do. She had recently discovered that her husband of 15 years, a minister in a conservative church, had been having an affair with another church member. Lynn was 35 years old, the mother of four children, and devoutly Christian. She was devastated by her husband’s affair. How could he have violated their sacred vows? she asked. What about the commitments he had made not only to her but to God? And what about her own confusion? How could she leave a marriage that she defined as holy? But how could she remain in a marriage that had been desecrated by the actions of her husband? How could she return to the marriage when her husband refused to end his

affair? In my initial and, as it turned out, only session with Lynn, I tried to empathize with her feelings of hurt, embarrassment, and anger toward her husband. I reflected on the difficult choice she seemed to be facing and offered her hope that she would be able to come to a resolution for herself. And I let her know I would do all I could to help her through her crisis. We agreed to meet again in a week.

In the middle of the week, I received a call from Lynn. Gone were the tears and turmoil she had been experiencing just a few days earlier. Lynn told me that she had had a dream the previous night. God had come to her and reassured her that if she continued in her marriage, He would soften her husband's heart. (I was thinking a good knock over the husband's head might be more appropriate, but I didn't share that thought.) God, she said, was going to solve their problems for them. I tried to convince Lynn to come back to therapy for another session so we could talk about her dream and her marriage, but she declined. She thanked me for my concern and hung up the phone fully convinced that her problems were a thing of the past. I hung up the phone fully convinced that she was heading for a great deal of trouble.

Spirituality, in this case, was a central part of the problem. It was problematic in two respects. The crisis Lynn was facing was more than marital, psychological, or even existential. It was spiritual. Lynn viewed her husband's actions as a desecration, a violation of something that she held sacred. Life crises that are perceived as spiritual threats, violations, or losses take on a special power and meaning. As Elkins (1995) has written, "Some violations and betrayals . . . wound so deeply that they can only be called abuses to the soul" (p. 91). As we will see in later chapters, these kinds of crises are associated with particularly powerful emotional and physical reactions. Therapists who overlook the spiritual nature of the problem may be neglecting the heart of the matter. In my "postmortem" of my single session with Lynn, I wondered whether I too was guilty of this neglect. Had I failed to acknowledge the fact that Lynn's crisis was as much spiritual as it was marital? And was that one important reason why she turned away from psychotherapy to a more direct religious form of help?

Spirituality, for Lynn, was problematic in a second respect. In her rush to find a resolution of her conflict, she found a religious solution to her problem that, in my view, was likely to make matters worse. In essence, she let God decide for her. We know that sometimes deferral to God or surrender to God is a perfectly reasonable thing to do, particularly in situations that fall outside the realm of our personal control. Lynn's problem, however, called for more personal initiative, interpersonal dialogue with her husband, and collaboration with God. Lynn's solution, spiritual deferral, relieved her of any responsibility she might have shared with God for her life and for her marriage. Because her solution was poorly suited to the demands of the situation, her spiritual solution had become a spiritual prob-

lem. It is difficult to imagine how this problem could be ignored or side-stepped in psychotherapy. Had Lynn returned to my office, I would have encouraged her to talk about her relationship with God and, had she been willing, I would have helped her explore how she might become more of a full-fledged partner in this relationship.

Spiritual solutions do, at times, become spiritual problems. As we will see in later chapters, there are several kinds of spiritual problems, including problems associated with spiritual pathways and problems associated with spiritual destinations. These problems reflect a “dis-integrated spirituality,” one lacking harmony and balance, and one ill-equipped to deal with the range of critical situations people are likely to confront.

Jung wrote that, of his patients over 35, “there has not been one whose problem in the last resort was not that of finding a religious outlook on life” (1933, p. 264). I think Jung overstated his point: many, but certainly not all, problems are spiritual in nature. Nevertheless, crises, traumas, and the accumulation of hurt and disappointment impact people spiritually as well as psychologically, socially, and physically (Hathaway, 2003). Furthermore, spiritual solutions can lead to trouble in their own right. Practitioners cannot afford to overlook the spiritual dimension of problems. By recognizing that spirituality may serve as a source of solutions or a source of problems, clinicians better equip themselves to address the full range, richness, and complexity of the spiritual dimension in psychotherapy.

### Spirituality Cannot Be Separated from Psychotherapy

Unfortunately, many therapists remain uncomfortable about the topic of spirituality, unsure about how to deal with spiritual issues, or fearful of intruding in areas too private even for psychotherapy. As a result, they do their best to avoid the spiritual domain. Of course, this may be about as easy as avoiding a conversation about the 3,000-pound elephant in the therapy room. Even if it goes unmentioned, the proverbial elephant has a way of making its presence known.

Spirituality cannot be separated from psychotherapy, no matter how hard we try. Let me give a few examples. My colleague, Mark Rye, and I were interested in comparing the effects of two forgiveness interventions on women attending a state university who had been wronged in a romantic relationship (Rye & Pargament, 2002). One of the forgiveness interventions was explicitly religious in nature; it drew upon religious models and spiritual beliefs in a program designed to help the participants let go of their anger, bitterness, and resentment. The other forgiveness intervention was explicitly secular in nature; the group leader purposely avoided raising religious or spiritual topics in the forgiveness program. As it turned out, the two groups proved to be equally effective in facilitating forgiveness and well-being.

In our efforts to learn more about their experiences, we asked participants in both groups to describe the strategies that they used to help them forgive their offenders. We were surprised by what the secular group participants had to say. Two of their three top strategies for forgiveness were spiritual in nature: “I asked God for help and/or support as I was trying to forgive” and “I prayed for the person who wronged me as I was trying to forgive.” Even though their therapy group was explicitly secular in nature, participants in the secular group were as likely as those in the religious forgiveness group to make use of spiritual resources! Our “secular” group turned out to be something other than purely secular. I suspect that the same process takes place among clients who are receiving ostensibly secular psychotherapy. Spirituality continues to be a relevant resource or a source of problems for people even when it goes unaddressed in psychotherapy.

Secular psychotherapy is not designed to affect people spiritually, and yet spiritual changes are likely to accompany other changes that unfold through the clinical process. Tisdale et al. (1997) illustrated this point in an evaluation of the impact of a psychiatric inpatient treatment program. The treatment was secular in nature and included individual, group, milieu, and psychotropic interventions. Not surprisingly, patients in treatment made significant improvements in their personal adjustment. But Tisdale et al. also included a measure of images of God. They found that the secular inpatient treatment resulted in significant shifts among the patients toward more positive images of God. Once again, I suspect that this is not an unusual finding. The spiritual dimension of life is fully interwoven with other life domains, such that efforts to create change along one dimension are likely to affect the other dimensions as well.

We can try to ignore the elephant, but that doesn't make it go away. Instead, it may lead to problems. “Ignorance of spiritual constructs and experience,” Bergin and Payne (1991) write, “predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth” (p. 201). Spirituality is a part of the psychotherapy process; our choice is either to look the other way and proceed with limited vision or to address spirituality more directly and knowingly.

### People Want Spiritually Sensitive Help

Certainly, many clinicians might worry about overstepping their bounds by raising spiritual issues in the context of psychotherapy. Some evidence suggests, however, that a good proportion of our potential clients would welcome spiritually integrated treatment. It is important to remember that, although therapists may treat religion as a background variable, for many people religion is part of the foreground (Koltko, 1990). In response to a national survey, two-thirds of the sample agreed that “religion can answer

all or most of today's problems" (Smith, 1992). Signs of renewed religious and spiritual interest surround us, from PBS specials and lead articles in *Newsweek* and *Time* on religion to widespread preoccupations with angels, religious visions, and near-death experiences. And it has been hard to ignore the religious roots and significance of recent major traumas, including the September 11, 2001, terrorist attacks, violence in the Middle East, sexual abuse in the ministry, and the moral scandals that have wracked the business world.

An interest in religion is not put aside when people walk through the door to treatment. For example, many people with medical illness seek out alternative forms of therapy that include prayer, exercise, rituals, and traditional healers (Lukoff, Lu, & Turner, 1992). With respect to standard medical treatment, a significant number of patients report spiritual needs and a desire for greater integration of religious and spiritual care into their treatment (Post, Puchalski, & Larson, 2000). In a survey conducted in an inpatient rehabilitation unit, 45% of the patients said that too little attention was paid to their spiritual and religious concerns, and 73% indicated that no one from the staff spoke to them about spiritual matters (Post et al., 2000). According to another national poll, 48% of patients would like their physicians to pray with them, and 64% believe that physicians should pray with their patients if the patients ask (Post et al., 2000).

Do people seeking psychological treatment feel differently? Only a few studies have looked at this question, but they too suggest that people are looking for spiritually sensitive care. For example, in a survey of clients at six mental health centers, Rose, Westefeld, and Ansley (2001) found that 55% reported that they would like to talk about religious or spiritual concerns in counseling. Similarly, two-thirds of a sample of adults with serious mental illness indicated that they would like to discuss spiritual concerns with their therapists, but only half of this group was doing so (Lindgren & Coursey, 1995). My graduate students and I had a very similar experience when we developed a spiritual discussion group for people with serious mental illness who were being treated in a local community mental health center (Phillips, Lakin, & Pargament, 2002). The participants welcomed the opportunity to talk about the role of religion and spirituality in their lives. In their many years of treatment by many practitioners, this was the first chance they had had to talk about spiritual matters. Furthermore, talking about spiritual issues did not, as far as we could tell, trigger any aversive psychological symptoms.

If my own experiences are any guide, many of our clients would welcome us into their spiritual homes if we knocked on the door. It seems that the reluctance to visit is largely ours. And yet I don't believe that we clinicians are a soulless bunch, a collection of well-intended but narrow-minded empiricists who cannot spell "transcendent" let alone integrate it into psychotherapy. In fact, many of us resonate strongly to the spiritual side of life



(see Bergin, 1991). In my visits to other universities, I have consistently found that a number of psychology faculty and graduate students had, at one time, studied for the ministry. Many of us, I suspect, were initially drawn into the field of psychology for religious and spiritual reasons. I know that was true for me. And yet my psychological training was not fully satisfying. I didn't enjoy the mechanistic views that seemed to underlie the approaches to treatment that were the bread and butter of clinical training in graduate school. There was something missing. Many practitioners feel the same way; there is something missing in the way we do our work. Thus, it is not only our clients who might welcome the integration of spirituality into psychotherapy; we as therapists may be yearning for the same thing.

There are, in short, several good reasons to integrate the spiritual dimension more fully into the process of psychotherapy. But how do we do that? In this book, I describe a spiritually integrated psychotherapy. Though some readers may be hoping for a short recipe or even a lengthier cookbook, I cannot offer that. There is no typical course of spiritually integrated psychotherapy because spirituality expresses itself in so many ways. There are no definitive guidelines about spiritually integrated psychotherapy because we have only begun to learn about the spiritual worlds of our clients. What I can offer in this book is a perspective on spirituality and psychotherapy, both conceptual and practical. This will not be the final word on the topic. But it will be a start. My hope is that this book will offer some direction and encouragement to practitioners who are interested in understanding and addressing spirituality in treatment. As a prelude to the following chapters, let me highlight the essential features of a spiritually integrated psychotherapy.

## ENVISIONING A SPIRITUALLY INTEGRATED PSYCHOTHERAPY

### Explicit

Psychiatrist Irvin Yalom (1980) began his book on existential psychotherapy by relating a personal experience. He had taken a cooking class with an expert chef, yet, try as he might, he found himself unable to duplicate the chef's dishes. What special ingredients, he asked himself, was he missing? He came upon the answer one day. As the chef's servant was taking the dish to the oven, Yalom noticed that the chef was walking alongside, throwing in handfuls of varied spices and condiments. These "throw-ins," Yalom realized, "made all the difference" (p. 3). In therapy too, he suggests, the ingredients critical to success may be added when no one is paying attention.

Spirituality is one such critical but hidden ingredient. Spiritual issues often arise in psychotherapy, but without the conscious recognition of clients and therapists. While the explicit content of psychotherapy is focusing

on the various causes of and solutions to emotional distress, problems in the home, physical symptoms, or relational conflicts, change may be taking place at a spiritual level. Unbeknownst to the therapist and the client him- or herself, the client may be uncovering sacred losses and violations, identifying and accessing spiritual resources, raising and resolving questions of ultimate meaning, or investing a therapeutic relationship with sacred character. Occasionally, a therapist may have a sense that something deeper is taking place. Consider the comments of Carl Rogers, a humanistic psychologist and the founder of client-centered therapy, who, in a dialogue with theologian Paul Tillich, admitted, "I feel at times when I'm really being helpful to a client of mine . . . there is something approximating an I-Thou relationship between us, then I feel as though I am somehow in tune with the forces of the universe or that forces are operating through me in regard to this helping relationship" (Rogers, 1989, p. 74). And yet, although therapists may sense something going on in the background of psychotherapy, most do not move spirituality from the background to the foreground. Rogers, for one, did not raise spiritual issues in the context of counseling. Similarly, the founders of ACT, a therapy that is embedded in a spiritual matrix strongly influenced by Buddhist thought (see Hayes, 1984), prefer to keep the spiritual dimension of treatment in the background. "ACT," they write, "has an inherent and wordless spiritual quality" (Hayes et al., 1999, p. 273). They caution the therapist that "spiritual and religion as such are discussed only if the client brings these issues into the room" (p. 273).

In contrast, spiritually integrated psychotherapy assumes that clients often bring spiritual issues into the room, and encourages clients to give voice to what may be difficult to express. A spiritually integrated psychotherapy makes the implicit explicit. Within this form of treatment, therapists and clients speak openly to spirituality as a significant dimension in its own right, one that is not reduced to presumably more basic psychological or social processes. Therapists and clients identify more clearly what the client holds sacred. They talk more directly about how spirituality may be a part of the clients' problems, a part of the clients' solutions, or a part of the therapeutic relationship. And in the process of making the implicit more explicit, clients and therapists can make better use of one potentially critical ingredient of success in psychotherapy.

### Psychospiritual

Spiritually integrated psychotherapy is both spiritual and psychological in character. How is it spiritual? Spirituality is the central phenomenon of interest in this approach to treatment. As noted above, spirituality receives explicit attention as a dimension that shapes and is shaped by other aspects of life, and as a dimension of significance in and of itself. In working with

spirituality, the therapist recognizes that he or she is dealing with sacred matters, that the subjects of conversation will range from timeless truths and unfathomable mysteries to transcendence and the hereafter. The therapist also appreciates that the client is describing what are perceived to be sacred realities in his or her life, realities that express themselves in many forms, be they revelations, divine signs, a sense of calling, healings, mystical experiences, higher standards to live by, or a sense of being in communication with God.

But spiritually integrated therapy is psychological as well as spiritual in nature. What makes this approach to treatment psychological? I want to stress that spiritually integrated therapy is not grounded in religious authority or legitimacy. Unlike the pastoral counselor, the therapist cannot claim to offer absolute truth or to deliver the rituals and sacraments of a religious tradition. From a psychological perspective, the practitioner cannot know in an ontological sense what is true, what (if anything) is actually sacred, or whether there is a divine power and, if so, what is its nature. This is not to say that therapists do not live, personally and professionally, according to truths of their own. Like everyone else, clinicians are guided by their own and a larger professional set of ethical and moral values. Paramount among these values, however, is the commitment to help clients discover and live out the truths of *their* own lives as *they* perceive and experience these truths. Toward this end, spiritually integrated therapy draws upon two psychological resources.

The first psychological resource is theory. Spiritually integrated psychotherapy rests on a systematic way of thinking about spirituality. Being able to think clearly about spirituality is a prerequisite to working with this dimension in treatment. After all, how can we integrate spirituality into psychotherapy if we cannot define what spirituality is? How can we integrate spirituality into psychotherapy if we don't know how spirituality develops and changes over the lifespan? How can we integrate spirituality into psychotherapy if we cannot tell when spirituality is a source of problems and when it is a source of solutions? Existing models of personality, psychopathology, and psychotherapy offer some insights, but they fall far short of providing a conceptual road map capable of guiding us in our work. A spiritually integrated psychotherapy requires the devotion of theoretical attention to concrete problems, concrete solutions, and everyday struggles with the question of how to define a life well lived. One of the major goals of this book is to provide therapists with a way to think about spirituality.

The second psychological resource is research. When it comes to spirituality and psychotherapy, few of us are expert in what we are doing—at least not yet. Questions far outnumber answers. How do we address the spirituality of our clients? How do we address our own spirituality in the context of treatment? What forms of spiritual intervention are most helpful

to our clients? What do we do when we believe their faith is misguided, or when we feel their faith is destructive to them or to those around them? We can try to answer these questions solely on the basis of our own instincts, values, and worldviews, or we can put some of our ideas to test and see what the world has to teach us. Psychology takes the latter approach. Fortunately, a number of researchers have begun to examine the links among spirituality, health, and well-being. And a small but growing number of scientists have also begun to evaluate the impact of spiritually integrated psychotherapy on clients from diverse religious traditions. Whenever possible, I draw on the emerging empirical literature in this book.

Of course, a scientific approach to spirituality may sound strange to those who see science in terms of observation, skepticism, and hard facts and spirituality in terms of intangibles, faith, and deeply seated values. Yet these distinctions have been overdrawn (Barbour, 1974). There are places where the scientific sentiment and the religious sentiment come together. As David Bakan (1966) has noted, at their core, both science and religion grow out of an openness to surprise, deep feelings of wonder at the mysteries of the universe, and a desire to make manifest the unmanifest. We have an exciting opportunity now to tap into this common sentiment, drawing on knowledge gleaned from scientific explorations to assist people in their own spiritual journeys.

### Pluralistic

The world is becoming increasingly diverse religiously. This point certainly holds true for the United States, which is seeing a sharp increase in the number of spiritual organizations, immigrants that bring with them diverse religious traditions, and alternative spiritualities (Hoge, 1996). Here, “Hindu yogis teach next door to South American shamans, and Congregationalist churches share their space with Buddhist and Taoist communities. Jewish men and women become Zen masters and Catholics priests learn Japanese forms of meditation and purification” (Anderson & Hopkins, 1991, p. 122).

Over the course of their careers, few psychotherapists will find it possible to work entirely with clients from their own or familiar religious traditions. Even when working with clients from their own traditions, therapists will encounter more and more clients who have created their own idiosyncratic religions à la carte (Bibby, 1987), picking and choosing selectively from the menu of options their traditions provide them or experimenting with beliefs and practices that fall outside of their own tradition. To speak of *the* Christian, *the* Jewish, *the* Buddhist, *the* Hindu, or *the* Muslim approach to psychotherapy is a misnomer. The spiritually integrated psychotherapist will need to be spiritually multilingual in years to come.

Admittedly, much of the theory and research on spirituality and psy-

chotherapy has grown out of the context of a Western monotheistic perspective that has shaped our worldview in subtle and perhaps not-so-subtle ways. I too am part of this context and culture, and undoubtedly this book reflects a Western bias. Whenever possible, however, I try to correct this bias by reaching out to the religious and clinical wisdom from other cultures and traditions.

### Integrative<sup>2</sup>

Spirituality is not divorced from the psychological, social, and physical dimensions of life—far from it. The power of spirituality lies in the fact that it is fully embedded in the fabric of life. As James Hillman (1975) put it, “Psychology does not take place without religion, because there is always a God in what we are doing” (p. 228). The connections are not always smooth; at times, spirituality clashes with other aspects of life, forcing the individual to make hard choices between competing interests. More often, though, spiritual growth and decline go hand in hand with growth and decline in other spheres of life. Facilitating greater spiritual integration can enhance the well-being of the individual not only spiritually, but also psychologically, socially, and physically. For this reason, it makes little sense to overlook the spiritual dimension in psychotherapy. Yet that is also why it makes no more sense to focus solely on spirituality in psychotherapy, for spirituality cannot be approached in isolation from the client’s life as a whole.

Spiritually integrated psychotherapy should not be viewed as a new competitor on the block, a rival to other treatments. It neither competes with nor replaces other forms of help. Spiritually integrated psychotherapy is just that, “integrated.” It weaves greater sensitivity and explicit attention to the spiritual domain into the process of psychotherapy. In this book, I hope to show that spirituality can be interwoven into virtually any psychotherapeutic tradition: psychodynamic, cognitive-behavioral, family systems, interpersonal, experiential, humanistic, or existential. However, through this process of integration, I believe the character of each of these forms of psychotherapy will be deepened and enriched, and perhaps psychotherapy as a whole will be transformed, for we will have to discover ways to understand and address the extraordinary dimension that is part of the ordinary lives of people.

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<sup>2</sup>The term “integration” is often used by conservative Christian psychologists and counselors to describe the process of synthesizing Christian theology and psychotherapy (e.g., Eck, 1996; Worthington, 1994). In contrast, spiritually integrated psychotherapy refers to integration in a broader sense. This form of treatment can draw on the resources of a variety of traditions, depending on the needs and preferences of the particular client. Spiritually integrated therapy can be applied to clients from diverse religious and nonreligious backgrounds by therapists from diverse religious and nonreligious backgrounds.

## Value Laden

All forms of psychotherapy rest on values. These values are, in some sense, unprovable. Is human nature basically good or evil? Do people have free will or are they shaped by external and internal forces? How do we define the “good life”? Answers to these questions reflect fundamental assumptions about life that shape all human pursuits, including psychotherapy. Various forms of psychotherapy manifest quite different worldviews. They offer, in the words of Don Browning (1987), different “cultures” of symbols, images, and metaphors of human nature. In Freud, we find a “culture of detachment that sees the world as basically hostile and humans as largely self-absorbed creatures with only small amounts of energy for larger altruistic ventures” (p. 5). Implicit in the humanistic psychologies is a “culture of joy [that] sees the world as basically harmonious [and] human wants and needs as easily reconciled and coordinated in almost frictionless compatibility” (p. 5). Behavioral psychologies provide yet another culture, a culture of control in which humans are viewed “as primarily controlled and controllable by the manipulative power of various environments” (p. 6).

Spiritually integrated psychotherapy is no less value laden than any other form of treatment. Of course, spiritually integrated psychotherapy is also no more value laden than other treatments, though the values of spiritual therapy may be more apparent. This may be more of an advantage than a disadvantage, however, for the danger is not in bringing values to treatment. That is inevitable. As Stanton Jones (1994) noted, “One cannot intervene in the fabric of human life without getting deeply involved in moral and religious matters” (p. 197). The attempt to adopt a therapeutic neutrality may lead only to a psychology lacking in spirit. Presumably value-free, the “neutral” therapist may, in fact, take on and promote the goals of the larger social context even if that context is destructive. When it comes to values, the real danger is not in having values, but rather in *imposing* values, spiritual or secular, knowingly or unknowingly, on clients in the therapeutic setting.

Greater openness is one of the most important antidotes to the risks of value imposition in psychotherapy. In this book, I try to make the underlying assumptions of spiritually integrated psychotherapy as visible as possible by explicitly discussing value-laden topics and by taking explicit stands on these issues: the meaning of spirituality, the criteria of spiritual health and well-being, and the stance therapists should take regarding spiritual issues in psychotherapy.

Values are not only a part of therapeutic orientations, they are also embedded in the lives of individual therapists. Forged over time by personal history, temperament, habits, dreams, relationships, and a larger culture, each of us brings our own deep-seated assumptions about life to psychotherapy. And each of us also runs the risk of imposing our personal views

on clients. Again, however, one of the best remedies for this potential problem is greater explicitness about our own values, combined with respect for the client's right to choose. In this spirit of openness, let me conclude this chapter by presenting a bit of personal background as well as some personal beliefs and values that undoubtedly shape my work.

### A PERSONAL NOTE

One of the first stories I can remember was about my childhood nextdoor neighbor, Lester. Les was a bear of a man with thick eyebrows set atop a pair of twinkling eyes, a broad nose, and a huge smile that continues to warm me as I recall it now, some 50 years later. Whenever I saw Les in the neighborhood, he would welcome me with a loud "Kenny!," a crushing hug, and a handshake that enveloped my tiny hands in fingers the size of small trees. Les seemed larger than life. One day my parents told me something about Lester's history. He had been raised in a poor Jewish shtetl (village) in eastern Russia, a part of the country in which Jews suffered periodic pogroms (massacres) carried out by peasants from surrounding villages. In hushed tones, my parents described how Lester had hidden himself in the cellar of his barn as one such pogrom swept through his small town. There he watched in silence as his father was caught by the peasants and hanged. Shortly after, Les was able to escape to the United States. It was hard for me to imagine that this seemingly indestructible force had witnessed this terrible scene and come close to death himself. Lester was vulnerable and life was precarious.

This sense of precariousness was imprinted upon me as a child of the Holocaust generation (in which every Jewish family on our block seemed to have its own story of tragedy), and as I came of age in the time of the race riots of the 1960s (when we lost the family business) and the Vietnam War (when my cousin, born a week earlier than me, joined the military after receiving a draft number of 3 in the lottery in contrast to my draft number of 348). Like most families, ours has also been touched by illness, loss, violence, death, and disappointments over the years . . . events that serve as further reminders of life's tenuousness.

I went into psychology in search of firmer ground, a way to make life a little less precarious. Unfortunately, much of the psychology I encountered was disturbing in its own right, offering up bleak, mechanistic views of people driven by unseen forces or shaped by powerful external contingencies. I stayed in the field, but I began to read about religion.

Although I had been born in a Conservative Jewish family, had my bar mitzvah at age 13, and had participated in the regular round of Jewish rituals over the years, not until my 20s did I discover that I had a Jewish soul. Reading Irving Howe's (1976) rich account of the journey of Jews from

Europe to the United States in the 19th and 20th centuries, I came across descriptions of people who could have been (and perhaps were) members of my family: people holding close to loved ones, sheltering them against dangers that never seemed too far off; faces with prominent dark eyes filled with a melancholy about the human condition and a yearning for better times; scholars devoting their lives to study, eager for knowledge, skeptical of sure answers, intensely curious about the workings of the world; introspective minds struggling with moral anxieties about how best to conduct oneself in life; passionate activists, zealots too, committed to bringing about a more equitable society; and always comedians and storytellers offering distance and perspective on the craziness of the world, reminding us not to take ourselves too seriously. “Man plans,” we are reminded, “God laughs.” Being Jewish, I learned, was more than a label, more than an affiliation, it was a quality of spirit. In reading Howe’s stories, I was reading about myself and I discovered that I had a Jewish soul. Totally intrigued by this discovery, I wanted to learn more.

Early on, I decided that if I were to pursue the study of religion and spirituality, I could not focus exclusively on Judaism. I needed to know more about the religions of the world, or at least my part of the world. So I began to broaden my readings. In addition, I started to talk to people from different religious traditions. With time, I began to contemplate a far more difficult step: visits to people in their religious “homes,” their churches and other meeting places. This was a scary thought. What business did a Jew have attending the services of other faiths, I asked myself? Was I a traitor to my own tradition? Would I face scorn from members of the church? Was it even safe to walk inside? Catastrophic fantasies arose: I enter a church service in progress, the service comes to an abrupt halt, a silence follows as members slowly turn around in unison, pointing their fingers accusingly at me, and shouting “Jew, Jew.” But I went ahead with my plan anyway.

Going to church was one of the smartest decisions of my life. Large, small, black, white, conservative, liberal, Catholic, Protestant, Greek Orthodox—the churches welcomed me, educated me, and challenged me. In the process, I came face to face with my own deep-seated religious stereotypes. In contrast to my preconceptions, I found beauty and power in diverse religious traditions: the deep expressions of emotion in religious testimony, the religious support offered by clergy and members to fellow congregants going through hard times, the transformations people experienced as they took communion. I discovered that I was able to learn from other traditions while remaining true to my own. In fact, my experiences with other faiths enriched rather than diminished my appreciation for Judaism. Today, I continue my process of learning through readings, conversations, visits to different congregations, teaching, research, and clinical practice.

Out of this background of experiences, I have arrived at some basic be-



liefs. These beliefs are not provable or disprovable; they are pretty well fixed. But they certainly shape my way of looking at the world. Let me highlight a few of my beliefs that have special relevance to this book.

I was a small, slow-growing child. Concerned about me, my mother took me to my pediatrician. He checked me over and announced, “Well, he’s healthy, but he’ll never be a football player.” My pediatrician was right. Much as I loved sports, I was never to be a football player (nor any other type of athlete). Genetics, biology, and the environment certainly limit our possibilities. Even so, powerful as they are, these forces do not limit all possibilities. People are more than reactive. We are also active, volitional beings who strive toward any number of imagined futures. In this process, we are constantly choosing. Choices come in a variety of shapes and sizes: well-thought-out choices that emerge from a judicious weighing of values, goals, pros, cons, and potential consequences; automatic choices that take place with little conscious consideration; and foolish choices that seem to defy logic or reason.

Each of us, I believe, has the capacity to choose and this capacity creates the opportunity to live many possible lives. To take it one step further, I believe each of us has the capacity to commit good or bad acts at any time. The individual who has led a decent life can slip up and, in a single moment, cross a moral and ethical line that destroys the work of a lifetime. Conversely, the individual who has been a source of terrible misery and pain to others and him- or herself can reach a turning point and take a dramatically new and more fulfilling direction. When I speak of good and bad, I am not thinking of a singular trait, action, or quality. I believe the good life has to do with the way we balance and integrate varied and, at times, conflicting visions, desires, pressures, and constraints. What matters is how we put it all together.

Finally, I believe in God. God has never spoken directly to me, as far as I know. My belief in God comes secondhand. It grows out of experiences in which I have sensed larger forces at play in the universe. These experiences have been elicited by a number of triggers: something majestic (my first glimpse into the Grand Canyon), a wondrous human creation (Mozart’s *Symphony No. 40*), a personal encounter (my work with Alice)—to name just a few. In these moments, I feel I have encountered something sacred, something transcendent, paradoxically set apart from and yet a part of ordinary life. These experiences are, I believe, manifestations of God in the concrete world.

Of course, mine is not the only way to understand God. Nor is mine the only pathway to the divine. There are, I believe, many worthwhile spiritual roads and destinations. What they share is a concern for things sacred. I believe that whatever its form, the search for the sacred in life is the most distinctively human of all pursuits.

We have good reasons, then, to turn our attention to spirituality, to

learn more about it, and to address it as a significant dimension of the lives of our clients. It is time to begin.

In the first half of this book, I suggest a way to think about spirituality. Specifically, I offer a definition of spirituality and introduce readers to the way spirituality works as a natural part of life. Spirituality is not defined as “inherently good.” I emphasize the idea that spirituality can lead toward growth or decline. To evaluate the strengths and weaknesses of various approaches to spirituality, I present a framework that centers on the concept of spiritual integration. Building on this understanding, I then shift to how the therapist addresses spirituality in psychotherapy in the second portion of the book, focusing specifically on the challenges of assessment and intervention in the spiritual domain.