Role of Spirituality

Spirituality has historically been an important factor in the lives of African-Americans (Boyd-Franklin, 2003), with over three/fourths of African-Americans reporting that religion is significant to their lives (McGoldrick, Giordano, & Garcia-Preto, 2005). African-Americans report higher levels of religious and church involvement than the general population in the United States. Boyd-Franklin (2003) calls spirituality an essential and deeply embedded value in the lives of many African-Americans. Even if they are not members of organized religions or churches, many African-Americans are still raised with an internalized sense of spirituality. Whether churched or unchurched, most African-Americans are aware of spiritual influences passed down through their generations (Cook & Wiley, 2000). Because spirituality is integral to the identity of many African-Americans and is a core value, Cook and Wiley (2000) argue that it must be considered in treatment.

The importance of religion and spirituality is typically a strength in the lives of African-Americans. Spirituality may be an important part of their survival system and a coping mechanism for distress. Spirituality and religion can also be a source of comfort and support in times of emotional distress. Religion and spirituality often play a major role in the couple relationship and are associated with greater marital trust (Boyd-Franklin, Kelly, & Durham, 2008). Boyd-Franklin, Kelly, and Durham (2008) suggest that spirituality can be a tool to cope and give understanding to the challenges of life, but can also cause distress when clients spiritualize problems or passively trust that their problems will be resolved.

Clinicians should seek to understand the role of spirituality as a source of coping and social support, the role of the church, and the importance of spirituality for their clients. McGoldrick, Giordano, and Garcia-Preto (2005) suggest that clinicians understand these spiritual values, how a problem may challenge spiritual beliefs as well as how spiritual values can be drawn on to resolve problems. The clinician should also communicate respect for the client’s spiritual beliefs and values and demonstrate understanding of the role of spirituality and the church in the lives of African-American clients. Therapists should also be aware that not all African-American clients are spiritual, and not assume that spirituality is important to every African-American client.

Role of the Church

For many African-Americans, the church is an extended family and the minister has central authority role in their lives. Historically, the Black church was the first institution that belonged exclusively to African-Americans, and allowed them to emphasize aspects of Christianity that were unique to their cultural legacy (Cook & Wiley, 2000). The institution of the church serves as a coping mechanism in handling the pain of racism and discrimination, assists in coordinating social justice efforts and provides a place to survive and deal with painful life experiences (Boyd-Franklin, 2003).
The African-American church often plays a central role in the lives of many of its members, providing spiritual refuge, counseling, and social activities. Weekly, if not nightly, participation in church services and activities is common, as many African-American churches provide worship and social services 7 days a week (Boyd-Franklin, 2003; Cook & Wiley, 2000). Churches also provide social services and resources to the broader African-American community, serving non-church members as well as regular church members. Boyd-Franklin (2003) notes that Black churches have become “multifunctional community institutions” that provide social activities, schools, political activities, and positive role models for young people. These programs address the economic, education, and emotional health of community members. Through outreach programs to the broader community, African-American churches can begin to develop relationships with the unchurched. The church is a place where many African-Americans can feel respected for their talents and abilities, and achieve status as a deacon or member of the pastor’s council, providing an important source of leadership experience (Boyd-Franklin, 2003). Positions of power in the church, amidst the economic and occupational powerlessness of a racist society, denote a sign of status and leadership.

The African-American church is an extended family and the minister (who may be referred to simply as “Pastor”) and the minister’s wife (often called “First Lady”) both serve important roles. The role of the church pastor is one of great respect and influence in the church, family, and community (Cook & Wiley, 2000). Many African-Americans are more likely to go to family members or seek counseling from pastor, ministers, of other members of their church family (Boyd-Franklin, Kelly, & Durham, 2008; Boyd-Franklin, 2003). After family and friends, the church is the most common source of help for many African-Americans.

Initially some African-Americans may distrust therapy or worry that the therapist will not respect their religious beliefs. Church members may view therapy as anti-spiritual or be concerned that therapy will undermine their religious beliefs.

**Implications for Therapy**

*Relationship issues.* Many spiritual African-American couples may request therapy from a Christian therapist; therefore, some degree of therapist self-disclosure may be appropriate. Therapists from a different religious tradition should acknowledge this difference and assure clients they are accepting and respectful of the clients’ tradition. Therapists from other traditions and ethnicities can acknowledge their lack of knowledge about the couple’s spiritual tradition or practices and ask for clarification. It is important to validate the spiritual identity of the clients and openly address spirituality in developing the therapeutic relationship. Boyd-Franklin (2003) warns that it is counterproductive to ignore issues of religion, and therefore it is important to allow the couple to explain their points of view of religion.

It may also take additional time to develop a trusting relationship with African-American clients (Cook & Wiley, 2000). Some may distrust therapy or worry that the therapist will not respect their religious beliefs, so the therapist should encourage the couple to discuss their concerns about therapy and even get permission to consult with the couple’s minister to help with the joining process. It is important to reassure the couple of confidentiality, since many may not be familiar with confidentiality agreements. Therapists may want to ask about the client’s perceptions of therapy, as well as those of the client’s family, church and peers. In particular, male African-American clients or those from lower socioeconomic backgrounds may be leery of “therapy;” therefore the therapist may want to refer to therapy as a “meeting” or another non-threatening label.
African-American therapists can also face unique relationship issues. Clients may assume the therapist has a similar faith background and may take a more informal style with the therapist. Therapists who are African-American may need to match both the needs of the client to be congruent with the cultural norms of the community while also maintaining professional boundaries and roles. Clients may have deeply held feelings about African-American therapists who have higher socio-economic status and more opportunities than they have been afforded, which may need to be processed. However, African-American therapists can also often use spiritual language, metaphors and cultural events as a means of relationship building. They can also utilize appropriate self-disclosure and personal racial identity development as a resource to the family.

**Assessment.** Boyd-Franklin (2003) recommends that clinicians assess the role of spirituality in lives of African-American clients and their families as any other psychosocial area in the assessment process. She suggests that therapists not approach religion in a stereotypical manner, but instead explore each partner’s definition of spirituality and how they use it as a resource in life. It is important to assess for the client’s religious and spiritual beliefs and the importance of spirituality to the client before engaging in religiously-integrated therapy. Some religious beliefs may cause distress; for example when clients spiritualize their problems, interpret difficulties as “God’s will,” or passively trust that their problems will be resolved. For some clients, seeking therapy rather than prayer may signify a lack of trust in God. In these cases, therapists should work within the couple’s belief system, rather than attempt to modify the beliefs (Boyd-Franklin, 2003). Therapists can orient the couple to mental health services and correct myths, at the same time communicating respect for the client’s spiritual beliefs and values.

With African-American clients, Cook and Wiley (2000) recommends that therapists prioritize the use of the clinical interview to assess the role of spirituality in the couple’s life. This interview should consist of taking the couple’s church history, asking about their relationship with God, significant religious/spiritual experiences, and spiritual practices. Some clients may use prayer to cope with life’s challenges or cope with health or mental health issues; therefore, therapists should ask about this use of prayer, how often the client prays, and how the client prays. Therapist needs to have knowledge of church affiliation, normative religious beliefs, and practices. Ask about sources of help the church may provide and encourage the couple to seek appropriate services at their church, such as couple’s enrichment groups, marriage mentoring, couple’s small groups or Bible studies (Boyd-Franklin, Kelly, & Durham, 2008). At the end of the first session, after the therapist joins with and establishes rapport with the couple, the therapist can then return to issues of racial, cultural, or religious differences and what these differences mean for the therapeutic relationship.

**Interventions.** Boyd-Franklin (2003) suggests that it is important that the therapist recognize prayer as a manner of coping and incorporate this into therapy. She warns that failure to do so can jeopardize the joining process, impede progress in therapy, and lead to client resistance and a lowered level of trust. For couple’s therapy, spiritual unity within the marriage, sometimes referred to as being “equally yoked,” and sharing a common spiritual vision, is important to many African-American couples. Therefore sharing meaningful spiritual practices together, such as prayer, fasting, reading Scripture, and attending church, can foster intimacy with the couple. It is good to discuss what spiritual intimacy means to the couple, as this can look different with different clients (Worthington, 2005). Some suggested interventions designed to increase spiritual intimacy include:

- Prayer in session with the couple (if congruent with therapist’s training and ability) and prayer as a couple for homework
References to Scriptures that connect with marital principles (such as intimacy, good communication, forgiveness, etc.) and hand-outs with Scripture references

• Reading a spiritual growth book together and discussing chapters or concepts from the book

• Attending church together and then discussing the sermon or lesson together afterward

• Sharing your spiritual journey and religious history with each other

• Leading a couple’s Bible study or enrichment group at church or mentoring another couple

• See Intervention 13-10 (Worthington, 2005) for more ideas

Annotated Bibliography


Boyd-Franklin, an expert on the African-American experience, addresses the cultural and racial context of African-American families and its impact on family patterns, gender issues, and religion and spirituality. The book ends with suggestions for major treatment issues, theories, and interventions in psychotherapy, as well as implications for supervision, training, and research in the area.


The go-to source for couple therapy from a wide variety of theoretical models. The second half of the book addresses applications of couple therapy with special populations, problems, and issues. This chapter on African-American couples discusses the impact of race-based stressors on the couple and family relationship, extended family involvement, and religion and spirituality with couples.


The APA’s publication on how to conduct psychotherapy with religiously diverse clients. This chapter on clients from African-American churches and traditions addresses a history of African-American spirituality and the role of contemporary African-American churches and their pastors in the lives of such clients. Implications for psychotherapy include issues of developing rapport with clients, common clinical issues and problems, and assessment and treatment issues.


Widely adopted for addressing racial and ethnic diversity in family therapy, this source includes chapters on families of African Origin and African-American families. The authors address the importance of spirituality to the lives of many African-Americans and ways therapists should be sensitive to issues of spirituality.

Expanding on her earlier work, McGoldrick and Hardy address societal structures and contextual understanding of clients from different cultural perspectives. Chapters discuss the impact of ethnicity, class, race, gender, sexual orientation, and religion on families and family therapy. Includes chapters on the implications of racial identity and racism for therapy and therapists’ own perspectives of their cultural legacies.


The chapter on creating more closeness includes ideas for creating more spiritual intimacy in marriage. Intervention 13-10 is a discussion on what intimacy means for the couple and pages 232-234 discuss ideas for creating greater spiritual intimacy.