

Religious/Spiritual Assessment within the Hope-Focused Couples Approach

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Rationale for Conducting a Religious/Spiritual Assessment

One potential component of the HFCA intake process is a religious/spiritual assessment (RSA). Indeed a RSA can provide helpful insights not only into the couple's presenting problem(s), but also into the partners' individual and dyadic functioning more generally. In this way, conducting a RSA can assist greatly in diagnosis, case conceptualization, therapeutic alliance navigation, and treatment planning (Richards & Bergin, 2005; Shafranske, 2005). Specifically, it can help clinicians:

- Understand their clients' worldviews and thus increase their capacity to empathically understand and sensitively work with each client;
- Determine whether a client's religious-spiritual orientation is healthy or unhealthy and what impact it has on presenting problems;
- Determine whether clients' religious-spiritual beliefs and community could be used as a resource to help them better cope, heal, and grow;
- Determine which spiritual interventions could be used in therapy to help clients;
- Determine whether clients have unresolved spiritual doubts, concerns, or needs that should be addressed in therapy. (Richards & Bergin, 2005, p. 220-223)

A Multilevel, Multidimensional Religious/Spiritual Assessment Strategy

As a practical guide to RSA, the current trend in the field is to recommend a "multilevel, multidimensional" RSA strategy (e.g., see Pargament, 2007, chap. 7 and 8; Richards & Bergin, 2005, chap. 8; Shafranske, 2005). Following this approach, a broad-based, preliminary RSA is incorporated into a multidimensional initial assessment of the following key life systems: psychological-emotional, educational-occupational, intellectual-cognitive, behavioral-practical, social-interpersonal, physical-biological, and religious-spiritual.

A more in-depth, follow-up assessment of the religious-spiritual system is recommended in at least four situations:

- When religion/spirituality seems clinically relevant to the couple's presenting problems and treatment goals (Richards & Bergin, 2005)
- When religion/spirituality is one of the primary informants both partners' worldviews (Shafranske, 2005; Weld & Eriksen, 2006)

- When religion/spirituality appears likely to either facilitate or hinder therapeutic progress (Shafranske, 2005); or
- When religion/spirituality is significantly impaired by the couple's presenting problems (Hathaway, 2003).

In this in-depth, follow-up RSA, areas to assess might include partners' individual and joint religious/spiritual (RS): metaphysical worldview, history, affiliation (past and current), experiences (past and current), values, meaning, beliefs, preferences, orthodoxy, God image(s), practices, value-lifestyle congruence, concerns, needs, struggles, coping style, prayer style, orientation (intrinsic/extrinsic), health, well-being, identity, maturity, and support system (Pargament, 2007; Richards & Bergin; Shafranske; Sperry, 2001).

Religious/Spiritual Assessment within the HFCA

Within the HFCA, the practical implementation of this multilevel, multidimensional RSA strategy could begin either in a pre-intake assessment packet or in the initial intake session itself. In a pre-intake assessment packet, the clinician could quickly and easily assess partners' RS functioning (i.e., via a general intake demographics questionnaire; e.g., see Richards & Bergin, 2005, p. 238, for possible questions to include) and commitment (i.e., via the Religious Commitment Inventory-10 [RCI-10; Worthington et al., 2003]). In the initial intake session, the clinician could conduct the broad-based, preliminary RSA as a part of the aforementioned multidimensional initial assessment of partners' individual and dyadic functioning. In particular, per the recommendation of Pargament (2007), the clinician could include the following two questions as a part of their initial clinical interview:

Has your [presenting] problem affected you religiously or spiritually [or vice versa]? If so, in what way[s]?

Has your religion or spirituality been involved in the way you have coped with your problem? If so, in what way? (p. 211)

As Pargament suggests, this preliminary RSA should be conducted within an overall effort to get to know and connect with the couple relationally. It needs to be undertaken sensitively, from a deeply relational mindset. Such an approach is vital, considering the highly personal, often private nature of religion and spirituality (Pargament, 2007).

After the preliminary RSA, the clinician must decide whether a more in-depth, follow-up RSA is indicated (see above; see also Pargament, 2007; Richards & Bergin, 2005; and Shafranske, 2005). In the HFCA, a more in-depth RSA would likely be most appropriate and effective if: 1) both partners are moderately to highly religious/spiritual (see Weld & Eriksen, 2006) or 2) the presenting problem(s) and/or the potential solution(s) involve(s) a significant RS component. In such cases, the clinician may conduct this more in-depth RSA via a typical interview format (see above for potential areas to assess; see also Richards & Bergin, p. 237-240) and/or strategically-chosen RS measures (see Fetzer Institute, 2003; Hill & Hood, 1999; and Moriarty, 2006). In particular, the clinician may want to assess some of the following key RS areas, given their common associations with couple functioning:

- Couple RS homogamy or heterogamy (e.g., Mahoney, 2005; Mahoney, Pargament, Tarakeshwar, & Swank, 2001)
- Amount and type of joint RS activities (e.g., Mahoney et al., 1999)
- Frequency, nature, and severity of RS conflict and the typical interactional patterns in and outcomes of RS conflict discussions (e.g., Mahoney, 2005; Weld & Eriksen, 2006)

- Individual and shared RS beliefs, values, and attitudes regarding the sacred qualities of the relationship and regarding the sacred journey of the relationship (i.e., sanctification; e.g., Mahoney & Tarakeshwar, 2005; Mahoney et al., 1999), noting salient disparities
- Individual and shared RS behaviors, practices, meanings, and experiences (e.g., Hood, 1995; Mahoney & Pargament, 2004; Mahoney et al., 1999; Moriarty & Hoffman, 2007; Paloutzian & Park, 2005; Shafranske, 1996; Spilka, Hood, Hunsberger, & Gorsuch, 2003; Wolf & Stevens, 2001), noting salient disparities
- Individual and shared RS losses both in and prior to the relationship (e.g., Mahoney & Tarakeshwar, 2005; Pargament, Magyar, Benore, & Mahoney, 2005)
- RS influences on individual and shared parenting beliefs, values, and practices (e.g., Mahoney & Tarakeshwar, 2005; Mahoney et al., 2001), noting salient disparities
- RS influences on individual and shared gender-role/partner-role beliefs, values, and behaviors (e.g., Mahoney & Tarakeshwa, 2005), noting salient disparities
- Individual and shared RS destinations, pathways, goals, and strivings (e.g., Emmons, 1999; Pargament, 2007), noting salient disparities

Case Example

Maxwell and Mirabel, a Caucasian couple in their early thirties, have been married for 4 years and have a 9 month-old daughter named Molly. They have requested couples counseling in order to improve their marital satisfaction, which has decreased considerably since Molly's birth. Before the intake session, each partner completes the pre-intake HFCA assessment packet, which among other things includes a demographics questionnaire (with some questions about RS functioning) and the Religious Commitment Inventory-10 (Worthington et al., 2003). Based on their answers and ratings, the therapist finds out that Maxwell and Mirabel are Protestant Christians and are members of a nondenominational evangelical church. Maxwell indicates that he is highly religiously committed and attends church weekly, while Mirabel responds that she is minimally religiously committed and hardly ever attends church. Both partners report significant partner disagreement regarding RS issues. During the intake, the therapist assesses the contribution of RS factors to the presenting problem and its potential solution, as a part of an overall multidimensional initial assessment (Richards & Bergin, 2005). The following is a transcript of this initial RSA, occurring roughly 40 minutes into the intake session, after strong rapport has been built and most other life systems had been assessed.

Therapist: Maxwell and Mirabel, in the questionnaires you filled out, I noticed that you reported some discrepancies in your religious and spiritual views. Tell me about that.

Maxwell: (*sanctimoniously*) Well, yeah. I feel like faith really needs to be a part of Molly's life, but Mirabel doesn't think it's that important.

Mirabel: (*sarcastically*) What he means is that he thinks we should go to church every Sunday. But we've never done that before, and I don't see why he thinks that you have to go to church in order to raise a child right!

Therapist: It seems like this issue has really caused some friction between the two of you.

Maxwell: Yeah (*laughs jokingly*). You could say that.

Therapist: Would either of you say that your decreased marital satisfaction has affected your religious or spiritual life, or vice versa? If so, in what ways?

Maxwell: It definitely has. This whole issue of going to church has been one of the main things we fight about.

Therapist: Mirabel, would you agree?

Mirabel: (*laughs sheepishly*) Yeah.

Therapist: Okay. So, Mirabel, tell me a little more about your religious and spiritual life.

Mirabel: Honestly, I don't have much to do with religion anymore. I stopped going to church a long time ago. Christians are just hypocrites.

Maxwell: That's just the thing. She won't go back to church, because she had a bunch of bad experiences.

Mirabel: Max, you don't have to go to church to have a relationship with God!

Therapist: Alright, just a moment. I think that we're really hitting on a sensitive topic here. Why don't we just put this issue on the backburner for now? A few sessions along in the Hope-Focused program, we will actually concentrate specifically on conflict resolution. Maybe we could re-visit this issue at that point. How does that sound?

Maxwell: That'll be fine. (*Mirabel nods*)

At the end of the session, the therapist gives each partner a few measures to complete before their next session, as homework: the Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002; see Fetzer Institute, 2003, for a copy), the Spiritual Assessment Inventory (SAI; Hall & Edwards, 1994), and the Religious Coping Scale (RCOPE; Pargament, Koenig, & Perez, 2000; see Fetzer Institute, 2003, for a copy). These measures will provide the therapist with more information about how Maxwell and Mirabel experience and express their RS faith, individually and jointly. The therapist will then use this information to prepare for and navigate the HFCA Conflict Resolution (LOVE) session. Ideally, during that session, the couple will learn conflict resolution skills, practice those skills while discussing their RS conflict, and ultimately, take significant steps toward resolving this area of conflict in their marriage. In particular, the "E" component of the LOVE intervention (i.e., Evaluate common interests) will allow Maxwell and Mirabel to explore the meanings and desires that underlie their RS conflict, as they ultimately look for common interests in the area of religion and spirituality.

Conclusion

In sum, a RSA is one potentially valuable component of the HFCA. It can provide helpful guidance and insight regarding partners' individual and dyadic functioning, thus assisting in diagnosis, case conceptualization, therapeutic alliance navigation, and treatment planning. In short, when using the HFCA, it is recommended that clinicians incorporate a RSA into their initial assessment.

References

- Emmons, R. A. (1999). *The psychology of ultimate concerns*. New York: Guilford Press.
- Fetzer Institute (2003). Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging Working Group. Retrieved November 25, 2007, from http://www.fetzer.org/PDF/total_fetzer_book.pdf.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology*, 24, 233-246.
- Hathaway, W. (2003). Clinically significant religious impairment. *Mental Health, Religion, & Culture*, 6, 113-129.
- Hill, C. H., & Hood, R. W. (1999). *Measures of religiosity*. Birmingham, AL: Religious Education Press.
- Hood, Jr., R. W. (Ed.) (1995). *Handbook of religious experience*. Birmingham, AL: Religious Education Press.
- Mahoney, A. (2005). Religion and conflict in marital and parent-child relationships. *Journal of Social Issues*, 61, 689-706.
- Mahoney, A., & Pargament, K.I. (2004). Sacred changes: Spiritual conversion and transformation. *Journal of Clinical Psychology*, 60, 481-492.
- Mahoney, A., Pargament, K. I., Jewell, T., Swank, A. B., Scott, E., Emery, E., & Rye, M. (1999). Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital functioning. *Journal of Family Psychology*, 13, 321-338.
- Mahoney, A., Pargament, K. I., Tarakeshwar, N., & Swank, A. B. (2001). Religion in the home in the 1980s and 1990s: A meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. *Journal of Family Psychology*, 15, 559-596.
- Mahoney, A. & Tarakeshwar, N. (2005). Religion's role in marriage and parenting in daily life and during family crises. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*, (pp. 177-195). New York: Guilford Press.
- Moriarty, G. (2006). *Pastoral care of depression: Helping clients heal their relationship with God*. New York: Haworth Press.
- Moriarty, G. L., & Hoffman, L. (Eds.) (2007). *God image handbook for spiritual counseling and psychotherapy: Research, theory, and practice*. Binghamton, NY: The Haworth Press.
- Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being, and quality of life. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research, and therapy* (pp. 224-237). New York: Wiley Interscience.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy*. New York: Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519-543.
- Pargament, K. I., Magyar, G. M, Benore, E., & Mahoney, A. (2005). Sacrilege: A study of sacred loss and desecration and their implications for health and well-being in a community sample. *Journal for the Study of Scientific Religion*, 44, 59-78.

Paloutzian, R. F., & Park, C. L. (Eds.) (2005). *Handbook of the psychology of religion and spirituality*. New York: Guilford Press.

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.

Shafranske, E. P. (Ed.) (1996). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.

Shafranske, E. P. (2005). The psychology of religion in clinical and counseling psychology. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 496-514). New York: Guilford Press.

Spilka, B., Hood, Jr., R. W., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion: An empirical approach* (3rd ed.). New York: Guilford Press.

Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine*, 24, 22-33.

Weld, C. & Eriksen, K. (2006). The challenge of religious conflicts in couples counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, 14, 383-391.

Wolf, C. T., & Stevens, P. (2001). Integrating religion and spirituality in marriage and family counseling. *Counseling and Values*, 46, 66-75.

Worthington, Jr., E. L., Wade, N. G., Hight, T. L., Ripley, J. S., McCullough, M. E., Berry, J. W., Schmitt, M. M., Berry, J. T., Bursley, K. H., & O'Connor, L. (2003). The Religious Commitment Inventory-10: Development, refinement, and validation of a brief scale for research and counseling. *Journal of Counseling Psychology*, 50, 84-96.

Annotated Bibliography

McMinn, M. R., & Campbell, C. D. (2007). *Integrative psychotherapy: Toward a comprehensive Christian approach*. Downers Grove, IL: InterVarsity Press.

McMinn and Campbell recommend a multimodal, multidimensional, multi-informant RSA strategy. First, they advise assessing the client via multiple modalities, such as semistructured clinical interview, informal behavioral observations, and self-report questionnaires. Next they suggest assessing multiple domains of the client's RS functioning, such as RS beliefs, practices, support, maturity, and well-being. Lastly, they advocate using multiple informants, such as a romantic partner and/or a parent, in addition to the client him- or herself. It is important to note that even though McMinn and Campbell are describing an explicitly Christian approach to therapy, the RSA strategy they suggest is fairly easy to adapt for use with persons from other religious/spiritual traditions. It is easily applicable and highly recommended for RSA within the HFCA.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy*. New York: Guilford Press.

Pargament suggests conceptualizing and addressing religion and spirituality in terms of RS destinations (i.e., ends), pathways (i.e., means), goals, and strivings (see also Emmons, 1999). Operating from such a framework, he describes a RSA strategy that includes four interrelated components: "setting the stage for spiritual dialogue, initial

spiritual assessment, implicit spiritual assessment, and explicit spiritual assessment” (p. 202). For him the ultimate goal of the RSA is for the clinician: “to develop a concrete plan of action for addressing [religion and] spirituality in psychotherapy” (p. 201). The approach that Pargament outlines provides an excellent framework for navigating RSA within the HFCA, particularly considering its ease-of-use and applicability with persons from a wide variety of RS backgrounds and perspectives.

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.

Richards and Bergin propose that RSA should be embedded within a “multilevel, multisystemic assessment strategy” (p. 234) of the following key life systems: psychological-emotional, educational-occupational, intellectual-cognitive, behavioral-practical, social-interpersonal, physical-biological, and religious-spiritual. More in-depth, follow-up assessment of the religious-spiritual system (or any other of these systems) is only recommended if that system seems clinically relevant to the client’s presenting problems and treatment goals. If more in-depth RSA is warranted, a second-level RSA could be used to assess various areas of individual and dyadic RS functioning. The RSA strategy that Richards and Bergin outline is the foundational theory for the HFCA RSA strategy suggested in this chapter.

Mahoney, A. & Tarakeshwar, N. (2005). Religion’s role in marriage and parenting in daily life and during family crises. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*, (pp. 177-195). New York: Guilford Press.

Mahoney and Tarakeshwar provide an excellent overview of the empirical research on religion/spirituality and marital/family functioning. Their discussion of “Religion and Daily Life in Families” (p. 178) summarizes findings regarding the reciprocal influences of religion and marital functioning, the transition to parenthood, parenting of children, parenting of adolescents, and parental gender roles. Next their examination of “Religion and Family Crises” (p. 183) looks at significant crises such as divorce, domestic violence, and infidelity. Finally, their concluding section provides an exploration of constructive RS constructs that might facilitate adaptive outcomes in marital and family life (e.g., sanctification), counterproductive RS constructs that might lead to maladaptive outcomes (e.g., sacred loss and desecration, spiritual guilt, theistic triangulation), and RS resources that might assist in recovering from family crises (e.g., family-based practices and rituals and joint religious activity). As it relates to the HFCA, this chapter can greatly inform the navigation and interpretation of an individual and dyadic RSA.

