

Spiritual Interventions in Child and Adolescent Psychotherapy

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ADDRESSING PARENTAL SPIRITUALITY AS PART OF THE PROBLEM AND SOLUTION IN FAMILY PSYCHOTHERAPY

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Foolishness is bound up in the heart of a child; the rod of correction will drive it far from him.

—Proverbs 22:15

Do not withhold correction from a child, for if you beat him with a rod, he will not die. You shall beat him with a rod, and deliver his soul from hell.

—Proverbs 23:13-14, New King James Version

For years, critics of corporal punishment have pointed out that parents may lean on Bible passages such as these to justify harsh or physically abusive parenting (Dyslin & Thomsen, 2005). Yet parental spirituality encompasses more than isolated disciplinary beliefs or practices shored up by narrow interpretations of sacred scriptures. Broadly speaking, spirituality can be part of the problem or the solution when dysfunctional parenting occurs within families referred for psychotherapy. Moreover, numerous studies of non-clinical referred families have shown that greater parental spirituality tends to predict better parenting in national or community samples of married heterosexual people and single mothers (Mahoney, 2010; Mahoney, Pargament, Swank, & Tarakeswar, 2001). For example, greater importance of religion or spirituality in one's life and religious attendance correlate with greater maternal self-efficacy and positive parenting methods by single, adolescent mothers and with a lower risk of child maltreatment in low-income and minority families (e.g., Carothers, Borkowski, Lefever, & Whitman, 2005). Also, the more par-

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ents attend religious services or say religion is personally important, the less often their adolescents and children display behavioral or emotional problems (e.g., Smith, 2005). Conversely, however, major conflict between parents regarding spiritual matters increases the risk of child adjustment problems (e.g., Bartkowski, Xu, & Levin, 2008), and religious clashes between parents and adolescents are tied to more distance and dissatisfaction in their relationship (e.g., Stokes & Regnerus, 2009). Yet serious intrafamilial disputes about religion are the exception, not the rule. Taken together, available studies have indicated that greater private and public engagement in religion tends to prevent problems in parenting from emerging. Thus, sensationalistic stories in the media about spiritual beliefs fueling child physical abuse obscure scientific evidence that greater religious involvement generally lowers the risk of poor parenting and family crises in the general population (Mahoney, 2010). Nevertheless, because psychotherapists work with clinically distressed families, they are likely to witness parental spirituality gone awry.

The aim of this chapter is to present a conceptual model that helps psychotherapists identify ways in which parental spirituality can reinforce maladaptive parenting as well as foster adaptive changes. Drawing on theory and research about relational spirituality, we focus on parents' relationships with God, family members, and faith communities as three relational contexts within which spirituality may shape parental goals (destinations) and methods (pathways) for better or worse. After we delineate our conceptual model, we illustrate the applicability of our ideas to clinical practice. Specifically, we offer case material and discussion on the following three topics: parental perfectionism and rigidity, religiously based physical maltreatment of children, and parent-adolescent conflict about sexuality and identity individuation. We close with comments about parental attributions about youth psychopathology and resistance to secular mental health interventions.

Before proceeding, we would like readers to know that we were unable to locate published, peer-reviewed studies on the negative or positive role that parental spirituality plays in the lives of families who seek psychotherapy (i.e., clinic-referred samples). Although we located resources to help address spirituality in family psychotherapy (e.g., Onedera, 2008; Walsh, 1999; Weaver, Revilla, & Koenig, 2002), parenting workshops (Howard et al., 2007), family therapy training programs (e.g., Patterson, Hayworth, Turner, & Raskin, 2000), and psychosocial treatments for children with chronic physical illnesses (e.g., Cotton, Yi, & Weekes, in press), we were unable to locate controlled treatment outcome studies on the efficacy or effectiveness of integrating parental spirituality into family-focused psychotherapy, such as incorporating spirituality into parent training programs. Therefore, much of this chapter is based on theory and clinical anecdotal evidence that needs to be empirically tested with clinically distressed samples of families.

Another important caveat is that more than 90% of peer-reviewed studies on faith and family life in the past 30 years involve families from the United States (Mahoney, 2010; Mahoney et al., 2001). Thus, findings speak primarily to Christians from varying denominations because relatively few U.S. families belong to other religious traditions. Here, for example, are percentages of religious affiliation based on a nationally representative sample of adolescents: 75% endorsed a Christian affiliation (52% Protestant, 23% Catholic), 16% reported no religious affiliation, 7% were affiliated with one of the many minority U.S. religions, particularly the Latter-day Saints (2.5%) and Judaism (1.5%), and 2% did not know or disclose an affiliation (Smith, 2005). Although our heuristic model is intended to generalize across families from different religious traditions, the case examples we later use to illustrate our model depict parents with varying Christian backgrounds because these families reflect whom U.S. psychotherapists, such as us, are mostly likely to see. We hope our chapter encourages more research on parental spirituality within families from diverse religious backgrounds who are referred for psychotherapy because of dysfunctional parenting.

OVERVIEW OF THE RELATIONAL SPIRITUALITY FRAMEWORK AND PARENTAL SPIRITUALITY

Key Elements of the Relational Spirituality Framework

Consistent with world religions having developed rituals and doctrines surrounding significant family events from birth to death (Onedera, 2008), scientific studies on faith and family life have covered a wide range of family experiences, such as childbearing, mate selection, parenting strategies, and domestic violence. Mahoney (2010) developed a framework called *relational spirituality* to organize these diverse topics into three general stages of family relationships: (a) discovery—forming and structuring family relationships, (b) maintenance—engaging in processes to sustain family relationships, and (c) transformation—experiencing family difficulties that call for radical change in the structure or processes of family relationships. Within this framework, *spirituality* is defined as the “search for the sacred,” a definition that encompasses the discovery, maintenance, and transformation in individuals’ approach to the sacred over the life span (see Pargament, 2007; and Pargament & Mahoney, 2009, for elaboration). Thus, the relational spirituality framework emphasizes that people’s searches for intimate relationships and for the sacred often overlap, and both pursuits often occur within the context of larger established religious institutions; notably, no other social organization besides religion promotes spirituality as a central goal. Mahoney’s relational

spirituality framework unpacks the multifaceted interface between spirituality and the three major stages of family relationships by highlighting unique, specific psychospiritual factors that could undermine or enhance relationships in both traditional and nontraditional families.

For the purposes of this chapter, Mahoney's (2010) relational spirituality framework illuminates three key issues for psychotherapists to recognize. First, within and across religious groups, the formation of a nuclear or extended family consisting of married heterosexual individuals with biological children is uniformly upheld as a spiritually desirable goal, whereas conflicting theological stances exist about the morality of other family structures (Mahoney & Krumrei, in press). For instance, parents and adolescents may disagree about whether a same-sex marriage and the adoption or birth of children by single adults or cohabiting couples of any sexual orientation should be spiritually condoned as valid destinations for family life.

A second issue is that spiritually based conflicts about whether people should form nontraditional family bonds make it easy to lose sight of the fact that diverse religious groups agree about the virtues that people should exhibit to maintain the traditional or nontraditional family relationships they do create. For example, widespread theological consensus exists on the spiritual goals of family members giving and receiving love, commitment, sacrifice, honesty, fairness, and forgiveness to and from one another. Ideally, spirituality can inspire parents to display these virtues, although some manifestations of faith may reinforce maladaptive parenting methods. Third, family problems can occur that call for the transformation of the structure or processes underlying family relationships. To date, however, scarce empirical research exists on how spirituality operates within clinic-referred families in which, from the perspective of psychotherapists, parents need to make fundamental changes in their goals and methods of parenting. We elaborate on this latter topic.

Mahoney's (2010) relational spirituality framework also delineates three relational contexts in which psychotherapists can explore ways that spirituality may play positive and negative roles in parenting: relationships with God, family members, and faith communities. In our model for working with spirituality as part of family psychotherapy, we discuss each context separately, and we highlight specific spiritual beliefs or practices that could either reinforce maladaptive parenting or, conversely, motivate parents to change for the better.

Focus on the Transformation of Problematic Parental Destinations and Pathways

Because of the virtual absence of controlled research on specific spiritual beliefs or practices about parenting in clinic-referred families, our heuristic model for working with distressed families draws on extensive literature

about individuals turning to spirituality to cope in times of trouble. Specifically, Pargament (1997, 2007) theorized that individuals proactively identify and pursue destinations in life that they appraise as significant. Parents, for example, may strive for certain child-rearing destinations, such as their children being obedient or emotionally close to their parents. Pargament's framework also emphasizes that individuals travel down diverse pathways to reach desired goals. Parents, for instance, may rely on positive or punitive methods of discipline to gain child compliance. Finally, Pargament's model of integrating spirituality into individual psychotherapy emphasizes ways in which spirituality can be part of the problem when dysfunction is evident in the goals or methods that clients pursue and, alternatively, part of the solution when transformation is needed. Similarly, the major focus in our model is for family psychotherapists to consider ways in which spirituality can shape, for better or for worse, the goals that parents believe should be sought in family life and the methods they use to reach their objectives (Mahoney, 2005). We suggest that conflict between parents and their children can be amplified or inhibited on the basis of the extent to which family members disagree or agree regarding spiritual guidelines for the destinations or pathways of parenting. Next, we delineate ways in which parental spirituality may reinforce problematic parental goals and methods or spur change in both dimensions of parenting. Consistent with Mahoney's (2010) relational spirituality framework, we divide our discussion into ways in which parents may draw on a relationship with God, the spiritual nature of a family relationship, and relationships with religious communities to shape their parenting destinations or pathways.

ASSESSING WAYS IN WHICH PARENTAL SPIRITUALITY MAY BE PART OF THE PROBLEM

We now lay out guidelines for assessing various ways in which parental spirituality may be part of the problem for clinic-referred parents, followed by an overview of intervention steps. We then offer three sets of case material to illustrate our approach to intervention more concretely.

Screening for the Relevance of Parental Spirituality

Consistent with Richards and Bergin's (2005) recommendations that psychotherapists routinely screen for the relevance of religion and spirituality with individual clients and then follow up with more detailed questions as needed, we suggest that family psychotherapists habitually open up the topic of spirituality in initial sessions with parents. Hodge (in press) consolidated

the following four screening items from work published by leading scientist-practitioners in the psychology of religion and spirituality for therapists to use. The items assess, respectively, the overall importance, affiliation, resources, and problematic role of spirituality:

1. I am wondering how important spirituality or religion is to you.
2. Do you happen to attend religious services in a church or some other type of religious or spiritual community?
3. Are there certain spiritual or religious beliefs and practices that you find particularly helpful in dealing with difficulties?
4. I am wondering whether your present problem has affected you spiritually or religiously.

When parents' responses indicate that spirituality is relevant to their lives, psychotherapists can then assess specific ways in which spirituality may be part of the problem or the solution in parenting.

Assessing Problems in Parenting Across the Three Contexts of Relational Spirituality

Problems in the Parent's Relationship With God or the Divine

In our model, parents' felt connection to God is one spiritual context that may shape their goals and methods of parenting. Research spurred by Baumrind's (1967) widely cited model of parenting styles, along with Macoby and Martin's (1983) expansion of Baumrind's work, highlights two major parenting goals for psychotherapists to explore: control and warmth or closeness. With regard to parental control, parents may believe that God intends for them to elicit child obedience and conformity to social norms. With regard to warmth, parents may believe that God intends for them to love their children unconditionally and to form close, affectionate bonds that nurture their children's unique individuality. Obviously, these two goals are not mutually exclusive. Specifically, authoritative parenting that involves both ample control and warmth appears to be an optimal parenting style, at least among European American families (Demo & Cox, 2000). Moreover, although conservative Christians are more prone than people affiliated with other groups to say that they value child conformity more, wide variability exists within and across religious groups about this parental goal (Starks & Robinson, 2007). Thus, psychotherapists need to ask directly about the importance that parents place on the goals of achieving control over and closeness to their child. The second key question for psychotherapists to explore is whether parents believe that their connection to God requires that they follow certain pathways to achieve their parenting goals. Parents

may embrace a wide range of specific parenting methods to reach their goals that vary in effectiveness in the short and long term.

Parental spirituality can be problematic if parents believe that they must pursue destinations or pathways that intensify negative parenting to have a satisfactory connection with God. With regard to goals, parents may believe that they would violate God's intentions if they abandoned the goal of socializing their children to conform to certain social norms, and they may therefore hold onto excessively high or rigid expectations. Alternatively, some parents may believe that God's highest priority is for their children to feel unconditionally accepted. Thus, parents may avoid or feel ambivalent about upholding high or conventional expectations for their children's performance in or out of the home. With regard to pathways, parents may adopt methods to achieve parenting goals that are counterproductive because they fear disappointing God. Take, for example, the mother of an 8-year-old who discloses in an anxious, guilt-ridden manner, "I know that I should spank my child more often," and then explains that she feels as though she is letting God down by being too lax with discipline. In short, parents may implicitly or explicitly believe that God sanctions certain parenting styles. To change either their parenting goals or methods, parents may risk feeling distant, abandoned, judged negatively, or rejected by God because they are contradicting God's preferences.

Problems in the Spirituality of the Parent-Child Relationship

A second context in our model pertains to family relationships possessing spiritual properties because of the beliefs or behaviors of family members. Cognitively, people often perceive marriage and parenting to be a manifestation of a higher power or imbued with sacred qualities (Mahoney, Pargament, & Hernandez, in press). Behaviorally, family members may engage in shared spiritual rituals or in-depth dialogues about sacred matters that endow the relationship with sacred meaning and deepen their personal sense of spirituality. Even parents who do not feel a strong personal relationship with God or are not heavily involved in organized religious activities may strive to create family relationships that they view as reflective of the presence of a higher power, characterized by sacred qualities (e.g., transcendence, boundlessness, ultimate importance) or marked by spiritual activities. Thus, a major goal of parenting could be to create parent-child relationships that possess a spiritual dimension. Parents may also pursue a wide variety of pathways to preserve and protect the spiritual nature of their parent-child relationships. For example, research has suggested that parents who view parenting as a sacred endeavor may be more motivated to spend time with their children, prioritize parenting over other demanding life tasks, and invest the necessary energy into effective discipline strategies and bonding activities (Mahoney, 2010).

Psychotherapists can explore problems that emerge if parents perceive family difficulties as threatening the spiritual nature of the parent-child bond. Emerging research on the concepts of sacred loss and desecration has suggested that people frequently perceive negative life events (e.g., severe illnesses, divorce) as involving the loss or injury of a sacred aspect of life (e.g., Abu-Raiya, Pargament, Mahoney, & Trevino, 2011). This line of work also indicates that the more people interpret life stressors as damaging to a sacred object, the more emotional distress they experience about the event. People also tend to feel more hostility toward those they hold responsible for harming sacred elements of their lives. Parents could likewise interpret family problems, such as chronic parent-child conflict or child misbehavior, as threatening or violating the existence of a sacred parent-child relationship, and they may react strongly to events that they feel threaten their spiritual oversight of their child's life. One example would be parents who believe that their preschooler's lying is damaging the parents' ability to trust the child, which in turn violates beliefs the parents hold (perhaps implicitly) about how sacred parent-child relationships should function. Paradoxically, parents' heightened anger or fear about events that threaten their divine connection with their child may make them act in irrational or emotional ways that drive a deeper wedge into the relationship. In particular, parents may pull God or spiritual communities into parent-child conflicts in ways that exacerbate tension or distance.

Parents may be more open to corrective education about family dynamics and child development if psychotherapists fully recognize and address, rather than dismiss or minimize, the parents' perception that their children's conduct has grave spiritual implications for the parents' ultimate goals as parents. The psychotherapist can then work to help the parents find alternative routes to reach their desired goals with less resistance from the parents. A father, for example, may overreact to his teenage son's desire for privacy regarding his romantic relationships. In exploring the father's spiritual concerns about this situation, a psychotherapist may discover the father wants to ensure that his son grasps the spiritual significance of fatherhood. Accurately identifying this goal may foster a stronger therapeutic alliance so the father is more receptive to the psychotherapist's input about constructive methods to discuss sexuality with the son.

Problems in the Parent's Relationship With the Spiritual Community

The third context in our model addresses parents' relationships with a faith community. Although higher involvement in a religious community tends to be linked to more positive parenting methods, under certain circumstances spiritual networks may intensify negative manifestations of parental spirituality. A spiritual community may reinforce problematic beliefs or

behaviors about the goals a parent pursues to fulfill God's mandates or the methods a parent uses to sustain a sacred bond with a child. For example, a parent may turn to fellow believers for validation that God requires excessively harsh parenting to achieve the goal of child compliance. Also, a spiritual community could intensify parental distress when a parent perceives that he or she will risk rejection by the community by choosing parenting destinations or pathways that clash with those advocated by the faith community. Such struggles with a religious network may trigger confusion or ambivalence about relying on secular resources. For instance, conservative Christian parents who are struggling with their son's disclosure that he is gay may fear being shunned by their church community, which complicates their exploration of alternative viewpoints about human sexuality and whether to accept their child's sexual orientation.

INTERVENING WHEN PARENTAL SPIRITUALITY MAY BE PART OF THE PROBLEM OR SOLUTION

Clarifying the Psychotherapist's Role

The American Psychological Association's (APA's; 2010) "Ethical Principles of Psychologists and Code of Conduct" (APA Ethics Code) states that psychotherapists must attend to cultural barriers and resources in treatment interventions with clients, including their spiritual identities. We highlight here the duty of practitioners to communicate in a transparent manner with clients about their approach toward spirituality in psychotherapy. We assume that psychotherapists can simultaneously present themselves as experts on how parents could respond differently when they or their children exhibit maladaptive functioning while respecting parents' spiritual values. Namely, psychotherapists can engage in collaborative dialogues with parents that elicit parental disclosure about ways in which their spirituality shapes their cognitions and behaviors and can exhibit compassion for the spiritual dilemmas that parents face when selecting from competing parenting goals and methods. Yet, psychotherapists can offer parents scientifically grounded knowledge about effective ways to handle family problems and explore with parents the ways in which spirituality can inhibit or facilitate change. In a parallel way, we suggest that parents can learn to engage in spiritual dialogues with clinic-referred youths in a manner that respects parental authority while also promoting age-appropriate maturity. Ideally, the way a psychotherapist communicates with parents about spiritual matters will provide a powerful model for constructive spiritual and nonspiritual dialogues between family members. Our last case example illustrates this point.

Psychotherapists also need to communicate clearly about their stance on parents' broader cultural networks. Consistent with the APA Ethics Code, we encourage clinicians to inquire about family members' specific spiritual beliefs, practices, and values and to avoid making stereotypical assumptions based on denominational membership. We note that convergence often exists between changes that parents need to make and the values heralded by their spiritual communities. Thus, parents' allegiance to their faith community may often help motivate them to change for the better. Yet psychotherapists need to consider how they will respond if they observe a poor goodness of fit between changes the parents need to make and the values promoted by a particular faith tradition or community. Our case studies illustrate our preference to be direct with parents when we observe such discrepancies. Psychotherapists should also model good communication skills by effectively expressing their professional opinions and observations to parents while respecting parental autonomy. Again, in the context of family psychotherapy, such modeling can help teach family members who disagree about parental goals or processes how to negotiate collaboratively with each other.

Generating Parental Insight and Action

Once a psychotherapist notes that spirituality plays a significant role in shaping a parent's goals or methods, the first intervention task is to help all parties gain more insight about these issues. Of course, although we differentiate the process of assessment from that of intervention in our heuristic model, we recognize that ideal moments for a psychotherapist to increase parental insight can involve follow-up questions regarding parents' disclosures to queries at any stage of psychotherapy. An initial objective is to explore and identify with parents the distinction between their desired goals and methods of parenting. The next step is to examine how well a parent's stated destinations and pathways fit with the parents' relationship with God, reflect their views of the spiritual nature of their coparenting or parent-child relationship, and map onto messages from their spiritual community. To help parents gain insight into problematic parental ends or means, psychotherapists can provide education based on research regarding child development, parenting, and family dynamics. Taking a motivational interviewing stance (Miller & Rollnick, 2002), psychotherapists can help parents identify and articulate the short- and long-term costs and benefits of persisting in or changing their current goals or methods of parenting.

A second requirement for intervention is to clarify the ultimate goal of psychotherapy. The therapeutic process described earlier should help bring to light a clear focus for a treatment plan and engage parents as informed, active agents in the process. Our model highlights three key options for a psychotherapist to consider when negotiating the focus of treatment:

1. Accept part or all of a parent's desired goals in parenting, and focus on a parent's parenting methods as the problem that requires change;
2. accept part or all of a parent's preferred parenting methods, and focus on a parent's goals as the problem that requires change; or
3. challenge a parent to transform both desired parenting goals and methods.

We suggest that parents may be more open to change after a psychotherapist uncovers their spiritually based goals and identifies constructive means to reach their desired ends, while simultaneously addressing the developmental and psychological suitability of their selected destinations and pathways. When two or more parent figures attend psychotherapy, this dialogue can also help uncover disagreements between all primary caregivers. If irreconcilable differences emerge between the psychotherapist's and parents' opinions about appropriate treatment goals, we interpret the APA Ethics Code as encouraging the psychotherapist to refer the family to another mental health professional who may better accommodate the parents' values. Before making a referral, the psychotherapist should use clinical judgment and consultation with colleagues to decide how confrontational to be with parents about actions that violate widespread ethical norms, such as emotionally alienating a child from a coparent by portraying the coparent as being under the influence of the demonic forces. Of course, if the issues at hand involve protecting one or more family members from suspected risk of abuse or lethal harm (e.g., suicidal or homicidal threats or behavior), then the psychotherapist is also obliged to involve legal authorities.

Assuming a psychotherapist and parent mutually establish a focus for change, the psychotherapist can then work with the parent to rework the counterproductive roles played by his or her relationship with God, the sacred nature of the parent-child relationship, or the spiritual community and to identify resources within these three contexts that could be drawn on to help a parent pursue alternative goals or processes. In some cases, spirituality may not play a large role in reinforcing maladaptive parenting goals or processes, but it may still offer resources for change. However, for the purpose of this chapter, we focus on case examples in which spirituality is both part of the problem and part of the solution.

THREE CASE ILLUSTRATIONS OF INTERVENTION

We now turn to three issues that psychotherapists may encounter to illustrate our family psychotherapy guidelines more concretely. To provide a developmental dimension to our discussion, the first two topics focus on families with

young children, and the next topic involves those with adolescents. Although all facets of our framework could apply to each issue, we emphasize one or two facets per topic owing to space constraints. We begin each section by presenting a case example and outlining related findings drawn from basic research.

Parental Perfectionism and Rigidity

A 30-year-old mother, Mary, sought family psychotherapy to cope with her 6-year-old son, Matt, along with his 4-year-old brother, Sam. Two years earlier, she and her husband, John, ended their marriage of 8 years after John (age 32), a pharmacist, was sentenced to a 3-year prison term for selling prescription drugs on the black market. The couple had met at a Christian university in the Midwest and had been actively involved in a nondenominational church throughout their marriage. Mary explained that Matt had been a model toddler and preschooler and had seemed to weather the family's crisis well until recently. After entering first grade, he seemed to slip. Specifically, Mary noted that the teacher said that Matt sometimes cried when frustrated by schoolwork or when teased by peers. Mary was also alarmed by Matt's anger when Sam took Matt's toys without permission and by Matt's reluctance to do homework immediately after school, as was their custom. During the initial interview, Mary frequently reprimanded Matt for swinging his legs and failing to answer questions quickly. She would also not allow him to hold a stress ball or handle other small toys that the therapist typically placed within children's reach to help them relax during sessions. According to the Child Behavior Checklist (Achenbach & Rescorla, 2001), Matt's teacher's ratings of his externalizing problems were within normal range, but Mary's ratings on these scales were elevated. On further assessment, the psychotherapist realized that Mary's threshold for child misbehavior was very low. Mary also disclosed being anxious to raise her sons so that they did not turn out to be deceptive or antisocial like their father. Thus, she had very strict rules and enforced them rigorously. She felt rejected by Matt because of his anger over her expectations.

Taken together, the results of the assessments showed that Mary exhibited excessive parental perfectionism and rigidity. We were unable to locate studies that have directly examined ties between parental perfectionism and spirituality. Yet findings that adolescents who are more religious and who have more religiously active parents tend to get better grades, be more pro-social, and engage less often in sexually risky or antisocial behavior (Smith, 2005) have suggested that more religious parents tend to have higher expectations of children from birth onward. Moreover, the more parents from a broad array of Christian denominations hold orthodox Christian beliefs

about the Bible, God's role in their lives, and the authority of their religious community, the more they value child obedience (Starks & Robinson, 2007). Ironically, however, higher spiritually based standards for children's conduct may cause some parents to lose perspective on their expectations.

On the basis of initial screening questions, Mary's spiritual life and community had been a source of support to her, and she had relied heavily on her prayer life to cope with the family's crises. Thus, the psychotherapist first worked to increase Mary's insight about the role that spirituality played in her parenting goals and methods. When asked what God expected of her as a parent, she replied, "I need to make sure they know how to behave and do not turn out like John!" She viewed her children's compliance with a high moral code as her major goal as a mother. When asked about ways in which she relied on God to achieve this goal, Mary replied that God expected her to curb any sign that Matt was developing an irresponsible streak, and she prayed for help to follow through on strict disciplinary tactics and tolerate Matt's sulking when he was given consequences. When asked what parenting weaknesses God wanted to help her overcome, Mary anxiously replied that she had often caved in to pressure from her ex-husband to relax her moral standards to win his approval. She was now determined to resist caving in to Matt to win his affection. On the basis of further questions about God's views on her marriage, Mary explained that she felt she had disappointed God by having premarital sex with John and that she had reconciled herself to this decision by marrying him. John's ability to cut loose had especially attracted Mary to him, and he had helped her be more playful, but she now felt as though she and her children were paying a high price for the couple's pleasure. In short, Mary had two core problematic spiritual beliefs about her parenting: (a) God's desired goal for her was to produce perfect children to help rectify the past, and (b) God supported counterproductive parenting tactics to elicit child compliance.

To arrive at a clear treatment goal, the psychotherapist reviewed her understanding of Mary's parenting goals and methods. Specifically, she validated Mary's goal to help her children internalize a high moral code but also raised questions about whether Mary's standards were unrealistic and whether her goal to rectify the past was possible or necessary according to her faith. The psychotherapist also provided education that although Mary's parenting strategies to elicit Matt's compliance worked in the short term, she ran a higher risk of Matt's failing to internalize her values over the long term. The psychotherapist asked Mary about her comfort with making the parenting goal of maintaining a close emotional bond with Matt equal to the goal of eliciting compliance. The psychotherapist explained how balance between warmth and control (i.e., authoritative parenting) could be beneficial. Mary responded positively to this suggestion, explaining that she also felt God wanted her to be close to her children.

The psychotherapist helped Mary reconsider her understanding of God's desires about her parenting goals and methods. A major focus of psychotherapy involved working through Mary's goal to rectify the mistakes Mary felt she and John had made in the past by both her and her sons being perfect in the present. The psychotherapist explored whether Mary believed God expected her to undo the past. Mary responded tearfully that her desire to fix the past was probably more her own issue than God's. Mary was eventually able to turn to God for self-forgiveness and to be less anxious and more accepting of her own and her children's typical human faults. With more education about child development and family system issues, Mary became more understanding about Matt's resistance to her rigidity. She came to view being more flexible with Matt as a way of modeling God's acceptance of her. She was also able to recognize key differences between caving in versus being responsive to Matt's needs when his noncompliance was triggered by feeling tired, stressed, sad, or overwhelmed. With input from the psychotherapist, Mary was able to develop skills and invest more energy into playful, silly activities with both sons as a means to reach the goal of more closeness to them, which also motivated her children to please her and internalize her values. Paradoxically, Mary was ultimately able to reach both major parenting goals of more child compliance and emotional closeness with Matt by relying on God to become more relaxed and flexible in her parenting methods.

Religion-Related Child Abuse: Child Physical Maltreatment

Jack, age 55, and Eileen, age 53, were mandated by child protective services to obtain family psychotherapy after Jack was reported for being physically abusive to their 8-year-old grandson. A neighbor had called authorities after witnessing the grandson being tied to a tree in the couple's backyard in the hot Texas sun as a punishment. On investigation by authorities, the grandfather acknowledged striking both the grandson and his 7-year-old sister with kitchen spatulas on numerous occasions. Three years earlier, the couple's youngest daughter (now age 26) had signed her parental rights to her children over to the couple and moved to a different state with one of a series of cohabiting partners. Jack and Eileen had converted to a fundamentalist form of Christianity in their 40s, after prior scant involvement in organized religion. The couple insisted that their spiritual obligation was to raise their grandchildren so that they would not end up using drugs and acting out sexually as their mother had. Jack had told the grandchildren that their mother's soul was lost, and God would punish both children similarly if they engaged in wrongdoing. Both grandparents believed heavy reliance on harsh physical discipline was necessary to restrain the grandchildren's evil natures.

However well intentioned their actions were, Jack and Eileen illustrate a phenomenon called *religion-related child abuse*, coined and documented by Bottoms, Nielsen, Murray, and Filipas (2003). Specifically, Bottoms et al. gathered retrospective reports from college students in a large, urban university in the Midwest about their experience of severe child physical aggression as a minor, such as being injured by an act of aggression or being punished with a belt, cord, or hard object. Of the 126 respondents, 21% reported religion-related physical maltreatment, with another 36% reporting nonreligious maltreatment. The incidents of religion-related abuse involved the following characteristics: occurred in a religious setting (35%); the perpetrator had religious authority or a leadership position (31%); the victim was told that God would punish disclosure (20%); the perpetrator justified aggression with religious texts (31%); the perpetrator said the victim was possessed by devils or evil spirits (8%); and the perpetrator thought God, another spiritual figure, or a religious text required the action for reasons other than discipline or possession (12%). In another, older study, 27% of school-age children from a Midwestern region of the United States reported that at least one of their parents told them God would punish them if they were bad (Nelsen & Krolczak, 1984). These studies have suggested that parents can rely on scripture or spiritual authority figures to justify the use of physical aggression or verbal threats of divine punishment. A psychotherapist's job involves uncovering and addressing such practices.

Yet psychotherapists also need to avoid falling into stereotypical assumptions about parents who belong to conservative religious groups. For example, the assumption that devout, conservative Christian parents are more likely than other parents to justify child physical abuse on religious grounds has not been directly researched. The closest study we know of found that the odds that college students would be abusive to hypothetical children on the basis of their responses to the Child Abuse Potential Inventory were not influenced by their religious tradition, attendance, or orthodoxy or by the centrality of religion to their daily life (Dyslin & Thomsen, 2005). Only those who used religion for extrinsic or self-centered purposes were at greater risk of being abusive. Moreover, frequent religious attendance across traditions by parents has been found to substantially decrease, rather than increase, their risk of being physically abusive to their children over time (Mahoney, 2010). Thus, despite the fact that U.S. parents who belong to conservative Protestant groups or have literalistic views of the Bible are more likely than other parents to spank children (Mahoney, 2010; Mahoney et al., 2001), adults who take their faith seriously appear to be less likely to be physically abusive to their future children than adults who do not.

In the preceding case, the psychotherapist began by obtaining more information about Jack and Eileen's goals for their grandchildren to become

well-adjusted, productive adults (e.g., employed and not caught up in drug use) and their sense of failure in meeting this goal with their daughter. In assessing the role of spirituality in parenting, the grandparents conveyed a sense of guilt in the sight of God for their daughter's fate. Jack said that his conversion experience made him very aware of his own sinful past (e.g., alcohol abuse, explosive anger, chronic unemployment). Also, Eileen was less afraid of Jack after his conversion because he developed better control over his hostile impulses and was better able to hold down a job. Jack felt obligated by his understanding of the Bible to rely heavily on physical discipline so that his grandchildren stayed on "the straight and narrow path." The psychotherapist also assessed the methods that the grandparents had used to raise their daughter. Jack and Eileen reported some sense of confusion that she had not turned out right because Jack had relied just as heavily on physical punishment when raising her. The main difference was that Jack was generally more engaged in parenting the grandchildren because of pressure from Eileen.

To clarify treatment goals, the psychotherapist differentiated the grandparents' goals and methods of parenting. She identified the couple's desire for their grandchildren to grow up to be sober and vocationally well adjusted, and she summarized how these goals reflected the grandparents' spiritual values. After she voiced the spiritual significance of the grandparents' parenting goals, both of them became less defensive. The psychotherapist then challenged the couple by pointing out that they were relying on the same method to reach their parenting goal as they had used with their daughter. She questioned why they were committed to a pathway that had not worked for them previously, explained why physical discipline can backfire, and explored whether they would be willing to use alternative strategies to fulfill their hopes. In the process, Eileen disclosed that she had pushed for the couple to take responsibility for the grandchildren out of a sense of obligation to God and that Jack had mixed feelings about their decision. Thus, she often felt a need to protect the children from Jack's anger. Jack admitted ambivalence about being responsible for the children, seeing the task partly as a form of spiritual repentance. But he also resented Eileen, who had during an argument given him the ultimatum of either taking on the role of raising the grandchildren or divorcing, the latter of which was entirely unacceptable given that Jack viewed the marriage as a sacred vow that could not be broken for risk of eternal damnation. Over several months, it became apparent that Jack was overwhelmed by the prospect of being a full-time parent until he retired, and his underlying resentment fueled his hostility toward his wife and grandchildren. With the psychotherapist's help, the couple realized that they were re-creating the same family dynamics that contributed to their daughter's poor adjustment. Nevertheless, Jack remained ambivalent and was unable to make major shifts in parenting practices, and Eileen did not press forward on her threats of divorce.

In terms of solutions, the couple eventually worked with the child protective system to transfer their grandchildren to another family in their church who were foster parents and open to adopting the children, while maintaining visitation rights. This transition was aided by the grandparents learning that the foster parents felt spiritually called to provide a stable, nurturing home to the children. Yet the foster couple also rejected the notion that God mandates physically abusive parenting, which helped the grandparents revise their understanding of biblically based parenting. In a similar fashion, parents who engage in religion-related abuse can be referred to clergy for education about a given tradition's religious teachings and to draw on their spiritual community to facilitate change in abusive attitudes or practices. Notably, major world religions in Western society do not condone physically abusive parenting (Onedera, 2008).

Adolescent Identity Individuation: Focus on Adolescent Sexuality

Bob, age 57, and Joan, age 52, sought psychotherapy for their 16-year-old daughter, Sophia, after discovering that she had a prescription for oral contraceptives. Sophia was furious that her mother had searched through her purse after overhearing her phone conversation with her 18-year-old boyfriend of 3 months, Dan. Sophia had admitted she was contemplating having sex with Dan but told her parents she was still a virgin. Sophia attended a private Roman Catholic high school, where she was a straight-A student and debate star, and she did not want to risk pregnancy, which would complicate her long-term plans to become an obstetrician-gynecologist. Bob and Joan were devout Catholics who had devoted themselves to their only daughter after having struggled for a decade with infertility. As part of the initial intake process, the psychotherapist met with the parents and Sophia separately. Unbeknownst to her parents, one of Sophia's childhood girlfriends had disclosed to her the prior summer that she was a lesbian. To reconcile this news with her own strong sense of spirituality, Sophia began doing Internet searches about religion, same-sex marriage, and sexuality. In the process, Sophia became acquainted with liberal Christian writings on same-sex sexual relations outside of marriage, realizing she could justify nonmarital sexuality. Yet in an individual session, Sophia disclosed feeling guilty and spiritually conflicted about having impulsively engaged in consensual sex with a senior boy when intoxicated at a party the prior summer, who then spread rumors about her. She had managed to keep the incident a secret from her parents but tended to overreact emotionally to any questions by her parents about sexuality.

Bob and Joan privately reported that they both had regrets about their sexual conduct in their late teens and early 20s. Joan felt she had traded sex for affection with three partners who then rejected her. Bob reported his first girlfriend became pregnant but miscarried. A key factor that

bound the couple together was their joint conviction that renewing and deepening their Catholic identities after college helped them to resolve their guilt related to sexuality. Yet they both wondered if their struggles with infertility had been a logical consequence from God for their earlier sexual explorations. As a result, throughout Sophia's upbringing, they had emphasized virginity as a virtue, never revealing their own premarital sexual histories because they feared such disclosures would send her the wrong message. After having had no major parenting issues, the couple was taken off guard by Sophia's anger toward them. In particular, they were at a loss as to how to handle Sophia's accusations of hypocrisy when she pointed out that they wanted her to follow Catholic teaching prohibiting premarital sex, but she knew they had gone against Catholic teachings to use fertility drugs to help them achieve pregnancy.

This case illustrates the treacherous waters that families face when adolescents begin to grapple with complex spiritual and moral decisions about sexuality. To put Sophia's sexuality into perspective, psychotherapists need to know that the majority of even the most religiously active American teens engage in sexual behaviors that may contradict their parents' wishes. For example, in 1995, 53% and 68% of 13- to 17-year-olds who attended church weekly or monthly, respectively, reported having had sexual intercourse (Regnerus, 2007, p. 121). Similarly, 56% and 73% of teens who said religion was "very important" or "fairly important," respectively, had sex by the time they could vote (the overall base rate is 66%). With regard to Sophia's lesbian friend, 6.3% and 10.4% of adolescent girls who said that religion was "very important" and "somewhat important," respectively, had engaged in consensual sexual relations with a female peer. For boys, the parallel figures for same-sex relations were 3.1% and 4.2% (Regnerus, 2007, p. 77). The following percentages pertained to the number of teenage girls and boys, respectively, from different religious groups who reported having had same-sex relations: 10.6% and 0.8% of evangelical Protestants; 6.5% and 0.7% of mainline Protestants; 12.1% and 4.2% of Black Protestants; 5% and 5% of Catholics; 10.8% and 11.6% of other religions; and 24% and 4.7% of no religion (Regnerus, 2007, p. 77). Thus, although greater religious involvement decreases the likelihood of adolescent sexual behavior, many teens engage in nonmarital sexual relations, heterosexual and same sex, that their parents may disapprove of on spiritual grounds. Yet Regnerus (2007) persuasively argued that few religious teens have internalized the sexual ethic taught by their denominations, with "don't do it until you're married" being the only message that is getting through. Moreover, young adults may often see nonmarital sex in a very different spiritual light from their elders. For example, Midwestern college students at a state university commonly viewed sexual intercourse in their current loving relationship as possessing sacred qualities (e.g., holy, sacred,

blessed; Murray-Swank, Pargament, & Mahoney, 2005). Moreover, the more strongly these students held this view, the more frequently they had previously had sex and with more partners. Overall, parents and youths in contemporary societies face challenges to reconcile the traditional theological stance of "just say no" to nonmarital sex given the fact that about 90% of men and 85% of women engage in sex before marriage (Chandra, Martinez, Mosher, Abma, & Jones, 2005). Although many religious families appear to take a pragmatic "don't ask, don't tell" approach to nonmarital sexuality (Regnerus, 2007), this strategy undermines open parent-child communication, leaving adolescents on their own to integrate their spiritual and sexual identities.

Returning to our case study and conceptual model, the psychotherapist first worked to gain an understanding of how parental spirituality was part of both the problem and the solution. In this case, Bob and Joan were struggling to reconcile their parenting goals. They wanted to help their daughter uphold the sanctity of sexuality within marriage and to avoid engaging in sexual behavior that would create dissonance in her ties to God and her religious community. Yet they also wanted to maintain a close relationship with their daughter, another sacred endeavor for them. In terms of methods to achieve their goals, the parents tended to engage in highly intellectualized debates with Sophia about religion and sexuality. Although their intention in these discussions was to treat Sophia as though she was an adult, these disputes merely exacerbated the conflict and distance between them and their daughter and failed to facilitate understanding about the underlying thoughts or feelings on either side of the generational fence.

This case illustrates the dilemmas that parents may encounter when discrepancies emerge between the spiritual values promoted by their religious tradition around sexuality and the choices that teens may view as legitimate in contemporary society. The psychotherapist explained that she did not see her role as adjudicating whose position (parents' or adolescent's) was morally valid, although she could provide descriptive information about general rates of nonmarital sexuality. Moreover, she noted that parental pressure and supervision could not stop Sophia from making her own decisions about her sexual behavior. Rather, the psychotherapist articulated that she viewed her job as helping the parties communicate with each other in a manner that would protect the goals of sustaining the quality of their relationships with each other, God, and their spiritual community. She explained that from her perspective, the family members needed alternative methods to discuss sexuality so that the spiritual struggles each person faced were addressed using communication methods that matched the family's spiritual values of being loving and patient. After the parents considered and accepted this treatment agenda, the psychotherapist modeled and taught better communication skills between the family members. She facilitated dialogues between the parents and Sophia about their ultimate goals.

The parents became more open about why they felt an obligation to protect Sophia's spiritual, psychological, and physical well-being. Using "I" statements, they revealed more about their feelings in a way that helped Sophia understand their views. In turn, Sophia was able to articulate her desire to be treated as an autonomous, responsible agent, but she was better able to talk honestly about her past sexual behavior and her dissatisfaction with Roman Catholic teachings about sexuality. In the process, the parents were more influential than they might otherwise have been, helping Sophia to consider whether her boyfriend deserved the emotional risks that she would take by engaging in sex and how to be intentional about safe sexual practices.

This case illustrates that psychotherapists can facilitate candid dialogue between teens and parents about sexuality, helping to uncover complex feelings of all parties. A psychotherapist can also alert families to the fact that diverse theological perspectives exist on human sexuality. Some parents and teens may find comfort and strength in adhering to well-articulated conservative theological arguments that reserve sexuality to bind partners together within a committed marital relationship that is ready to handle a pregnancy (e.g., Zink, 2008). Other families may find that progressive theological thinking provides a spiritual platform to discuss the notion that sexual intercourse should be reserved for loving relationships marked by mutual love, respect, nonexploitation and justice, and intentional efforts to prevent sexually transmitted infections or undesired pregnancies (e.g., Cook, 2008). In either case, a psychotherapist can facilitate dialogues that engage parents and youths in difficult discussions that might otherwise be avoided, and thereby help an adolescent be more informed and equipped to make thoughtful decisions about sexuality.

More broadly, this case illustrates how our model could help psychotherapists address spirituality in a wide range of cases in which parent-adolescent conflict emerges because the youth begins to explore or develop an identity that is at odds with the spiritual goals of his or her family of origin. Parents from religious groups with highly conservative social values, for example, may become uncomfortable when their teens move toward more permissive attitudes or actions regarding media, alcohol use, or socializing with more socially liberal groups. Conversely, parents committed to religious groups with liberal social values as well as parents who eschew organized religion entirely may become uncomfortable if their teen seeks out close ties with conservative religious groups, fearing the teen will become excessively intolerant or exclusionary. Parents who try to exert control laden with conservative or liberal religious ideology that opposes the direction in which the youth is headed may end up pushing the teen to differentiate his or her identity in ways that are even more out of line with the parents' (and the teen's) faith. A psychotherapist can facilitate dialogue between parents and youths that deescalates the polarization process, helps both sides articulate their respective goals, and

encourages them to discriminate between conflicts about destinations versus pathways. The psychotherapist can identify preserving open communication in parent-teen dyads as a goal that is distinct from conflicting goals the parents and adolescent may have about what kind of identity the youth eventually adopts. The psychotherapist can discuss with the parents and teen the pros and cons of being locked in patterns of arguing or avoiding versus engaging in open dialogue. The psychotherapist can help family members consider whether counterproductive communication dynamics over disagreements may do more damage in the long run to parent-teen relationships than the disagreements themselves. The psychotherapist can also explore whether the parents think that maintaining a bond will make their teenager more likely to allow the parents to participate in the teen's process of differentiation. In addition, psychotherapists can explore with parents the spiritual resources they could rely on to meet their goals. Religiously conservative parents, for instance, can turn to their connection with God to help them engage in constructive dialogues and hope that the teen may return to his or her original faith training more readily if the parent models the virtues of patience, respect, and love while the teen explores his or her identity. Similarly, religiously progressive parents can strive to rely on their spirituality to live out principles of tolerance and open-minded engagement with their teens.

CLOSING COMMENTS

Although ample medical literature exists regarding the refusal of medical interventions by extremely fundamentalist and highly conservative branches of some religious groups, we were unable to find controlled studies on whether parents' spirituality discourages reliance on mental health resources to address family or child difficulties. For example, research is needed on spiritual beliefs that may perpetuate fears of seeking family psychotherapy and medication for childhood disorders. On the basis of our clinical experiences and other clinicians' anecdotal accounts (e.g., Walsh, 1999), we suspect that parents may sometimes attribute a child's mental health disorder to some "sin" in the child's life and thus resist secular interventions to alter parenting goals or practices because such approaches seem to free the child from spiritual accountability for his or her wrongdoings. Moreover, accepting a mental health diagnosis may represent a threat to a parent's assumptions that a sacred family is a unit headed by parents who have emotionally and behaviorally well-adjusted children. We would suggest that psychotherapists who are willing to explore parents' spiritual concerns about secular mental health interventions will be in a better position to provide parent education about research on causes of children's mental health and developmental disabilities and better able to

explore with parents the pros and cons of accepting a psychotherapist's help to alter their parenting. We look forward to more empirical research in upcoming decades on the benefits and challenges of addressing parental spirituality in the context of family psychotherapy.

In the meantime, in this chapter we have offered a heuristic model for family psychotherapists to use to address ways in which spirituality can be part of the problem and part of the solution when dysfunctional parenting occurs. We have focused on parents' relationships with God, family members, and faith communities as three relational contexts within which spirituality may reinforce maladaptive goals or methods of parenting. We have suggested that therapists can help clients uncover and reevaluate these linkages and potentially draw on faith to help parents transform their parental goals or methods. Finally, we have emphasized that addressing the underlying spiritual dimensions of parental goals or methods may decrease resistance and paradoxically help parents to make changes.

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4

SPIRITUALLY ORIENTED INTERVENTIONS IN DEVELOPMENTAL CONTEXT

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LINDA MANS WAGENER

Imagine the following case.

Five-year-old Joseph was referred for psychotherapy because of severe separation anxiety from his mother. He was terrified to go to his kindergarten class and was extremely worried about separating from his mother. Joseph's Korean American family identified as having a Christian faith. Joseph said that he loved God and knew God was watching him and his mother from heaven. Prayer, scripture reading, and religious discussion were common daily practices in the family. However, Joseph's religious beliefs were also tied into his separation anxiety. For instance, although he believed that God was watching over him, he also believed that if he disobeyed his mother, God might punish him by taking his mother away.

Given the importance of Joseph's faith and its relevance to his presenting problem, his psychotherapist determined that the use of spiritually oriented interventions would be appropriate and make sense to Joseph

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