Strategies for Addressing Couples with Religious/Spiritual Conflicts within the Hope-Focused Couples Approach

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Couples presenting for couples counseling often report experiencing significant religious/spiritual (RS) conflict in their relationship (Mahoney, 2005; Weld & Eriksen, 2006). RS conflict can manifest over a wide variety of issues, including significant RS differences in affiliation, commitment, beliefs, values, and practices. Sometimes RS conflict can either impact or be impacted by the presenting problem that brought the couple into counseling. At times, RS conflict can even present as an area of primary clinical concern (e.g., V62.89 RS Problem; APA, 2000). In these three types of presentation, addressing the RS conflict in treatment is clearly indicated (Weld & Eriksen, 2006).

It is important to note that persons with low to moderate RS commitment do not tend to be influenced by religion/spirituality in their daily living. Thus, if both partners have low to moderate RS commitment, it is highly unlikely that they are experiencing any type of RS conflict. In contrast, persons with high RS commitment often organize their values, priorities, habits, and daily rituals around their religion/spirituality (Worthington et al., 2003). Consequently, if one or both partners have high RS commitment, they may be experiencing RS conflict, especially if disparities in RS values, beliefs, or behaviors significantly affect their everyday functioning as a couple.

Within the HFCA, the most optimal place to address RS conflict is in Conflict Resolution intervention sessions, such as LOVE. However, even from the very first session with the couple, there are several important issues to consider with regards to RS conflict, such as the following:

- First of all, in cases where the couple exhibits significant RS disparity, it is especially important to navigate the religious/spiritual assessment (RSA) with sensitivity. For example, if one partner is highly RS and the other is not, conducting an in-depth RSA may alienate the less RS partner; thus a parsimonious RSA is recommended (Weld & Eriksen, 2006).

- Second, with partners who demonstrate significantly different RS affiliations, the use of broader, ecumenical language (e.g., Richards & Bergin, 2005) and themes (e.g., Pargament, 2007) is recommended. In such cases, it is particularly important to appropriately de-emphasize areas of RS disagreement and disparity while accentuating areas of agreement and consonance (Weld & Eriksen).

- Third, for couples who exhibit dissimilarities in RS commitment and salience, it is important for the clinician to “join with each partner by exploring each partner’s expectations for counseling, particularly expectations about the inclusion of spirituality in discussions of the problem and solutions” (Weld & Eriksen, p. 384). Here it is especially vital for the clinician to join with the
more RS partner, in order to allay fears that their RS view and perspectives will not be valued and respected in counseling (Ripley, Worthington, & Berry, 2001; Weld & Eriksen).

• Finally, in preparing for HFCA Conflict Resolution Sessions (e.g., LOVE), it is recommended that the clinician not only read Chapter 11 (“Interventions for Aiding Conflict Resolution”) in the Hope-Focused text (Worthington, 1999) but also read the article “The Challenge of Religious Conflicts in Couples Counseling” by Weld and Eriksen (2006).

Case Example

The following transcript refers to the same couple as described in the religious/spiritual assessment (RSA) chapter of this manual, Maxwell and Mirabel. It is a continuation of the conflict discussion that erupted during the intake session but was “put on the backburner” until the HFCA Conflict Resolution (LOVE) session.

Therapist: Maxwell and Mirabel, in our first session together, one of the things that came up was your disagreement over the issue of raising Molly in church. From what I remember, Maxwell, you thought it was important to go to church every Sunday, as a family, while Mirabel, you had had some bad experiences in church before and weren’t too keen on going back. Is that right?

Mirabel: Yeah. That’s the long and the short of it.

Therapist: Okay, well let’s use this session to focus in on addressing this area of conflict in your relationship. We’ve already discussed the LOVE acrostic, so let’s apply that acrostic here. In particular, let’s concentrate on the “E”—Evaluate common interests. First of all, Maxwell, will you tenderly share your “interests,” or your desires regarding this matter, with Mirabel?

Maxwell (gently): Sure. Well, honey, basically I really care about our daughter. I want her to grow up with good values and in a positive environment. I think that actively being a part of a church is a really important part of making sure that happens.

Therapist: Wonderful. Do you see how that tender, kind tone made Mirabel more receptive to your concerns? (Maxwell smiles and nods) Now Mirabel, why don’t you try the same thing? Tenderly share your interests with Maxwell.

Mirabel (gently): Okay. Sweetheart, you know I want what’s best for Molly too. I also want to raise her right and make sure she has positive influences in her life. Spirituality is great, but I just don’t want her to get hurt in church like I was.

Therapist: Excellent. As you hear each other share about your underlying desires, what common interests do you recognize?

Mirabel: Well, we both want what’s best for Molly and we both want to make sure she is raised in a positive environment, with good values.
Maxwell: And we each want to raise Molly with some type of religious influence in her life.

Therapist: Great insights. Maybe we could unpack those common interests a little more. Who knows? Maybe the two of you could even figure out some ways to work together toward the fulfillment of those common interests.

Obviously, this discussion may not result in the complete “resolution” of Maxwell and Mirabel’s religious/spiritual (RS) conflict. However, it does appear to be a substantive step in the right direction.

### Annotated Bibliography


Mahoney provides a thoughtful exploration of how religion and spirituality “influence the manifestation and resolution of conflict in marital and parent-child relationships” (p. 689). Her analysis of worldview contributions is excellent, as is her overview of current research in this area. Further, Mahoney’s suggestions for clinicians and researchers are helpful and worth noting. Couples clinicians utilizing the HFCA would benefit greatly from her quick summary of the empirical findings in this area, which could greatly assist in case conceptualization, treatment planning, and intervention navigation.


Weld and Eriksen explore various strategies for addressing RS conflicts and disparities with couples. For example, they discuss conducting a religious/spiritual (RS) assessment, navigating the therapeutic alliance, employing therapist spirituality, promoting RS growth, and facilitating positive RS reframing. Further, they suggest “[including] God as a member of the family system” (p. 384) and “[exploring] the ‘divine triangle’” (p. 385). Weld and Eriksen’s article is highly recommended for clinicians utilizing the HFCA. Not only does it provide a helpful theoretical discussion of RS conflict, but it also offers several practical suggestions that couples counselors can readily implement.

### Additional References


