

**TRAUMA, SPIRITUALITY AND RECOVERY:
TOWARD A SPIRITUALLY-INTEGRATED
PSYCHOTHERAPY**

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PROLOGUE

Over the course of my professional career as a clinical psychologist, in the capacities of researcher, psychotherapist and consultant, I have had occasion to work with many traumatized individuals, children, families and communities. Whether it was following the aftermath of natural disasters like Hurricane Katrina; acts of violence (Sept 11, 2001 terrorist attacks, the Oklahoma city bombing, or the Columbine school shooting); with Native populations in the U.S. and Canada who have been victims of intergenerational trauma and child sexual abuse; or with many psychiatric patients who have been traumatized, one common finding emerges. Each has a “story” to tell.

I have written about the features of their “stories” or the personal and group narratives, and accompanying coping efforts. I have considered the factors that distinguish those victimized individuals who evidence chronic, persistent adjustment difficulties and long-term Post Traumatic Stress Disorder (and often with accompanying comorbid psychiatric and physical disorders) versus the larger percentage of victimized individuals who manifest resilience, and in some instance, evidence posttraumatic growth. (See Meichenbaum 1994, 2000, 2006a, b) for a discussion of this **Constructive Narrative Perspective of trauma and recovery**.

The present **handout** is designed to consider the nature and impact of trauma exposure when the **victim’s narrative is spiritual in nature**. The major way that folks in North America cope with trauma is by means of turning to prayer and religion. For many people, their spirituality and faith are central to their personal and group identity and influence the ways they cope with traumatic events.

This **handout** will consider:

- 1. the role of spirituality in the healing process;**
- 2. the relationships between trauma, spirituality and recovery;**
- 3. how psychotherapists can assess the role of spirituality in their clients;**
- 4. how spirituality can be integrated into psychotherapeutic interventions.**

I recognize that under some conditions an individual’s or group’s religious activities, as well as the form of the faith-based interventions can interfere with, exacerbate and undermine the adaptive coping and the healing processes. For instance, spiritual beliefs can interfere with medical health-seeking behaviors, even when indicated; or religious beliefs can reinforce prejudicial stereotypes and contribute to intolerance (e.g., shunning, exclusion, and even violence). Certain forms of “spiritual struggles” can contribute to higher levels of distress, especially if God is viewed as being “punitive, vengeful and withholding.” Personal distress can increase when individuals use prayer as a form of pleading, or as a means of awaiting God’s interceding, resulting in avoidant and delay-

seeking behaviors. The attribution of stressful events to “the devil” or some form of demonization, has been found to be associated with higher levels of distress. In contrast, a collaborative and self-directive prayerful stance has been found to be a more adaptive form of coping (Dyson et al., 1997; Koenig et al., 2001; Miller & Martin, 1988). Finally, helpers who view behavioral distress and mental disorders as “spiritual deficits,” reflecting the absence of faith, may challenge and encourage their clients to engage in varied religious activities (e.g., pray harder or attend religious services). Spiritually-oriented healers must be cautious not to overlook the nature of the client’s distress and degree of psychopathology that may require careful assessment and psychotherapeutic interventions.

How psychotherapists and other helpers can mobilize and nurture helpful spiritual activities is the focus of this **handout**. The need to do so is highlighted by the high incidence of religious and spiritual beliefs held in North American communities and by the widespread use of religious rituals and faith-based interventions following the aftermath of traumatic events.

I. EVIDENCE OF RELIGIOSITY/SPIRITUALITY

Americans are a very religious and faith-based community. The following statistics offered by Pargament (2007) and reported in the National Opinion Research Center's General Social Survey (Schott 2007), attest to the central role of religiosity.

- Over 90% of Americans believe in God or in a higher power;
- 60% belong to a local religious group;
- 60% think that religious matters are important or very important in how they conduct their lives;
- 40% attend religious services almost weekly or more;
- 80% are interested in "growing spiritually"

To these numbers on the importance of religion and spirituality in the American citizenry, Pargament adds (*The following statistics offered by the General Social Survey and by Pargament (2007) and Thoresen and Plante (2007)*):

- 30% of adults in U.S. pray daily and 80% pray when faced with a serious problem or crisis;
- 64% report that they read the Bible or other inspirational literature on a regular basis;
- 70% believe in some form of afterlife;
- 45% report that they definitely believe in the devil and another 20% state they probably do;
- 43%-60% of people who have emotional problems turn first to their clergy for help.

In considering these statistics it is important not to confuse spirituality and religion. Not everyone who reports being spiritual considers themselves religious and not all who are religious consider themselves spiritual. **Spirituality** refers to an attempt to seek meaning, purpose and a direction of life in relation to a higher power, universal spirit or God. Spirituality reflects a search for the sacred. The word **spirituality** is derived from the Latin word **spirale** which means **to blow or to breathe**. The Hebrew word "Ruach" and the Greek word "Pneuma" convey a similar meaning. Thus, spirituality denotes giving breath and hope to individuals, families and communities.

In contrast, **religion** refers to a form of social institution with its accompanying beliefs, practices, symbols and rituals. Viktor Frankl provided the definition that religion reflects a belief in a "final meaning."

II. TRAUMA, SPIRITUALITY AND RECOVERY

Religion can play a significant role in helping people to cope with stress or to protect against stress. For many, if not most, when disaster or trauma strikes, it is religion, ritual and faith/spirituality that is embraced as a central means of coping (Bergin, 1983; Gartner et al., 1991; Meichenbaum, 1994). Consider the following examples:

- A National survey conducted by Schuster et al. (2001) found that after the terrorist attacks of September 11, 2001, 90% of Americans reported that they turned to prayer, religions or some form of spiritual activity with loved ones in an effort to cope;
- Following Hurricane Katrina, 92% of those who survived and who were evacuated to shelters in Houston said that their faith played an important role in helping them get through (www.kff.org/newsmedia/7401.cfm);
- When a tornado struck a small southern town in Piedmont Alabama, destroying a church filled with parishioners and killing several children, including the minister's four-year-old daughter, the survivors struggled with such questions as "Why? Why a church? Why those little children? Why? Why? Why?" The minister and parishioners commented that while:

"Their faith is shaken, it is not the same as losing it. Events like this only strengthen our faith... Our faith is an anchor in a turbulent sea... Those who die inside a church will find the gates of heaven open wide.... As long as we have faith, we are strong. No matter how dark it is, if I have faith, I have a song in the night.... Our beliefs are trembled and bent, but they did not break.... There is no reason. Our faith is not determined by reason. Our faith is undergirded by belief, where there is no reason."
(Meichenbaum, 1994, p545)

Many other examples could be offered of how victims who have experienced natural and man-made traumatic events have used their religious beliefs, faith and spiritual means of coping. A most poignant account is offered by Pargament (2007) who describes how prisoners in concentration camps secretly continued engaging in religious activities. Elie Weisel (1965) in his book *Night* describes how God was put on trial by the prisoners of a concentration camp. They found God guilty as charged, but then the prisoners went on to pray anyway.

Another example is offered by McIntosh, Silver and Wortman (1993) who found that religious parents coped better with infant death than nonreligious parents. McIntosh et al. proposed that such better coping was mediated through social support, cognitive processes and the ability to find meaning.

III. FUNCTIONS OF SPIRITUAL RITUALS

Several major meta-analytic reviews have been conducted that demonstrate that individuals who use religious and spiritual coping efforts demonstrate greater physical and emotional well-being (Ano & Vasconcelles, 2005; Gall et al., 2005; Miller & Kelley, 2005; Pargament, 2007). Religious coping has been found to have a significant association with a variety of adjustment indicators including lower levels of depression and alcohol consumption, fewer somatic complaints, fewer interpersonal problems, lower mortality, and greater levels of life satisfaction, more use of social supports and overall improved coping ability.

There has been much discussion about what are the mechanisms and processes that contribute to the benefits of engaging in religious and spiritual acts (Cacioppo et al., 2005; Davis et al., 2000; Falselti et al., 2003; Gall et al., 2005; Koenig et al., 2001; Meichenbaum, 1994; Pargament, 2007; Pennebaker, 1997; Snyder, 2002; Spilka et al., 2003). The proposed mechanisms include the following:

1. Individuals who have been victimized often describe themselves in negative self-disdaining terms that can become self-fulfilling prophecies. As a result of experiencing this traumatic event, victims may convey that they feel:

“dirty, contaminated, desecrated, polluted, worthless, stupid, emptied, as if I fell into a bottomless pit”

“I’m dead inside. I am an emotional orphan. Feel stagnated. I am carrying too many battle scars.”

“I feel this is God’s punishment for my sins. God has abandoned me. I am all alone, a burden to others.”

Such expressions of feeling permanently scared and damaged and mentally defeated contribute to the absence of the ability to engage in mental planning and adaptive coping. Ehlers and Clark (2000) highlight that traumatized individuals who evidence persistent PTSD have an inability to develop a coherent recounting (narrative) of trauma experiences.

One outcome of engaging in spiritual coping activities is to reduce the likelihood of victimized individuals engaging in such “negative, self-disparaging, stress-engendering” story-telling to oneself and to others. One’s faith and participation in religious rituals give a person a sense of being loved and valued, exactly as one is, despite a person’s self-image as being “damaged, sinful, abused and abandoned.” As I have discussed elsewhere (Meichenbaum, 2006a, b), a major goal of interventions is to help individuals engage in **non-negative thinking** and

develop a coherent narrative. How do spiritually-based activities help to accomplish this goal? Spiritual and religious activities can act to:

2. Normalize reactions and internal spiritual struggles.
3. Encourage emotional expression, emotional control and emotional comfort by fostering self-disclosure and sharing. (*Pennebaker, 1997 has highlighted the benefits of “opening up” and sharing accounts of trauma, instead of keeping them “secret.”*)

A number of observers have discussed the relationship between emotion regulation and religion (see Corrigan et al., 2000; Emmons, 2005; Pizarro & Salovey, 2002; Nhaat, 2001; Watts, 2007). Religious practices such as a) prayer which is an exercise in religious reframing, b) meditation and mindfulness activities that can reduce arousal; c) acceptance and forgiveness activities that control negative emotions like anger, guilt and shame, as well as nurture empathy, have each been found to help individuals cope with trauma.

4. Convey a sense of “control” and “mastery” that helps people feel that they are not mere victims of arbitrary events in which “bad thing happen to good people” or that “good things happen to bad people.” A belief in a “higher power” who is perceived as being in control implies less arbitrariness in what happens.
5. Foster social connectedness with fellow congregants, clergy and with a higher power or deity. Participation in a faith community can help a victim find ways to create blessings from his/her tragedy. This is not to minimize the tragedy or make it seem salutary or beneficial. Rather, through such activities as sharing one’s story with others and/or ministering to others who face a similar situation, one has the opportunity to see that blessings can come from hardship and adversities. (*Cacioppo et al., 2005 have reviewed the research literature that sociality, spirituality and meaning-making are central features of human beings and that relational and collective connectedness combat feelings of isolation and loneliness and that they are critical to the healing process. Socially connected individuals are more likely to meet the demands of everyday stressors by means of active coping and by recruiting help from others.*)

6. Promote group cohesiveness, connection and a sense of communion, both with the past and the present.

As Cacioppo et al., 2005 also observe, “***socially connected individuals are more likely to behave in a selfless fashion reinforcing their connections to others and enhancing their self-esteem. Socially isolated individuals are more likely to act in a socially protective and self-deflating manner. Social isolation and accompanying loneliness can have negative physiological consequences (increasing sympathetic activation and contribute to sleep disturbances that can exacerbate stressful reactions).***”

To underscore Cacioppo et al.’s point, Ano & Vasconelles (2005) and Pargament (2007) have reviewed the literature on the significant health benefits and mental and spiritual well-being associated with the use of spiritual coping efforts. They report that such spiritual coping is particularly helpful for people with poorer and less available personal and social resources who live in trying situations and who are more likely to be members of minority groups, the elderly, less educated and of lower socioeconomic status and who feel insecure and isolated.

The importance of religiosity, as reflected by church attendance, has been found to act as a buffer or protective factor against the development of adolescent juvenile delinquency developing, even when such youth live in a highly disordered neighborhood. Such a commitment to religious beliefs and practices has been found to reduce the likelihood of antisocial behaviors (Johnson et al., 2001).

7. Provide opportunities for public expressions of shared grief and mutual support and reassurances that victims’ sacrifices and lives will be remembered, honored and commemorated. As Elie Weisel (1960) observed:

“I belong to a people whose suffering is the most ancient in the world. I belong to a people whose memory keeps the suffering alive. Just as all days were created for one day alone, the Sabbath, all other words were created and given for one word alone. Remember!”

Traumatic memories are not obstacles to be obliterated, removed, escaped from (for these efforts will fail), but these memories are a bridge from the past to the present and the future. Memories are not to be forgotten, but to be contained and sanctified. Jeffrey Jay (1994), in a thoughtful article, “Walls for wailing,” highlights the need for traumatized individuals to “**move toward memory**,” rather than “move beyond memory.” Thou shalt remember, thou shalt seek an accounting! Jay also advises:

“One must have the courage of memory because through it, one can seek God.”

Discussed below are additional metaphors offered by Jay and others on how psychotherapists can incorporate spirituality into their practice.

8. Offer a degree of closure on a painful period and encourage transition behaviors to engage in new adaptive activities and nurture hope. As Snyder (2002) observes: ***there is a need to nurture hope and optimism that leads to engaging in goal-directed behaviors and embracing positive strivings and visions. Encourage access to inner strengths, empowerment, control and acceptance.*** One’s faith conveys hope and sense of mastery. The people can have some control over their lives, hope that they can find a way to give their experience some meaning, and hope that in spite of tragic events, life is not over and can improve.
9. Nurture meaning-making in the face of misfortune. As Gall et al. (2005, pp 95-96) observe:

“If a higher power is perceived to be at work in a stressful event, then the event may be viewed as an opportunity to learn something that this higher power is trying to teach. The event may also serve as a ‘wake-up call’ to take stock of life and rearrange priorities”

Such efforts at meaning-making can provide a sense of relief, comfort, security and belonging. Placing one’s faith and trust in a “just and loving God” can provide traumatized individuals with a “supportive partner” and a “personal confidant.” It can help preserve a belief in a just world.

10. Provide guidance in the form of coping models. The Bible, the Torah, the Koran and other holy scriptures can be viewed as “inspirational self-help books,” providing a framework to cope with stress.

The use of these spiritual forms of coping may prove most helpful for handling those aspects of stressful situations that cannot be personally controlled, nor changed, and that are not amenable to direct-action problem-solving coping efforts. A good example of these mechanisms is offered by Rabbi Harold S. Kushner in his 1981 book, When Bad Things Happen to Good People.

**Quotable Quotes from Harold S. Kushner's
"When Bad Things Happen To Good People"
New York: Schocken Books, 1981**

"The first thing prayer does for us is put us in touch with other people, people who share the same concerns, values and dreams." (p. 199)

"Prayer reminds us that we are part of a community." (p. 120) "Prayer ... redeems people from isolation." (p. 121)

"If you don't believe in God, why do you go to synagogue so regularly? ... Jews go to synagogue for all sorts of reasons. My friend Garfinkle, who is Orthodox goes to talk to God. I go to talk to Garfinkle." (p. 122)

"They pray as a way of talking out their fears without the embarrassment of having to say them out loud, and as a reassurance that they are not alone." (p. 128)

"In your desperation, you opened your heart in prayer, and what happened? You didn't get a miracle to avert a tragedy. But you discovered people around you, and God beside you, and strength within you to help you survive the tragedy. I offer that as an example of a prayer being answered." (p. 131)

"The most anyone promised us was that we would be able to draw upon a source outside ourselves for the strength and courage we would need to survive life's tragedies and life's unfairness." (p. 133)

"The question we should be asking is not, why did this happen to me? What did I do to deserve this? That is really an unanswerable, pointless question. A better question would be, 'Now that this has happened to me, what am I going to do about it?'" (p. 136, emphasis added)

"We need to get over the questions that focus on the past and on the pain – 'Why did this happen to me' and ask instead the question which opens the doors for the future, 'Now that this has happened, what shall I do about it?'" (p. 137, emphasis added)

"There is one thing we can still do for those we loved and lost. We could not keep them alive. Perhaps, we could not even significantly lessen their pain. But the one crucial thing that we can do for them after their death is let them be witnesses for God and for life. The dead depend on us for their redemption and their immortality." (p. 138, emphasis added)

“There is a need to see the tragedy in the context of a whole life, keeping one’s eye and mind on what has enriched you and not only on what you have lost.” (p. 139)

“Human beings are God’s language.” (p. 140)

“I would say that God may not prevent the calamity, but He gives us strength and the perseverance to overcome it.” (p. 141)

“Doesn’t God plant in me a little bit of his own divine outrage at injustice and oppression, just as he did for the prophets in the Bible? ... Our responding to life’s unfairness with sympathy and with righteous indignation, God’s compassion and God’s anger working through us, may be the surest proof of all of God’s reality.” (p. 143)

“In the final analysis, the question of why bad things happen to good people translates itself into some very different questions, no longer asking why something happened, but asking how we will respond, what we intend to do now that it has happened.” (p. 147)

“The ability to forgive and the ability to love are the weapons God has given us to enable us to live fully, bravely and meaningfully in this less-than-perfect world. (p. 148, emphasis added)

IV. ASSESSMENT OF SPIRITUALITY

How can therapists and other helpers determine the role spirituality plays in an individual's, family's and community's coping repertoire?

Psychotherapists have used a variety of assessment approaches to tap their client's spiritual and religious orientation and behaviors. These are discussed in some detail by Hodge (2001), Hill and Pargament (2003), Koenig et al. (2001), Lovinger (1996), Pargament (2007) and Tisdale (2003). When conducting an assessment of the client's spirituality, it is important for psychotherapists to keep in mind that, as Watts (2007, p. 507) observed, "Severe stress can push people to extremes in their view of religion as a way of coping. Some people who are not normally religious turn to religion under severe stress to cope. Other people, under severe stress may abandon or turn against religious beliefs and forsake their spirituality. This is especially possible if their religious beliefs were never strong to begin with." Whenever conducting spiritual assessments, psychotherapists need to be respectful and supportive of their client's current beliefs.

The assessment approaches may include:

- 1) **Clinical Interview.**
- 2) **Self-report Scales.**
- 3) **Assessment of developmental and current influences and social supports in the form of a Spiritual Genogram or having the client write a Spiritual Autobiography using a timeline.**
- 4) **Current self-monitoring and journal writing of personal striving, religious activities and behaviors.**

Clinical Interview

Psychotherapist can ask directly about spirituality in the form of a series of open-ended questions and can then supplement the interview with various Self-report Scales to probe further about the role spiritual activities play. Consider the following illustrative questions:

Let me ask what happened. (The therapist should probe about the traumatic experience, allowing the client to tell his/her story at own pace. The psychotherapist should listen for any instances of how the client used prayer or other forms of spirituality as a means of surviving or coping. The therapist can then ask the client about how such praying helped and explore the general role of spirituality in the client's life.)

How important is religion (or your faith) in your life?

How often do you attend religious services and engage in religious activities (prayer, Bible reading, etc)?

How do you (and your family) go about coping with stress?

Have you been able to make sense of, or find any meaning in what happened to you? (Be specific in noting the loss or trauma-death of X, destruction of your home, relationship with Y)?

Has your religion or faith helped you to cope with or handle the emotional aftermath of what you have been through?

Do you see any possible ways that your faith (religious beliefs) could be of help?

Have you ever wondered, “why me?” “why now?”

Have you struggled to make sense of ...? What answers, if any, have you come to?

Was it as bad as it could have been?

Has anything good come out of this event?

Do you see God’s grace in the midst of this tragedy?

To what extent are you able to put this behind you?

What advice, if any, would you have for someone who finds him/herself in a similar situation?

In addition, Pargament (2007) suggests that psychotherapists can conduct an initial spiritual assessment of their clients by asking questions such as:

Do you see yourself as a religious or spiritual person? If so, in what way?

Are you affiliated with a religious or spiritual denomination or community? If so, which one?

Has your problem (or experience - be specific) affected you religiously or spiritually? If so, in what way?

Has your religion or spirituality been involved in the way you have coped with your problem (situation)? If so, in what way?

It seems that there is a spiritual dimension to your problem, is that correct?

It sounds like your faith (religion, spirituality) may be a potential resource in dealing with your problem (situation), is that true?

How would you feel about exploring the spiritual side of your situation?

Griffith and Griffith (2002) and Pargament (2007) discuss how to talk with people about their spiritual lives and they suggest using “psycho-spiritual language,” exploring the client’s views about courage, peace, purpose in life, that frequently leads into a consideration of the client’s notions about faith and spirituality. For instance, consider the following questions:

When you are afraid or in pain, how do you find comfort and solace?

What sustains you in the midst of your troubles?

From what sources do you draw the strength and courage to go on?

What are the deepest questions your situation has raised for you?

How has this situation shaken your faith?

When in your life have you experienced forgiveness?

What legacy would you like to leave behind in your life?

Self-Report Instruments

Pargament(2007) reviews 26 self-report instruments designed to assess the clients’ spirituality and religious behaviors. These varied measures are designed to assess the client’s:

- 1) spiritual development and influences across his/her life-span and current network of social supports;
- 2) religious orientation and activities, spiritual strivings, experiences and sense of spiritual well-being;
- 3) methods of spiritual coping;
- 4) spiritual “struggles,” doubts and conflicts.

There are distinct spiritual assessment inventories for Christians, Jews and Hindu. The following is an illustration of some of the many types of self-report measures of spirituality.

Illustrative Measures Of Religious Behaviors And Spirituality

Religious Coping Index	Koenig et al., 1992
RCOPE	Pargament et al., 2000
Spiritual Well-being Scale	Ellison, 1983
Religious Problem-Solving Scale	Pargament et al., 1988
God Locus of Health Control Scale	Wallston et al., 1999
Faith Situations Questionnaire	Hathaway et al., 2003
Cultural and Family Genograms	Hardy & Laszloffy, 1995

V. TYPES OF SPIRITUAL COPING ACTIVITIES

Pargament and his colleagues (1990) and Gall and colleagues (2005) have enumerated the variety of **spiritual coping activities** that individuals may engage in. These include;

- a) Engaging in spiritually-based activities (Use prayer and participate in religious workshops; participate in formal religious rituals; read and study scriptures; practice sacramental confession);
- b) Feeling strengthened (Having trust and hope in a higher power; saying grace - thank God for your survival and what one has left; believe you survived for a purpose). Recognize your Divine self-worth and examine your personal life purpose and mission.
- c) Calling upon forgiveness (Use acceptance strategies; see self as having limited ability to understand the entirety of such events and thus need not continue searching for reasons and discontinue asking “why” questions for which there are no answers. Engage in “non-negative” thinking.)
- d) Performing spiritual acts (Do good deeds, help others, engage in volunteer activities; make contributions to faith communities and to helping agencies; meditate, introspect, use spiritual-guided imagery, fasting, drumming, chanting, go on a spiritual retreat; connect with nature and all living things – enjoy nature, gardening; lead a “good life”). For example, Hinton et al (2006) provides an example of how to treat survival guilt in Buddhist clients, by having them participate in religious activities such as “merit making” in the form of good deeds. It is believed that the earned merit promotes a good rebirth for the deceased and good luck for the merit maker.
- e) Seeking religious support (Attend religious services and ceremonies; watch religious television, listen to religious radio programs and religious music; believe in afterlife and reincarnation; call upon the clergy and have a sense of belonging to a community and a sense of continuity with past groups). View traumatic events as a way of bringing individuals together.
- f) Constructing meaning (Out of suffering seek significance in the event – a kind of God’s “wake-up” call; make benign attributions and find remaining benefits; generate a list of aspects of one’s life that you are grateful for; reprioritize, determine that the event is less central to one’s life than originally perceived; make a “gift” of one’s suffering to others – “lessons learned” to be passed on; reappraise original situations as not being all that “bad”).
- g) Pleading with God
- h) Engaging in avoidant coping efforts

i) Viewing traumatic events from a punitive perspective

It is the latter three forms of religious coping activities (pleading, engaging in avoidant behaviors and adopting a punitive stance) that most readily interfere with the healing process.

Further Examples of Spiritual Coping Activities

The following are examples offered by religious/spiritual people in coping with traumatic and stressful events. These, spiritual coping effects activities will vary across religious groups and also vary in their adaptive benefits (see Gall et al .2005; Pargament 2007; Pargament et al, 1990; and Worthington, 1998)

Faith-based beliefs to cope

- *I believe in a just and benevolent God. I Look to God for emotional strength and trust that God would not let anything terrible happen to me. I trusted the Lord to help me.*
- *I realized that I didn't have to suffer since Jesus suffered for me.*
- *I use Christ as an example of how I should live. I took control over what I could do and gave the rest up to God.*
- *My faith showed me different ways to handle the problem.*
- *I accept that the situation was not in my hands, but in the hands of God.*
- *I experience God's love and care.*
- *God is greater than evil and God can use this for His good purposes.*
- *I let the Holy Spirit use me or use others as an instrument to accomplish God's work of healing and forgiveness.*
- *We are not perfect and God loves us. God would never discard us.*
- *This is part of God's plan. I am along for the ride.*
- *What sustains me is my belief in an afterlife.*
- *I am open to and trust in the eventual discovery of meaning and solutions to life's problems.*

- *I am guided by my religious beliefs.*

Engage in Purification and Religious Activities

- *I engage in ritual sacrifice and cleansing ceremonies.*
- *I participate in atonement activities.*
- *I go to spiritual confession.*
- *I engage in religious activities (e.g., pray before meals, light Sabbath candles, daily affirmations, renew our wedding vows, participate in transitional faith-based activities birth, marriage, coming of age, grief bereavement activities and rituals).*
- *I seek a new, higher purpose in life.*
- *I do what I can and I leave the rest in God's hands.*
- *I work together with God as partners in problem-solving.*

Feel Strengthened as a Result of Having Endured and Survived

- *This is God's way of testing me (us). Testing our faith. This is a spiritual "wake-up call" from God. God speaks to us through pain. God has his reasons.*
- *This is God's way to see if you are going to stay true to what you believe and stay faithful.*
- *I use my strengths in a new way.*
- *I feel purified by this crisis.*
- *This is God's way of teaching us about the preciousness of life.*
- *I look to God for strength, support and guidance.*
- *I bear witness, publish memoirs, engage in commemorative ceremonies, take political actions.*

Call Upon Forgiveness

- *Jesus died so that I might have forgiveness.*
- *If God forgives us and can cast away our sins totally, why couldn't I just forgive and forget?*
- *I have more compassion for others and for myself.*

Perform Good Deeds

- *I try to be less sinful.*
- *I lead a more loving life. I try to love morally and ethically.*
- *I provide help to others. I engage in acts of kindness and compassion toward others.*
- *I show my gratitude to others in my life.*
- *I help inspire and teach others. I try to make the world a better place.*
- *I engage in an educational mission. I make a "gift" of my experiences and what I did to survive.*

Call upon Religious Supports

- *I seek support from clergy and/or from other members of the congregation. I participate in healing groups and devotional activities.*
- *I play my religious music and it lifts my spirits.*
- *I sing in the church choir.*
- *I watch religious television.*
- *I study the Bible and other sacred texts.*
- *I meditate regularly.*

Plead

- *I asked for a miracle, requested divine intervention.*
- *I bargained with God to make things better.*
- *I asked God why it happened.*

Engage in Avoidant Coping Efforts

- *I try not to think about it.*
- *I keep my feelings to myself.*
- *I avoid being with other people.*
- *I pray (or wish) for a solution and pray that the problem would just go away. I wish for a miracle.*
- *I focus on the world to come, rather than on the problems of this world.*
- *I let God solve my problems for me.*

View Events from a Punitive Perspective

- *This is a punishment from God for our sins.*
- *God is all powerful and controlling and at times punitive.*
- *I feel God has abandoned me.*
- *I think the devil is behind this.*
- *I have doubts about my faith because God let me down.*
- *The Son and the Holy spirit I can accept, but I will never accept God. He could have prevented all of this. I see no reason.*
- *I am too angry with God to accept my faith anymore.*

VI. INTEGRATION OF SPIRITUALITY AND PSYCHOTHERAPY

How can therapists (helpers) incorporate spiritual faith-based activities into their treatment?

A number of authors have offered specific suggestions on how to integrate spiritually-oriented psychotherapeutic interventions and. See Griffith and Griffith (2002), Miller (1999), Miller and Martin (1998), Pargament et al (1992), Propst (1987) and Richards and Bergin (1997, 2000). In addition, Pargament (2007) has summarized a number of **Manualized Treatments** that provide between 4 to 10 sessions of individual and group spiritually-oriented interventions for individuals with such diverse clinical problems as HIV/AIDS, eating and addictive disorders, social anxiety and depression, medical illnesses, as well as victims of sexual abuse and divorced couples. These programs employ several spiritually-oriented interventions including prayer, meditation, spiritual visualization, reframing, support, journaling, scripture reading, purification rituals, forgiveness activities and encouraging spiritual virtues such as sharing, empathy, gratitude and appreciation.

These spiritually-oriented manualized psychotherapeutic interventions go under such names as Lighting the Way (Pargament et al., 2007); Recreating Your Life (Cole and Pargament, 1998); Spiritual Renewal (Richards et al., 2000); Sacred Moments (McCorkle et al., 2005); Coping with Divorce (Rye & Pargament, 2005); Becoming a More Forgiving Christian (Worthington, 2005), From Vice to Virtue (Ano, 2005); Solace for the Soul (Murray, Swank & Pargament, 2005); and Spiritual Self-Schema Therapy (Avants et al., 2005). The most widespread example of a spiritually-oriented intervention is 12 Step Program that remind participants to employ the **Serenity Prayer**:

“God, give me the grace to accept with serenity the things that cannot be changed, courage to change the things which should be changed, and the wisdom to distinguish one from the other.”

Each of these spiritually-oriented interventions need to be conducted in a sensitive respectful, collaborative fashion, soliciting the client’s feedback throughout. The therapist needs to follow the lead of the client by asking reflective questioning. It is critical that the therapist does not impose his/her spiritual views on the client. Even if the psychotherapist is an agnostic or an atheist, the task is to help the client use the spiritual and other coping tools that he/she brings to the psychotherapy.

The following is a list of spiritually-oriented interventions that psychotherapists have incorporated into their treatment. In each instance, there is a need to implement them only with the permission of the client and with his/her collaboration. As noted, the psychotherapist needs to actively solicit the client’s feedback on each intervention and relate these spiritually-based activities to the client’s treatment goals. The psychotherapist and the client need to consider together **how engaging in each of these spiritually-oriented activities will help the client achieve his/her treatment goals.**

The psychotherapist and the client can address the following questions and relate the psychotherapeutic and spiritually-based interventions to the various treatment goals. The formulation of achievable goals nurtures “hope.” The psychotherapist can ask:

“How are things today and how would you like them to be? What can we (the therapist and the client) do to get them that way? What have you tried in the past? What has worked and what hasn’t worked? What obstacles or barriers have gotten in the way? How will using these spiritual activities help you achieve these goals? How could we tell if you (the client) are making progress? What would change? What would people notice? What barriers or obstacles might get in the way of these changes? What can be done to anticipate and address these potential barriers?”

In addition to collaborative goal-setting, the psychotherapist has an array of alternative ways to incorporate spiritually-oriented activities into the treatment program. These include:

- Systematically assess for the client’s religious beliefs and activities and determine how faith and spirituality have been used as a coping activity (See Pargament et al., 1988)
- Refer to scripture or use religious metaphors as teaching examples (See Meichenbaum, 1994 for a comparison of Job versus King David).
- Pray with the client in the session.
- Pray for the client.
- Use religiously-based imagery, visualization and healing remembrance activities. For example, Propst (1996) has clients visualize a divine presence at their side providing encouragement. Guido (2001) holds healing remembrance activities involving religious services, sermons, homilies and prayers that speak of redemption.
- Train clients in mindfulness and acceptance skills of learning how to develop a detached, nonjudgmental observing style that focuses attention on experiencing in the present moment. Train clients on how to witness and accept, rather than avoid and interpret. Psychotherapists use varied metaphors to describe these mindfulness skills.

“It is like floating on a raft in the ocean and you are absorbing the warmth of the sun, noticing and accepting the rolling waves you are feeling under your floating raft.”

“Think of your mind as a conveyor belt, watching thoughts and feelings that flow by without evaluating them, nor having to change them in any way.”

“It is like watching clouds go by.”

“In the same way you do not believe everything you read in a newspaper, you don’t have to believe every thought that you have.”

- There is evidence that people who have trained to achieve mindfulness are better attuned to their emotions, have greater capacity for self-regulation, and have a higher sense of well-being (Brown & Ryan, 2003). See Baer (2003), Gerner et al. (2005), Hayes et al (1999, 2005), Kabat-Zinn (2003), and Segal et al (2002), for a discussion of how mindfulness activities can be integrated into spiritually-oriented psychotherapeutic interventions.
- Use religious methods in a culturally-sensitive fashion. For example, with Native American populations, Silver and Wilson (1988) have described how healing and purification ceremonies such as a Sweat Lodge ceremony, chanting, drumming, and sharing have been used to treat individuals experiencing combat stress reactions and PTSD.
- Explore whether the client wishes to engage in religious activities of prayer, attending religious services, meditation, Bible reading, rituals, confession, repentance, engage in candle light vigils or play religious music.
- Encourage the client to engage in **forgiveness activities** of oneself, others and God (see Worthington’s 1998 Pyramid Model of Forgiveness.). When considering forgiveness, there is a need to draw a distinction between forgiveness and justice. One can forgive in order to be freed from the burdens of anger, revenge and despair. Forgiveness is beneficial for the victim, as well as the perpetrator, and it does not mean that justice cannot and should not be served.
- Worthington (2005) proposes that both human and divine forgiveness depends on empathic identification with the transgressor as a form of releasing oneself, or giving oneself permission, to give up anger and vengeance. An illustration of this approach was offered by Johnson (2001). He recommended that psychotherapist could comment to the client.

“Yes, your religion teaches us..., but correct me if I am wrong, it also teaches us...”

“Is there nothing in your religion which teaches that humans can make mistakes? Is mistake-making part of human nature?”

People can be forgiven and redeemed for their mistakes. Is that part of Jesus' message?"

"According to your religion, wouldn't you say that you are a person who ..., but who is still invited to be forgiven?"

"Jesus made it clear in the Bible that all sins will be forgiven if you seek forgiveness and believe in Him. How is it that you can say you are fallen?"

"What do the prophets say about...?"

"For those who successfully employ forgiveness activities, they often report that 'a weight has been lifted from their shoulders'; 'a toxic source is now gone from within them'; 'God has worked through me to serve others and give up anger'."

When considering such forgiveness activities it is critical to keep in mind that forgiveness is not equally valued by all. Forgiveness is more difficult when severe hurt is involved. The client may misperceive the request for forgiveness as the minimization of brutality.

- Provide the client with religious materials to read or use religious bibliotherapy or guide the patient to religiously-based websites (e.g., Frankl 1963; Kushner, 1981).
- Encourage clients to participate in religiously-based treatments such as Alcoholics Anonymous.
- Encourage clients to focus on the world to come.
- Talk to the client's pastor, priest, rabbi, Imam, local healer. Invite clergy to be a co-therapist (e.g., see McMinn et al., 1998). This should only be done with the client's permission.
- Therapists can convey their own "spirituality" to their clients. Comment on resilience of humanity, courage of the human spirit, joy in participating in the healing of others, and personal growth. Use a journey metaphor, language of becoming.
- Use the client's faith as a way to come to a resolution, come to terms with events and their implications, search for a meaningful perspective. For example, Yalom (1980) invites clients to write two obituaries of themselves indicating the way they want to be remembered (current way they are living versus ideal way they would like to live). Such existential exercises are designed to have clients reevaluate and reprioritize values and personal strivings.

VII. ADDITIONAL SPIRITUALITY-ORIENTED PSYCHOTHERAPEUTIC INTERVENTIONS

How can therapists use metaphors, analogies and story-telling as a way to help victimized individuals become “unstuck” and reframe events?

Psychotherapists are good “story tellers” and they incorporate metaphors and analogies in their stories in a timely and judicious fashion and in a manner that is personally-relevant to the individual being helped. The psychotherapist can use the client’s experience to select the relevant metaphorical example and spiritual activities that nurture hope and help individuals get “unstuck” from the negative impact of having been victimized. Consider the following examples that therapists can use with clients.

1. “One of the rewards of being a therapist is being able to bear witness. I like to think of myself as a kind of biographer or as a kind of archivist. You know the person who keeps the records of personal growth, the records of personal milestones.” The therapist can offer examples of the individual’s courage and resilience. The therapist can comment on the client’s records and milestones, or better yet, ask the client to suggest what are some of the things that you, the therapist, might have recorded in your therapy notes that documents the client’s resilience and courage. The therapist can comment on being impressed and inspired by the client’s struggles, determination, and successes that he/she has been able to achieve “in spite of”
2. Compare someone who has experienced a traumatic event(s) as being like someone who emigrates to a new land and must build a new life within a new culture from the one left behind (Herman, 1992). Ask the client to apply this analogy to his/her experience.
3. Ask the client if he or she can make a “gift” of his/her experience to others? In what ways?
4. “Crisis means a change in the flow of life. The river flows relentlessly to the sea. When it reaches a point where it is blocked by rocks and debris, it struggles to find ways to continue its path. Would the alternative be to flow backwards? That is what a person in crisis craves, to go back in time. But life doesn’t provide a reverse gear, and the struggle must go forward, like the river, with occasional pauses to tread water and check out where we are heading.” (Kfir, 1989, p. 31)
5. “When the roots of a tree hit a large stone or other obstacle, do they try to shove the stone away or crack it? No. The roots just grow around the obstacle and keep going. The stone may have interrupted or slowed the tree’s growth for a while, but no stone, no matter how large, can stop the tree from growing. (Stone symbolizes obstacles to personal growth.) (Matsakis, 1992, p. 133)

6. Dolan (1991, p. 74-75) tells a story about the Titanic sinking and the Captain's stubborn insistence that nothing was wrong. "Full steam ahead, as if nothing happened, may have actually caused the Titanic to sink faster."
7. As reported by Kingsbury (1992), Milton Erickson compared therapy to a process where clients get by a "log jamming a river." The therapist metaphorically can kick the "right log" and help the client become unstuck so the mass of logs will move.
8. Addictions are a "False God" or a form of misplaced faith that one has embraced and one has to use one's faith to find the "True God."
9. Kfir (1989, p. 38) offers the **Biblical stories of Job and King David** as healing metaphors. This is especially useful with clients for whom the Bible has some psychological presence and who are struggling with "why" questions.

"Consider two biblical figures who suffered tragedies, Job and King David. Job's tragedies were monumental and included the loss of his family and fortune and his bout with leprosy. In the face of these big losses he despaired. (Why?) He could not go on with life unless he understood why those things happened to him.

King David likewise suffered greatly. Persecuted by King Saul for years he fled into the desert. He lost his baby for his sins, lost his most beloved son, Absalom, who led the mob against him, had to give up his dream of rebuilding the Temple as a punishment for the bloodshed, and, in the end, lost his best friend Jonathan. In spite of all that King David was never in crisis. (Why?) He did not ask God for explanations. He took what life dished out to him and went on with living."

10. Kathryn Hanson Carroll (M. Div), a Lutheran Minister, who is on the Board of the Melissa Institute has offered several other examples of how **stories from the Old and New testaments** can be used to comfort, inspire and guide victims of trauma.
 - In Christian circles, individuals can find strength and comfort from the person of Jesus. Victims can be reminded that God identifies with struggle and isolation. For God has had the full range of human experiences through Jesus. This can offer a sense of solidarity with a God who understands and can respond to "brokenness." People may find further comfort and strength in recognizing that Christ loved them enough to die on behalf of them.
 - The letter of Paul to the Philippians reminds people that struggle is part of human experience and that one can survive and find joy, even when imprisoned. The power of hope in suffering can also be found in **Romans 5:1-5**.

- Scripture highlights the sense of being accepted, no matter what one has endured.

Isaiah 43:4 *“Because you are precious in my sight, and honored, and I love you”*

Jeremiah 29:11-13 *“For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give a future with hope. Then when you call upon me and pray to me, I will hear you. When you search for me, you will find me; if you seek me with all of your heart.”*

- The narrative of Joseph, with the culminating verse in **Genesis 50:20**, spoken by Joseph to his brothers, who had sold him into slavery years earlier, underscores that God can use evil for good purposes.

“Don’t you see, you planned evil against me, but God uses these same plans for good.”

The story of Joseph serves to remind victims that ultimate meaning to a negative (or positive) event should not be assigned immediately. It was years before Joseph could see God’s gracious hand active in the negative acts of his brothers. It does not mean that one needs to feel happy about the experience, but it does suggest that good things may stem from it.

- The isolation that some victimized individuals may experience or individuals with illnesses like AIDS, may be compared to the isolation felt by sufferers of leprosy in ancient times. Stories such as Jesus healing the lepers in **Luke 5:12-13** highlight the compassion of God for sufferers.
- The **Book of Psalms** that deals with the full range of human emotions of grief, guilt and anger toward God can be helpful and comforting. These poems can also serve as “permission” to be honest with one’s feelings towards God. They also can give voice to someone struggling for words to describe an emotional state. Examples include **Lamentation Psalms 6, 13, 22; Imprecatory Psalms - 39,109; Penitential Psalms - 51, 130, 143.**

11. Hoyt (1994) describes how a ritual can be used to help a victimized client deal with the lingering impact of an abusive father. The psychotherapist helped the client to become “emotionally divorced” from her abusive father by engaging in a ritualized spiritual ceremony. With the help of her husband, the client read a prepared biographical statement, played carefully selected music, and then burned

her father's photograph. A "decree of divorce" was signed and witnessed, followed by a brief celebration. The client felt as if she had completed a "chapter in her life."

12. Jay (1994) reminds victimized individuals that their traumatic memories are not to be forgotten, but rather **contained** and **sanctified**. He provides a number of healing metaphors.

"Your payers bind your loss to the losses of your people. Your personal trauma becomes resonant (one with) history and part of a life cycle of recovery."

"Trauma shatters the connection between one's soul and one's world. By recalling, one can 'mend', 'repair', 'transform', and 'bring together shattered pieces.'"

"Trauma should not occur in isolation, nor should its suffering."

"Rituals cyclically connect personal tragedy with the rhythm of religious life as the ceremonies stitch and restitch a tear that can never fully be mended and that needs constant repair."

"We need a 'wall of wailing' for the aching hurt of trauma; a place for the offering of memory; the declaration of self-hood, and the needed response of others. We need a place and a way for individuals to give further voice of their knowledge of dread, instead of hearing it alone in nightmares."

13. Meichenbaum (1994) has reviewed several ways Art Expressive techniques, metaphorical story telling and cognitive-behavior play therapy can be used to help traumatized children and their families. Also see Cohen, Mannarino and Deblinger (2006) and websites www.musc.edu/tfcbt and www.nctsnet.org for examples of how to how to conduct Trauma-focused cognitive-behavior therapy. The spiritually-oriented interventions in this **handout** can be used to supplement these psychotherapeutic interventions as separated by Kataoka et al (2006).
14. Kataoka et al (2006) describe how a faith-based community intervention can be used to treat children who have been exposed to violence. The need for such an intervention was highlighted by the high incidence of violence exposure, especially in minority, urban, poor populations.

"Violence exposure before 6th grade is associated with higher rates of school suspensions and expulsions and lower rates of attendance. Results of a survey of 2800 6th grade students suggest that the traumatic effects of violence appear to account for 50% of the learning gap experienced by students" (Kataoka et al, 2006, p151-152).

Such victimized students are also likely to develop symptoms of PTSD, depression, anxiety, substance abuse disorders and aggressive behaviors. Most of these children do not receive any form of treatment.

Kataoka et al. demonstrated how a Cognitive-behavioral Intervention for Trauma in Schools (CBITS) could be integrated with a faith-based approach in treating these victimized children. The CBITS was complemented with religious coping strategies such as prayer, religious imagery incorporated in relaxation exercises, letting of anxiousness through faith, using Latino health practitioners and Parish nurses (promotoras), and incorporating a religious rationale, rituals and services as ways to counter maladaptive thoughts and feelings. The CBITS intervention also involved the children's parents and the intervention was sensitive to the spiritual lives of the children and parents, so their faith was seen as a means of getting through adversities. As one mother observed:

“My boy was very afraid and from that day he was terrorized. He wouldn't go outside. I remember at night he would pray and ask Jesus to give him comfort” (as reported by Kataoka et al, 2006).

VIII. FURTHER EXAMPLES OF THE INTEGRATION OF SPIRITUALITY AND CULTURE INTO PSYCHOTHERAPY: LATINO HEALING

Lillian Comas-Diaz (2006) has observed that “spirituality permeates Latino life.” Latino everyday language is filled with invocations of God, angels and saints with multiple references to “God willing.” Spirituality which is communal in Latino culture can provide sustenance, hope, a sense of belonging, and a reason to live. Comas-Diaz provides a number of examples of Latino healing procedures that culturally-sensitive and culturally –competent psychotherapists can include in order to help traumatized clients develop spiritual resilience and move from being “ sufferers to seekers”. These healing procedures may include:

- Conduct assessment of culturally-specific distress. An example is, among Mexican Americans is “nervios” that center on various somatic sensations of shortness of breath and trembling which are thought to indicate dysregulation of nerves. This is called “ataque de nervios” among Puerto Ricans. See Hinton et al. (2006) who highlight the need to provide information designed to dispel misinformation and myths.
- Use of imagery and fantasy in therapy (See De Rios (1997) who uses “magical realism,” which is a mixture of reality and fantasy. Cultural heroes and heroines are used to help traumatized Latino children image safety and refigure traumatic events).
- Use religious rituals such as a visit to a sanctuary, engage in communal rosaries, novenas, posadas, peregrinations and purification ceremonies. These rituals seek to destroy the “sick existence” and nurture an experience of a new life. They promote comfort and meaning in Our Lady of Guadalupe, thus reinforcing a cosmic locus of control expressed in reference to “God’s decision”
- Call upon spiritual and existential wisdom -- “sabiduria.” Honor ancestors and value intergenerational wisdom. In Latino culture there is boundary permeability that may extend beyond death. The deceased can continue a relationship with the living through dreams, visions, visitation, and through the intercession of folk healers.
- Use Spanish proverbs or “Dichos” which are culturally accepted communications that discourage the expression of negative feelings and can act as learning tools for cognitive restructuring. Dichos foster cultural resilience, transcendence and rebirth. Life’s setbacks are viewed as opportunities for spiritual development.

Illustrative Dichos

“When one door closes another one opens.”

“A bad thing can turn into something good.”

“God helps those who help themselves.”

- Use storyteller icons, folktales folk tapestries to create personal narratives that lead to healing and transformation (See Agosin, 1996).
- Reaffirm bonds to one’s group, ancestors and offspring. Attend celebrations, ceremonies, communicate with dead relatives, repeat story of namesake. Comas-Diaz indicates that Latino clients may invite the psychotherapist to attend and participate in such celebrations.
- Conduct dream analysis and art expression practices.(See Cane, 2000).
- Engage in testimonial activities that may lead to political activities (See Agger & Jensen (1990), Meichenbaum, 1997)
- Conduct culturally-appropriate burial rites.
- Consult a folk healer who may act as an adjunct to psychotherapy in order to nurture a sense of harmony in the client’s mind, body and spirit. The folk healer may use purification rituals, herbs, prayer or community ceremonial activities to foster healing. The client may choose to communicate with God directly without the intercession of a folk healer.

These varied activities indicate that **“spirituality is at the base of Latino healing.”**

Several other psychotherapists who work with Latino populations have also demonstrated that treatment can be culturally adapted and involve spiritual elements. For example:

- Organista et al (1994) and Munoz and Mendelson (2005) have culturally adapted cognitive behavior therapy to treat depressed Latino outpatients.
- Costantino et al (1986, 1994) have used story-telling and folktales (Cuento Therapy) with Puerto Rican children.
- Koss-Chioino and Vargas (1999) have demonstrated how restoring a spiritual connection helped Latino youth who were struggling with psychological and acculturative distress, alienation and substance abuse.

IX. EPILOGUE

As a result of studying and discussing this handout with colleagues, psychotherapists should be able to address the following questions:

How can you assess your client's spirituality and the role it plays in his/her life?

How can you, as a psychotherapist (helper), incorporate your client's spirituality into treatment?

How can you nurture your client's spiritual coping efforts?

What are the barriers/obstacles of integrating spirituality into your psychotherapeutic efforts and how can these be anticipated and addressed?

What are the dangers of highlighting your client's spirituality and how can these be anticipated and addressed?

X. REFERENCES

- Agger, I. & Jensen, S.B. (1990). Testimony as ritual and evidence in psychotherapy for political refugees. Journal of Traumatic Stress, 3, 115-130.
- Agosin, M. (1996). Tapestries of hope, threads of love: The arpillera movement in Chile, 1974-1994. Albuquerque, NM: University of New Mexico Press.
- Ano, G.A. & Vasconcelles, E.B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. Journal of Clinical Psychology, 61, 1-20.
- Avants, S.K., Beitel, M. & Margolin, A. (2005). Making a shift from 'addict self' to 'spiritual self': Results from stage I study of Spiritual Self-Schema (3-S) Therapy for the treatment of addiction and HIV risk behavior. Mental Health, Religion and Culture, 18, 167-177.
- Baer, R.A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. Clinical Psychology: Science and Practice, 10, 125-143.
- Bergin, A. E. (1983). Religiosity and mental health: A critical reevaluation and meta-analysis. Professional Psychology, 14, 170-184.
- Bergin, A. E. (1988). Three contributions of a spiritual perspective to counseling, psychotherapy and behavior change. Counseling and Values, 33, 21-31.
- Brady, J.L., Guy, J.D., Poeletra, P.C. & Fletcher-Brokaw, B. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A National Survey of Women Psychotherapists. Professional Psychology: Research and Practice, 30, 386-393.
- Brown, K.W., & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.
- Cacioppo, J. T., Hawkey, L. C., Rickett, E. A., & Masi, C. M. (2005). Sociality, spirituality, and meaning making: Chicago Health, Aging and Social Relations Study. Review of General Psychology, 9, 143-155.
- Cane, P. (2000). Trauma, healing and transformations: Awakening a new heart with Body Mind Spirit practices. Watsoncille, CA: Capacitor Inc.
- Cohen, J. A., Mannarino, A. P. & Deblinger, E. (2006). Treating trauma and traumatic grief in children and adolescents. New York: Guilford Press.
- Cole, B.S., & Pargament, K.I. (1998). Recreating your life. A spiritual/psychotherapeutic intervention for people diagnosed with cancer. Psycho-Oncology, 8, 395-407.
- Comas-Diaz, L. (2006). Latino healing: the integration of ethnic psychology into psychotherapy. Psychotherapy, 43, 436-453.
- Corrigan, J., Crump, E. & Kloss, J.M. (2000). Emotion and religion: A cultural assessment and annotated bibliography. Westport, CT: Greenwood Press.
- Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. Journal of Consulting at Clinical Psychology, 54, 639-645.
- Costantino, G., Malgady, R. G., & Rogler, L. H. (1994). Storytelling through pictures: Culturally sensitive psychotherapy for Hispanic children and adolescents. Journal of Clinical Child Psychology, 23, 13-20.
- Davis, C.G., Wortman, C.B., Lehman, D.R. & Silver, R.C. (2000). Searching for meaning in loss: Are clinical assumptions correct? Death Studies, 24, 497-540.
- De Rios, M. D. (1997). Magical realism; A cultural intervention for traumatized Hispanic children. Cultural Diversity and Mental Health, 3, 159-170.
- Dolan, Y.M. (1991). Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors. New York: W.W. Norton.
- Dyson, J., Cobb, M. & Forman, D. (1997). The meaning of spirituality: A literature review. Journal of Advanced Nursing, 26, 1183-1188.
- Ehlers, A. & Clarke, D. M. (2000). A cognitive model of posttraumatic stress disorder. Behavior Research and Therapy, 38, 319-345.
- Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. Journal of Psychology and Theology, 11, 330-340.
- Emmons, R. (2005). Emotions and religion. In R.F. Paloutzian & C.L. Park (Eds.), Handbook of psychology of religion and spirituality. (pp. 231-252). New York: Guilford Press.

- Falsetti, S.A., Resick, P.A. & Davis, J.L. (2003). Changes in religious beliefs following trauma. Journal of Traumatic Stress, 16, 391-398.
- Frankl, V. E. (1963). Man's search for meaning. New York: Washington Square Press. (Revised Ed. 1998, New York: Pocket Press)
- Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A. & Shouldice, C. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. Canadian Psychology, 46, 88-104.
- Gartner, J., Larson, D. B. & Allen, G. D. (1991). Religious commitment and mental health: A review of the empirical literature. Journal of Psychology and Theology, 19, 6-25.
- Germer, C.K., Siegel, R. D. & Fulton, P. R. (Eds.) (2005). Mindfulness and psychotherapy. New York: Guilford Press.
- Griffith, J. R. & Griffith, M. E (2002). Encountering the sacred in psychotherapy : How to talk with people about their spiritual lives. New York : Guilford Press.
- Guido, J. J. (2001). Transforming memory. Human Development, 25, 26-31.
- Hardy, K. V. & Laszloffy, T. (1995). The cultural genogram: Key to training culturally competent family therapists. Journal of Marital & Family Therapy, 21, 227-237.
- Hathaway, W. L., Douglas, D. & Grabowski, K. (2003). Faith situations questionnaire: Childhood normative data. Journal of Psychology and Christianity, 22, 141-154.
- Hayes, S.C., Follette, V. M. & Linehan, M. M. (Eds.) (2005). Mindfulness and acceptance: Expanding the cognitive-behavioral tradition. New York: Guilford Press.
- Hayes, S.C., Stroschal, K. D. & Wilson, K. G. (1999). Acceptance and commitment therapy: An experiential approach to behavior change. New York: Guilford Press.
- Herman, J. L. (1992). Trauma and recovery. New York: Basic Books.
- Hill, P.C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. American Psychologist, 58, 64-74.
- Hinton, D. E. Pich, V. et al (2006). Somatic focused therapy for traumatized refugees. Psychotherapy, 43, 491-505.
- Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and new framework for assessing spirituality. Social Work, 46, 203-214.
- Hoyt, M. (Ed.) (1994). Constructive therapies. New York: Guilford Press. Ito, K. L. (1987). Ho'oponopono, "To make right": Hawaiian conflict resolution and metaphor in the construction of a family therapy. Culture, Medicine and Psychiatry, 9, 201-217.
- Jay, J. (1994). Walls of wailing. Common Boundary, May/June, 30-35.
- Johnson, B. R., Feldman, S.C., Lubin, H. & Southwick, S.M. (1995). The therapeutic use of ritual and ceremony in the treatment of post-traumatic disorder. Journal of Traumatic Stress, 8, 283-298.
- Johnson, B. R., Janz, S. J., Larson, D. B. & Li, S.D. (2001). Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency. Journal of Research in Crime and Delinquency, 38, 22-44.
- Johnson, W. B. (2001). To dispute or not to dispute: Ethical REBT with religious clients. Cognitive and Behavioral Practice, 8, 39-47.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context, past, present and future. Clinical Psychology: Science and Practice, 10, 144-156.
- Kataoka, S.H., Fuentes, S., O. Donghue, V.P. et al (2006). A community participatory research partnership. The development of a faith-based intervention for children exposed to violence. Ethnicity & Disease, 16, 89-97.
- Kfir, N. (1989). Crisis intervention verbatim. Washington, DC: Hemisphere Publishing.
- Kingsbury, S.J. (1992). Strategic psychotherapy for trauma: Hypnosis and trauma in context. Journal of Traumatic Stress, 5, 85-94.
- Koenig, H. G., Cohen, H. J., et al. (1992). Religious coping and depression in elderly hospitalized medically ill men. American Journal of Psychiatry, 149, 1693-1700.
- Koenig, H. S., McCullough, M. E. & Larson, D. B. (Eds.). (2001). Handbook of religion and health. London: Oxford University Press.
- Koss-Chioino, J. D. & Vargas, L. A. (1999). Working with Latino youth: Culture, development and context. San Francisco: Jossey- Bass.
- Kushner, H. S. (1981). When bad things happen to good people. New York: Schoken.

- Lohr, J. M., Hooke, W., Gist, R. & Tolin, D. F. (2003). Novel and controversial treatment for trauma-related stress disorders. In S. O. Lilienfeld, S. G. Lynn, & J. M. Lohr (Eds.), Science and pseudoscience in clinical psychology. New York: Guilford Press (pp. 243-272).
- Lovinger, R.J. (1996). Considering the religious dimension in assessment and treatment. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 327-363). Washington, DC: American Psychological Association.
- Lynn, S. J., Lock, T., Loftus, E. F., Krackow, E. & Lilienfeld, S. O. (2003). The remembrance of things past: Problematic memory recovery techniques in psychotherapy. In S. O. Lilienfeld, S. G. Lynn, & J. M. Lohr (Eds.), Science and pseudoscience in clinical psychology. New York: Guilford Press (pp. 205-242).
- MacKillop, J., Lisman, S. A., Weinstein, A. & Rosenbaum, D. (2003). Controversial treatments for alcoholism. In S. O. Lilienfeld, S. G. Lynn & J. M. Lohr (Eds.), Science and pseudoscience in clinical psychology. New York: Guilford Press (pp. 273-305).
- Matsakis, A. (1992). I can't get over it: A handbook for trauma survivors. Oakland, CA: New Harbinger Publications.
- McCorkle, B.H., Bohn, C., Hughes, T. & Kim, D. (2005). "Sacred Moments": Social anxiety in a larger perspective. Mental Health, Religion and culture, 8, 227-238.
- McCullough, M. E. & Worthington, E. L. (1994). Encouraging people to forgive people who have hurt them: Review, critique, and research prospectus. Journal of Psychology and Theology, 22, 3-20.
- McCullough, M. E. & Worthington, E. L. Jr. (1999). Religion and the forgiven personality. Journal of Personality, 67, 1141-1164.
- McIntosh, D.N., Silver, R.C. & Wortman, C.B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. Journal of Personality and Social Psychology, 65, 812-821.
- McMinn, M. R., Chaddock, T. P., et al. (1998). Psychologists collaborating with clergy. Professional Psychology, 29, 564-570.
- Meichenbaum, D. (1994). Treating adults with PTSD. Waterloo, ON: Institute Press.
- Meichenbaum, D. (2000). Treating patients with PTSD: A constructive narrative perspective. NC-PTSD Clinical Quarterly, 9, 55-59.
- Meichenbaum, D. (2001). Treating individuals with anger-control problems and aggressive behavior. Waterloo, ON: Institute Press.
- Meichenbaum, D. (2006a). Resilience and posttraumatic growth: A constructive narrative perspective. In L.G. Calhoun and R.G. Tedeschi (Eds.), Handbook of posttraumatic growth: Research and practice. Mahwah, NJ: Lawrence Erlbaum Associates.
- Meichenbaum, D. (2006b). Trauma and suicide. In T.Ellis (Ed.) Cognition and suicide: Theory, research and practice. Washington, DC: American Psychological Association.
- Miller, C., Kelley, B.S. (2005). Relationships of religiosity and spirituality with mental health and psychopathology. In R.F. Paloutzian & C.L. Parks (Eds.), Handbook of the psychology of religion and spirituality. (pp. 460-478). New York: Guilford Press.
- Miller, W. (Ed.). (1999). Integrating spirituality into treatment. Washington, DC: American Psychological Association.
- Miller, W. R., & Martin, J. E. (Eds.). (1988). Behavior therapy and religion: Integrating spiritual behavioral approaches to change. Newbury, CA: Sage Publications.
- Moodley, R. & West, W. (2006). Integrating traditional healing practices into counseling and psychotherapy. Thousand Oaks; Sage.
- Munoz, R. F. & Mendelson, T. (2005). Toward evidence-based interventions for diverse populations; The San Francisco General Hospital prevention and treatment manual. Journal of Clinical and Consulting Psychology, 73, 790-799
- Murry-Swank, N.A. & Pargament, K.I. (2005). God Where are you? Evaluating a spiritually-integrated intervention for sexual abuse. Mental Health, Religion and Culture, 8, 191-204.
- Nhaaat, H. (2001). Anger: Buddhist wisdom for cooling the flames. London: Rider. Organista, K. C.
- Munoz, R. F. & Gonzales, G. (1994). Cognitive behavior therapy for depression in low income and minority medical outpatients. Cognitive Therapy and Research, 18, 241-259.
- Pargament, K. I. (2007). Spiritually integrated psychotherapy. New York: Guilford Press.
- Pargament, K. I. (1990). God help me: Toward a theoretical framework of coping for the psychology of religion. Research in the Social Scientific Study of Religion, 2, 195-224.
- Pargament, K. I. (1997). The psychology of religion and coping. New York: Guilford.

- Pargament, K. I., Ensing, D. S., et al. (1990). God help me: I: Religious coping efforts and predictors of the outcomes to significant negative life events. American Journal of Community Psychology, *18*, 793-824.
- Pargament, K. I., Kennell, J. et al. (1988). Religion and the problem-solving process: Three styles of coping. Journal of the Scientific Study of Religion, *29*, 90-104.
- Pargament, K. I., Koenig, H. G. & Perez, L. M. (2000). The many methods of religious coping: Development and critical validation of the RCOPE. Journal of Clinical Psychology, *56*, 519-544.
- Pargament, K.I., Maton, K. I. & Hess, R.E. (Eds.) (1992). Religion and prevention in mental health: Research, vision and action. New York: Haworth.
- Pearlman, L. A. & Saakvitne, K. W. (1995). Trauma and the therapist. New York: Norton.
- Pennebaker, J. (1997). Opening up: The healing power of expression of emotions. (2nd ed.) New York: Guilford Press.
- Pizarro, D. & Salovey, P. (2002). Religious systems as "emotionally intelligent" organizations. Psychological Inquiry, *13*, 220-222.
- Propst, L. R. (1987). Psychotherapy in a religious framework: Spirituality in the emotional healing process. New York: Human Sciences Press.
- Propst, L. R. (1996). Cognitive-behavioral therapy and the religious person. In E. P. Shafranske (Ed.), Religion and the clinical practice of psychology. (pp. 391-407). Washington, DC: American Psychological Association.
- Propst, R., Ostrom, R. et al. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. Journal of Consulting and Clinical Psychology, *60*, 94-103.
- Richards, P.S., & Bergin, A.E. (Eds.) (2000). Handbook of psychotherapy and religious diversity. Washington, D.C: American Psychological Association.
- Richards, P.S., Hardman, R.K. & Berrett, M.E., (2000). Spiritual renewal: A journey of faith and healing. Orem, UT: Center for Change.
- Rogers-Dulan, J. (1998). Religious connectedness among urban African-American families who have a child with disabilities. Mental Retardation, *36*, 91-103.
- Rye, M., Pargament, K.I., Wei, P. et al. (2005). Can group interventions facilitate forgiveness of an ex-spouse? A randomized clinical trial. Journal of Consulting and Clinical Psychology, *73*, 880-882.
- Schreurs, A. (2002). Psychotherapy and spirituality: Integrating the spiritual dimension into therapeutic practice. London: Jessica Kingsley Publications.
- Schuster, M.A., Stein, B.D., Jaycon, L.H. et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. New England Journal of Medicine, *345*, 1507-1512.
- Segal, Z.V., Williams, J.M. & Teasdale, J.D. (2002). Mindfulness-based cognitive therapy for depression. New York: Guilford Press.
- Shafranske, E. P. (Ed.) (1996). Religion and the clinical practice of psychology. Washington, DC: American Psychological Association.
- Silver, R. L. & Wortman, C. B. (1980). Coping with undesirable life events. In J. Garber & M. E. Seligman (Eds.), Human helplessness. (pp. 279-340). New York: Academic Press.
- Silver, S.M. & Wilson, J.P. (1988). Native American healing and purification rituals for war stress. In J.P. Wilson, Z. Harel and B. Kahana (Eds.), Human adaptation to extreme stress: From the Holocaust to Vietnam. (pp. 337-355). New York: Plenum Press.
- Simmons, R. H. (1999). The psychology of ultimate concerns: Motivation and spirituality in personality. New York: Guilford Press.
- Snyder, C. R. (2002). Hope theory: Rainbow of the mind. Psychological Inquiry, *13*, 249-275.
- Sollod, R. N. (1993). Integrating spiritual healing approaches and techniques into psychotherapy. In G. S. Stricker & J. R. Gold (Eds.), Comprehensive handbook of psychotherapeutic integration. New York: Plenum Press. (*Also available on <http://psychwww.com/psyrelig/index.htm>*)
- Sperry, L. (2001). Spirituality in clinical practice: Incorporating the spiritual dimensions in psychotherapy and counseling. Philadelphia: Brunner- Routledge.
- Spilka, B, Hood, R.W., Hunsberger, B. & Gorus, R. (2003). The psychology of religion: An empirical approach. (3rd ed.). New York: Guilford Press.
- Tedeschi, R. G. & Calhoun, L. G. (1995). Trauma and transformation: Growing in the aftermath of suffering. Thousand Oaks, CA: Sage Publications.

- Tedeschi, R. G. & Calhoun, L. G. (1998). Posttraumatic growth: Positive changes in the aftermath of crisis. Mahwah, NJ: Laurence Erlbaum Associates.
- Thompson, S. C. (1985). Finding positive meaning in a stressful event and coping. Basic and Applied Social Psychology, 6, 279-295.
- Tisdale, T.C. (2003). Listening and responding to spiritual issues in psychotherapy: An interdisciplinary perspective. Journal of Psychology and Christianity, 22, 262-272.
- Wallston, K., Molcarne, V. et al. (1999). Does God determine your health? The God Locus of Health Control Scale. Cognitive Therapy and Research, 32, 131-142.
- Warren, R. (2002). The purpose - driven life: What on earth am I here for? Grand Rapids, MI: Zondervan.
- Watts, F. (2007). Emotion regulation and religion. In J. J. Gross (Ed.), Handbook of emotion regulation. (pp. 504-520). New York: Guilford Press.
- Weisel, E. (1965). Night (Translated by S. Rodevy). New York: Hill and Wong
- Worthington, E.L. Jr. (Ed.) (2005). Handbook of forgiveness. New York: Routledge.
- Worthington, E. L. Jr., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 20-year review and research prospective. Psychological Bulletin, 119, 448-487.
- Worthington, E. L. Jr. (1998). The pyramid model of forgiveness. In E. L. Worthington Jr. (Ed.), Dimension of forgiveness: Psychological research and theoretical perspectives. (pp. 107-137). Philadelphia, PA: Templeton Foundation Press.
- Yalom, I. J. (1980). Existential psychotherapy. New York: Basic Books.
- Yeh, E. J., Hunter, C. D. et al (2004). Indigenous and interdependent perspectives of healing: Implications for counseling and research. Journal of Counseling & Development, 82, 410-419.

XI. INTERNET RESOURCES

Psychotherapy and Spirituality Institute
<http://www.mindspirit.org/>

Psychology of Religion Pages
<http://psychwww.com/psyrelig/index.htm>

Spiritual Self-schema Therapy (3-5)
www.3-s.us

SAMHA Website on Faith-based Communities
http://www.samhsa.gov/fbci/fbci_pubs.aspx