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Spirituality, Marriage, and Family

by
Paul Giblin

Until fairly recently spirituality and religion were considered synonymous. Religion and religious structures were the primary supports for those embarking on a spiritual journey. The guides were priests, ministers, rabbis, and religious men and women. The faces of spirituality and religion are, however, changing. A recent survey (Hamma, 1993) by the editor of Spiritual Book Associates (SBA), a book club located at Notre Dame University, compared the top 10 spirituality best-seller lists from 1967–68 and 1992–93. In 1968 all the authors were men and priests, including some of the theological giants in the Catholic Church such as Karl Rahner, Teilhard de Chardin, and Bernard Haring. In contrast, the most popular book in 1993 was by a woman named Joyce Rupp (*May I Have This Dance*). The 1993 list included two books by laypersons, a man and a woman, but none by prominent theologians. The editor further noted that the 6,000-person membership of SBA in 1968 consisted of virtually all clergy and religious persons and that its current membership of 9,000 includes 30% laypeople.

The faces of religion and spirituality are clearly changing. Spirituality has grown not only as an interest but also as an expertise of laypersons. Graduate training programs in pastoral counseling, spirituality, and spiritual direction currently show a 50% lay student population (Giblin & Stark-Dykema, 1992). The continuing popularity of spirituality books such as *The Road Less Traveled*, *Care of the Soul*, *Chicken Soup for the Soul*, *Women Who Run With the Wolves*, and *The Celestine Prophecy* points to a societal hunger for meaning, values, and transcendence. It is therefore important that clinicians learn to pay attention to the role of clients' spiritual beliefs and practices.

SPIRITUALITY OR RELIGION?

Why the distinction today between spirituality and religion? The overall intent seems to be one of connecting with those

Whether viewed as part of culture, a subset of belief systems, or a constructivist languaging system, spirituality is gaining increased attention among marriage and family therapists. This research review first compares religion and spirituality, defines spirituality, and then reviews spirituality research in relation to marital satisfaction, healthy marital and family functioning, assessment, and clinical practice. The article concludes with a brief summary of questions warranting further research.

many persons who are not churchgoers but are spiritual, for whom church and religion were negative childhood experiences or meaningless adult experiences. At times, however, this distinction seems spurious. It contrasts inner, individual, affective, immediate, and flexible spirituality with outer, relational, cognitive, distant, and rigid religion.

Ideally, religion and spirituality support each other. In less than ideal times, however, it seems more advantageous to distance oneself from a type of religion and church that have become rigidified, exclusive, ideological, and fundamentalist, that emphasize beliefs but do not consider how those beliefs are held and what behaviors they promote (Williamson, 1995). Religion that fails to distinguish between prayers and prayerfulness, that emphasizes hierarchy and exclusion, and that is not accountable for its failings deserves to be rejected. At the same time, a spirituality that fails to call persons to intellectual growth and reflectivity, to be in relationship and community, and to be morally accountable should also be spurned.

DEFINITIONS

A review of the literature on the topic of spirituality reveals tremendous diversity in definitions and leads to the conclusion that spirituality is a multidimensional concept. Spirituality has been defined in the following ways:

1. Harmonious interconnectedness across time and space (Hungelman, 1985)
2. The horizon of our being, which moves us from self-centeredness to self-transcendence (Schneiders, 1989)
3. "Spirit is the core principle of conscious life, the vital principle that energizes the body. Spirit—whether good or evil—is the fundamental dynamic or energy that inspires and pervades all thought, feeling and action. In this understanding, every human being is by nature a spirit or spiritual being" (Williamson, 1995, p. 9).
4. "The spiritual dimension of the human is a unifying force which integrates all other dimensions, plays a vital role in determining well-being, identifies what is meaningful and purposeful, transcends the individual and has the capacity to be a common bond between peoples, a caring center that promotes sharing warmth, love, and compassion with others" (Brigman, 1984, p. 3).

One of my favorite definitions is the following: "The spiritual experience is a presently felt phenomenon, in-

volves an awareness of the transcendent dimension, brings new explicit meanings, and leads to growth" (Hinterkopf, 1994, p. 166). This four-part, parsimonious definition conveys the following meanings:

1. That spirituality involves feelings, a bodily sense, and not simply a cognitive belief system.
2. To speak of the transcendent dimension is to talk of moving beyond one's former frame of reference in the direction of a higher, broader, more inclusive perspective. The transcendent dimension may, but does not necessarily, involve a deity or higher power; that is, spiritual experiences are not limited to experiences that refer to a transcendent power or being.
3. That spirituality involves finding and receiving meaning.
4. That spiritual experiences lead to growth, increased energy, freedom, a feeling of being more fully present, and the ability to reach out to more parts of the self, others, and life.

Qualities often associated with spirituality include the following: wholeness, faith, love, interconnectedness, nonattachment, mystery, paradox, meaning, value, and purpose. Images and symbols associated with spirituality often include an open heart, journey, quest, or pilgrimage.

MARITAL ADJUSTMENT AND SATISFACTION

More than a half dozen studies over the past 15 years have directly assessed the relationship between marital satisfaction and spirituality. A general finding is that higher scores on satisfaction-adjustment measures are associated with higher levels of spirituality or religiosity across a variety of measures. Several of those studies are cited as follows.

Anthony (1993) used the Dyadic Adjustment Scale (DAS) to measure marital adjustment and the Religious Orientation Scale (ROS) to measure the following four types of religious orientation:

1. *Intrinsic*: People who internalize their religion, who endeavor to live their faith on a daily, consistent basis;
2. *Extrinsic*: People who use religion to gain social recognition, status, or prestige;
3. *Indiscriminantly proreligious*: Persons are supportive of anything religious without differentiating their motives; and

4. *Indiscriminantly antireligious*: Persons are against anything related to religion.

The study includes 400 marital dyads from four major Protestant denominations in the Southern California area. Anthony found that the highest DAS scores were attained by intrinsically motivated persons; extrinsically motivated persons had the lowest DAS scores; second and third highest levels of marital adjustment were experienced by those who were indiscriminantly antireligious and proreligious, respectively. Factors of age, religious homogamy, income, children, or premarital cohabitation did not affect marital adjustment.

Roth (1988) examined the relationship between marital adjustment and spiritual well-being among 147 married individuals from three United Methodist and Baptist churches in Southern California. The first variable was measured by the Dyadic Adjustment Scale (DAS) while spiritual well-being was measured with Ellison's (1983) Spiritual Well-Being Scale (SWB). The SWB is discussed in detail in the Assessment section of this review. Findings indicated that spiritual well-being had a significant, positive relationship with subjects' perceptions of their marital adjustment. Women showed a higher overall correlation between SWB and marital adjustment. For men, marital adjustment correlated most highly with existential well-being, one of the two subscales of the SWB. Significant differences were also noted for years married: Those married 10 to 40 years showed a stronger relationship between marital satisfaction and spiritual well-being than those married for less than 10 and more than 40 years.

Hunt and King (1978) hypothesized and found a positive relationship between religiosity and marital satisfaction. The authors used a multivariate measure of religion including 17 items and the Locke-Wallace Marital Adjustment Scale. Subjects included 64 married couples, whose average age was 25 and whose average length of marriage was 4 years. Almost half the couples had one partner who was attending college. Results indicated that "certain types of religiosity and marriage success are related" (p. 403). Six variables seemed to reflect intentional commitment and a desire to grow that manifested itself in the form of participation in church activities. "Belief, effort, and participation in religion seem to be related to better marital adjustment and satisfaction" (p. 404). Items measuring agreement on religion between husband and wife were positively related to several measures of marital success. Some gender differences were also noted. For men, extrinsic religious motivation, that is, an approach to reli-

gion emphasizing the beneficial results of participation in a religious group, was significantly related to marital success.

HEALTHY MARITAL AND FAMILY FUNCTIONING

Over several decades studies of healthy marital or family functioning have consistently identified religion-religiosity as a significant factor contributing to well-being. The following studies build on this previous research by examining the interrelationship between family and marital strengths.

Schumm (1985) reviewed the extensive family strengths research of Stinnett and colleagues and proposed a path model which maps the interrelationship between six primary family strengths. The model depicts religion or religious orientation as a "sort of prime mover that at least indirectly influences all the variables in the model" (p. 4). Religious orientation is defined in very broad ways—as an awareness of and commitment to a spiritual lifestyle, not necessarily involving traditional religious variables such as denominational membership or level of participation in organizational activities. The remaining five strengths included appreciation (respect, love, general positiveness), commitment to family members, time together, direct-open-mutual communication, and conflict-crisis coping or resolution. It is curious that the model has drawn little interest by way of further empirical testing, and that it depicts only one-way relationships from religion to the other variables and not bivariate relationships.

Robinson and Blanton (1993) conducted an interview study with 15 couples married at least 30 years in an effort to determine strengths associated with enduring marriages. Their work also built on Stinnett's family strengths research. Subjects were married an average of 40 years; average age of husbands was 63 years, and average age for wives was 61 years. Ten couples were Protestant, one Catholic, one nondenominational, and four couples were of mixed denominations. Partners were interviewed separately for approximately one hour, and data were coded using the Ethnography computer program (Seidel, 1989). Data analysis indicated that intimacy, commitment, communication, congruence, and religious faith were the key elements of enduring marriages. The authors proposed a model integrating these dimensions, with intimacy as the central concept affecting or being affected by all the other dimensions. Interestingly, religious faith is the only dimension that influences other variables but is not influenced in turn. The authors' rationale for their model

is unclear, yet the model is well worth exploring in future research.

Robinson (1994) conducted further qualitative analyses on the above data (Robinson & Blanton, 1993), examining the ways that religion was important in "religiously oriented" enduring marriages. In her results she noted that "although religious orientation was mentioned as important by the majority of the subjects, a few mentioned that religious involvement had decreased somewhat over the years. It did not seem as if religiosity ensured a high quality marriage. Some of the apparently less satisfactory marriages included partners with high religious commitment. On the other hand, some of the more satisfying marriages involved couples whose religious faith was not as all-consuming" (p. 211). Robinson concluded that "religious orientation appears to enhance marriages through moral guidance and social, emotional, and spiritual support" (p. 215).

CLINICAL PRACTICE

A number of articles have begun to appear that suggest using specific interventions with couples for whom religious issues are important. Typically the authors present case studies to document their work.

Anderson (1994) discussed spiritual phenomena in couple therapy, particularly the role of transcendence and relinquishment. Through reflecting on a case example, he explored the influence of a sudden change-inducing factor, something which "transcends our human ability to control, analyze, or fully explain . . . a source of power and meaning that lies beyond ourselves and yet that acts on us and within our concrete lives. When this transcendent force acts on us, personal and relational change is initiated, often in directions we have not intended or planned" (p. 38). The second aspect of the spiritual is relinquishment, which represents "a willingness to let go of these strategies [to change aspects of ourselves and our partners] and to face the essential aloneness and helplessness that characterize the human condition" (p. 39).

Anderson indicated that in his experience the therapist is also faced with these same two paradoxes, of being open to change from beyond the therapeutic system, and relinquishing the need to make change happen. He indicated the value of meditation focused on openness to the transcendent and to relinquishment. Butler and Harper (1994) applied Bowenian and structural approaches to understanding ongoing triadic relationships that marital partners maintain with God. Couples' histories and their uses of language, ritual, and symbol were examined as

they maintained religious belief systems and invoked God's presence. The authors viewed couples' religious belief systems as a subset of broader belief systems that clinicians should interpret as such. Healthy triangulation in marriage allows couples to see their relationship through divine perspective, which in turn helps them to step out of their emotionally reactive positions and become more detached, neutral, responsible observers of their system. On the other hand, couples' distortions of the God-couple relationship can contribute to lack of differentiation and constrain marital development.

The authors examined three dysfunctional triangles that therapists may encounter with religiously oriented couples. In coalition triangles both partners compete for the allegiance of God, blame the other for problems, and avoid personal responsibility. In displacement triangles the couple comes together through projecting their conflict onto God, who then becomes the focus of their negative energy. Finally, in substitutive triangles one or both partners distance from each other and strive for intimacy with God. The article concludes with helpful suggestions for therapy with such undifferentiated couples. The article was directed toward therapists who work with situations in which partners share similar belief systems.

Rotz, Russell, and Wright (1993) addressed the dilemmas faced by the "spiritually correct" therapist in avoiding triangulation with the couple in which partners present with different spiritual emphases. Strategies for avoiding collusion with the "spiritually one-up" partner who wishes to focus on spiritual content include the following:

1. Clarify partner's expectations, distinguishing between those that more appropriately belong with the pastor and those appropriate for therapy.
2. Make explicit the partners' spiritual differences, highlighting their own assessments and not the therapist's.
3. Invite the "spiritually one-down" partner to develop criteria to assess the objectivity of the therapist.
4. Disavow conversion efforts.
5. Predict that the "spiritually one-up" partner may feel a sense of betrayal somewhere across the course of therapy.
6. Balance the therapeutic agenda, that is, spiritual issues for the one partner with the spoken agenda of the other partner.
7. When necessary do not allow "God talk."
8. Finally, when the therapist has entered into an unconscious collusion with the one partner, talk about

the problem and develop solutions with the couple. If necessary, interview the other partner alone in an effort to rebuild that relationship.

How do therapists develop increased sensitivity to their clients' religious issues and dynamics? Stander, Piercy, Mackinnon, and Helmenke (1994) provided the following strategies:

1. Enter into dialogue with those of other religious and cultural backgrounds, exploring a range of marital, family, and developmental issues.
2. Explore with clients the role of religion and spirituality in their interactions and decision-making, that is, how these provide a "moral compass" in their specific context.
3. Discuss with colleagues the relationship of religion and spirituality in their personal and professional lives.
4. Develop mutual referral and collaborative relationships with religious leaders of the community.
5. Explore in supervision one's responses to clients' work with religious issues.
6. Examine one's clinical theory in relation to another's religious beliefs and practice, that is, are there clinical assumptions or interventions that are contradictory to the client's spirituality?

While the above authors (Stander et al., 1994) espoused avoiding triangulation with couples who present with different spiritual emphases, Prest and Keller (1993) suggested strategies to engage spiritual content when working with couples who do not present with these splits. Prest and Keller write from a constructivist perspective, emphasizing the importance of language as the reflection of clients' belief systems. Spiritual beliefs are attended to as they serve or inhibit the system; provide a sense of meaning, direction, possibility, and continuity across time; or contribute to rigidity, manipulation, and lack of autonomy. The authors presented the following strategies.

1. Identify religious or spiritual solutions which have become part of the problem.
2. Elicit underlying, fundamental beliefs which may be contributing to the problem.
3. Address the issue of incongruent spiritual maps, that is, gently but overtly challenge, within the client belief system, the lack of fit between the old maps and the current problem situation.
4. Choose and use quotations from religious texts which are congruent with the client's belief system

and which espouse change.

5. Share the spiritual process, making judicious choices about the appropriateness of self-disclosure.

The authors suggested helping clients within nontraditional spiritual belief systems to understand the following ideas:

6. That God is present in all persons—that human beings are manifestations of God
7. That God is a stream and all humans are in the stream. Individuals may try to swim against the stream, deny they are in the stream, or allow the stream to carry them
8. That God is "of the dark" as well as "of the light," and that the dark is not punishment or to be abhorred but is also a place in which God is present
9. Make friends with their perceived enemies, that is, befriend their fears and anxieties
10. Understand that we are all part of a larger system, an "eco-self" which influences us, and thus others are a part of ourselves

Miller (1981) proposed that religious issues in family systems therapy might be dealt with in the following three ways:

1. As direct issues—when God, religion, or church activity come to displace other very real family issues, or when families project religious aspirations or roles onto certain family members and it becomes difficult to sort out what is valid faith and what is defense against family anxiety
2. In terms of parallels—that relationships to God parallel those with important others, that the same degree of maturity or lack of maturity in relationships likely also applies to those with God, that God's law or the church's law may parallel the family moral code, and that perceptions of God and the church may well parallel perceptions of father and mother, respectively
3. As an underlying value system—and sharing two common goals of family therapy, having the pursuer "pull back," and preparing a client to experience the "emptiness" of dealing with unmet expectations.

Jankowski (1995) found the following three principles from his ministerial training in hermeneutics to be especially helpful in family therapy.

1. Learn the language: "The best way to understand a culture is to learn the language." Language conveys the belief systems and practices of the family. The therapist does well to ask lots of questions, beginning with his or her own assumptions and beliefs.
2. Practice not knowing: Search to know more about the family members, their communication, and behavior. Let your questions flow from your natural curiosity.
3. Be willing to change your assumptions and prior understandings of the clients: That is, relinquish your needs to control outcome. This third point was also echoed by Anderson (1994) above.

ASSESSMENT

It is important for therapists to be able to assess in detail clients' religious beliefs and practices as these relate to goals and presenting problems. Beyond direct inquiry and dialogue with clients, it may be beneficial for the therapist to be aware of assessment models and tools. Several of these are mentioned below.

DiBlasio (1988) assessed families along a religiosity continuum of five points:

1. No religion: Spirituality or religion does not exist for them.
2. Possible religiosity: Spirituality may or may not exist, but either way it does not interface with the family life.
3. Some religiosity: Spirituality tends to be peripheral, called upon in times of crises, in interaction with client behaviors.
4. Moderate religiosity: Spirituality is an important quality interacting with client cognition and affect.
5. Absolute religiosity: Spirituality is the central force of life that engulfs the human condition.

Such a continuum allows the therapist to assess the interplay of affect, cognition, and behavior with spirituality. Assessment of the depth of commitment to their faith, the substance and importance of biblical principles, and the role of the church among Evangelical Christians was the focus of the article by DiBlasio (1988).

Genia (1991, 1995) developed the Spiritual Experience Index (SEI) to measure spiritual maturity in persons of diverse religious and spiritual beliefs. The scale is unidimensional and is based on a five-stage developmental model of faith. It consists of 38 questions

answered on a 6-point Likert scale. Beyond its research value, the SEI can provide the clinician with a detailed insider perspective on the client's faith system. The Spiritual Well-Being Scale (SWBS; Ellison, 1983) is a frequently used spiritual assessment tool that was designed to measure spirituality in the context of quality of life and subjective well-being. It consists of 20 questions answered on a 6-point Likert scale. It is comprised of two subscales. Religious Well-Being measures relationship with God, "the vertical dimension," and Existential Well-Being measures well-being in relation to the world, including a sense of life purpose and satisfaction, the "horizontal dimension." Like the SEI mentioned above, the SWBS can be helpful in both research and clinical practice. While the SEI is relatively new and does not have broad-based research behind it, the SWBS has been evaluated across many different contexts (Bufford, Paloutzian, & Ellison, 1991).

Fitchett (1993, 1995) and colleagues at Rush-Presbyterian-St. Luke's Medical Center in Chicago have examined the role of spirituality in health care. They defined the spiritual dimension of life as "the dimension that reflects the human need to find meaning in life and respond to the sacred aspect of life" (1995, p. 42). Following an assessment of existing models of spiritual assessment they developed a 7 × 7 Model for Spiritual Assessment. The model assesses the following seven holistic dimensions of the person: medical, psychological, family systems, psychosocial, ethnic-racial-cultural, societal, and spiritual. The model focuses on the seventh dimension, the spiritual, and examines the following dimensions of spirituality: belief and meaning; vocation and obligations; experience and emotions; courage and growth; ritual and practice; and community, authority, and guidance. Fitchett (1995) provides interview questions for each of these dimensions.

Finally, Elkins, Hedstrom, Hughes, Leaf, and Saunders (1988) developed the Spiritual Orientation Inventory (SOI), a measure of humanistic spirituality based on "an enlarged definition and understanding of spirituality [which] would recognize its human and universal nature and would extricate it from the narrow definitions sometimes assigned to it by traditional religions" (p. 6). Following several revisions the SOI consists of 85 items answered on a 5-point Likert scale. It consists of the following nine subscales: transcendent dimension, meaning and purpose, mission in life, sacredness of life, material values, altruism, idealism, awareness of the tragic, and fruits of spirituality.

CONCLUSION

The studies reviewed here indicated a significant positive relationship between satisfaction and spirituality in marital and family systems. While studies like Robinson (1994), Robinson and Blanton (1993), and Schumm (1985) have begun to detail the intricate relationship between spirituality and dimensions of marital and family life, there is a need for further research. Most studies examined main effects, that is, the unitary relationship between two variables. Much more research is needed on the interactions between variables. For example, how is spirituality influenced by gender and at the same time the lifecycle stage? How might the research described here be extended to other nonrepresented denominational groups and non-denominational groups?

How do differences in couple belief systems and the relative importance of spirituality to each partner contribute to satisfaction or conflict? How do partners of differing belief systems cope with the differences? Can partners be coached to listen for the transcendent and practice relinquishment (Anderson, 1994)? How can therapists be coached for increased consciousness of spirit in psychotherapy practice (Stander et al., 1994; Williamson, 1995)? ➔

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