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Request Identifier: **57901426**

Status: IN PROCESS 20090928

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Lenders: *ATO, AKR, MTU, CDC, OSU

Request Type: Copy

BIBLIOGRAPHIC INFORMATION

Call Number:

Title: Spirituality and the therapeutic process : a comprehensive resource from intake to termination /

ISSN: 9781433803734

Edition: 1st ed.

Imprint: Washington, DC : American Psychological Association, c2009.

Article: Pargament and Krumrei: Clinical assessment of clients' spirituality

Date: 2009

Pages: 93-120

Verified: <TN:150608><ODYSSEY:206.107.42.182/ILL> OCLC

BORROWING INFORMATION

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5

CLINICAL ASSESSMENT OF CLIENTS' SPIRITUALITY

KENNETH I. PARGAMENT AND ELIZABETH J. KRUMREI

The religious is elusive not because it lurks behind ordinary phenomena but because it is woven into the phenomena.

—D. E. Capps

Spiritual assessment is a process that evolves over the course of therapy to aid in the process of addressing the spiritual dimension in treatment. This chapter considers how to assess the role of spirituality in the lives of specific clients, including the role that spirituality plays in their problems, their resources, their critical life events, and their larger context. Such assessment occurs through a three-stage process: initial spiritual assessment, extensive spiritual assessment, and implicit spiritual assessment. Before delving into the methodology of spiritual assessment, we offer a conceptual framework for thinking about spirituality.

CONCEPTUAL FRAMEWORK OF SPIRITUALITY

Spiritual assessment should be grounded in a clear understanding of spirituality, including how it works, how it may be part of clients' problems, and how it may be part of their solutions. Without a roadmap of spiritual under-

Portions of this chapter are from *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, by K. I. Pargament, 2007, New York: Guilford Press. Copyright 2007 by Guilford Press. Adapted with permission.

standing to guide assessment, therapists may get lost in the spiritual domain. Spiritually disoriented themselves, therapists may overlook important spiritual issues to get back to familiar territory or misdirect clients in the search for solutions. We now offer a brief summary of one way to understand and evaluate spirituality (see Pargament, 2007, for a more extensive review).

People are motivated to seek out a relationship with something sacred, just as they are motivated to attain physiological, psychological, and social goals (Pargament, 1997). Although social scientists have often attempted to reduce spirituality to presumably more basic motives, we believe that spirituality can be a motive in and of itself. Spirituality refers to the effort to discover the sacred, conserve a relationship with the sacred once it has been discovered, and transform that relationship when necessary. By sacred, we are referring not only to God, higher powers, and transcendent reality but to any aspect of life that takes on attributes of divinity. Thus, the sacred can encompass relationships, nature, art, institutions, the self, sports, war, politics, time, place, sexuality, and so on, if it is imbued with divine character and significance. In short, spirituality is a search for the sacred, which can involve any aspect of life that is perceived as sacred.

The search for the sacred is a dynamic process rather than a static set of beliefs and practices (see Figure 5.1). The search begins with the discovery of something sacred. The discovery may occur through socialization (e.g., through family, religious institutions, or the larger culture) or through a personal spiritual encounter (e.g., hearing the voice of God or sensing the leading of the Holy Spirit). Once they have discovered the sacred, individuals may take traditional and nontraditional spiritual paths to conserve and foster their relationship with the sacred. This can include the pathway of knowing (e.g., Bible study, scientific study), the pathway of acting (e.g., rituals, virtuous deeds), the pathway of relating (e.g., building religious communities, acts of loving kindness), and the pathway of experiencing (e.g., prayer, meditation, music).

At times, however, people's relationships with the sacred can be threatened or damaged as a result of internal or external changes. For instance, experiencing unexpected hardships, such as an illness or financial loss, may challenge a person's conception of a benevolent God. In response to such challenges, people can draw on spiritual coping methods (e.g., seeking spiritual support, engaging in purification rituals, reframing an event as having positive spiritual meaning) to preserve and protect the sacred. These methods are often successful in sustaining people's relationships with the sacred. However, some life stressors can lead individuals to experience tension and conflict with the divine (e.g., feeling angry at God for allowing divorce to break up a family; Mahoney, Krumrei, & Pargament, 2008), with a religious community, or within themselves (Pargament, Murray-Swank, Magyar, & Ano, 2005). Such spiritual struggles are often short-lived, but they can also represent turning points with more profound implications. For example, spiritual struggles can

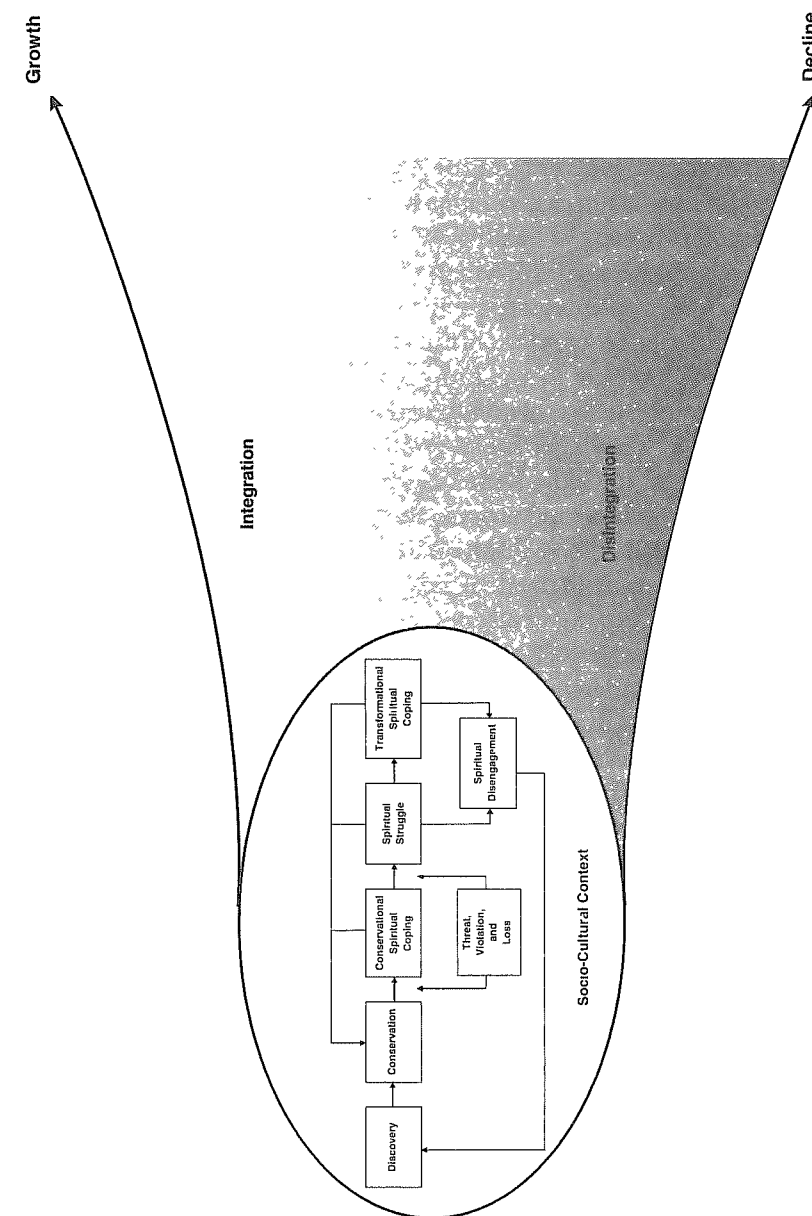


Figure 5.1. Search for the sacred. From *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (p. 62), by K. I. Pargament, 2007, New York: Guilford Press. Copyright 2007 by Guilford Press. Reprinted with permission.

lead to temporary or permanent disengagement from the search for the sacred. They can also lead to efforts to fundamentally change the character of the sacred through transformational methods of spiritual coping (e.g., conversion, rites of passage). Once such a transformation takes place, people return to the task of conserving their relationships with the sacred. It is important to emphasize that the search for the sacred does not occur in a vacuum; it shapes and is shaped by a larger field of situational, social, cultural, and personal forces.

Spirituality as described here is a natural and normal part of life, a rich and diverse process that evolves over the course of an individual's life span. Although spirituality is often defined in positive terms, we believe that spirituality is not inherently good or healthy. Whether spirituality leads to growth or decline depends on the degree to which it is well integrated (see Figure 5.1; Pargament, 2007). A well-integrated spirituality is not defined by a specific belief, practice, experience, or relationship but rather by the degree to which the ingredients work together in synchrony with each other. At its best, spirituality is marked by pathways that are broad and deep, sensitive to life's situations, supported by the larger social context, capable of continuity and flexibility, and directed toward a sacred destination that can respond to the full range of human potential and provide the person with a powerful guiding vision. At its worst, spirituality is disintegrated, defined by pathways that lack breadth and depth, fail to meet the demands of life, clash with the larger social system, change too easily or not at all, and misdirect the person to pursue matters of limited spiritual value.

Drawing on this understanding of spirituality, we can identify several key topics and questions that orient therapists to spiritual assessment (see Exhibit 5.1). It should be stressed that these questions are designed to organize therapists' thinking. They are not questions that should be posed directly to the client. First, therapists should consider where clients stand in relation to spirituality. This involves understanding factors such as the centrality of spirituality and motivation for spirituality in clients' lives. Second, therapists should be aware that clients enter therapy at very different places in their spiritual journeys. For example, some people come to therapy in the midst of a spiritual struggle or transformation, whereas others enter therapy in a conversational mode with a spirituality that has been stable for much of their lives. Still others come to therapy spiritually disengaged. Third, therapists should examine the content of clients' spirituality. This involves getting a better picture of what the clients consider to be sacred, how they envision these sacred entities, and the pathways they take to the sacred. Fourth, therapists should gain a better understanding of how clients' spirituality is related to their social context. Fifth, therapists should be able to evaluate the efficacy of clients' spirituality by considering the various ways in which spirituality affects clients' lives. Finally, drawing on all of the information mentioned earlier, therapists should come away from the assessment process with a sense of how

EXHIBIT 5.1 Comprehensive Framework of Spiritual Assessment

1. Relation of clients to spirituality
 - (a) Is spirituality central or peripheral to clients' lives and strivings?
 - (b) Are clients aware or unaware of the place of spirituality in their lives?
 - (c) Are clients' spiritual motivations internally based or externally based (e.g., guilt, social pressure)?
2. Location of clients in their spiritual journeys
 - (a) Do clients have a long or short history of spiritual involvement?
 - (b) Are clients spiritually engaged or disengaged?
 - (c) Are clients in the midst of discovering their spirituality?
 - (d) Are clients primarily focused on conserving their present spirituality?
 - (e) Are clients in the midst of transforming their spirituality?
 - (f) Are clients going through spiritual struggles?
 - (g) Are clients working through or stuck in their spiritual struggles?
3. Content of clients' spirituality
 - (a) What do clients hold sacred?
 - (i) Are clients' representations of the sacred large enough to encompass the full range of life experiences, or are they constricted?
 - (ii) Are clients' representations of the sacred benevolent or malevolent?
 - (iii) Do clients recognize the limits in their understanding of the sacred?
 - (iv) Do clients' various understandings of the sacred blend together, or do they clash with each other?
 - (b) How do clients express their spirituality?
 - (i) Are clients aware or unaware of how they experience and express spirituality?
 - (ii) Which spiritual pathways do clients take? Do clients take some pathways to the exclusion of others?
 - (iii) Do clients integrate their spirituality into their lives or do they compartmentalize it?
 - (iv) Are clients flexible or inflexible in selecting and following ways of expressing spirituality?
 - (v) Are clients familiar with the variety of ways of expressing spirituality that are available to them?
 - (vi) Are clients disciplined or undisciplined in pursuing spirituality?
 - (vii) Are clients' relationships with the sacred secure or insecure (e.g., anxious, hostile, self-degrading)?
4. Context of clients' spirituality
 - (a) How well do clients' spirituality fit with their social context?
 - (b) Are clients' environments spiritually benevolent or malevolent?
 - (c) Do clients experience spiritual support from or spiritual conflict with others?
 - (d) Does clients' spirituality enhance or detract from the well-being of others?
5. Impact of spirituality on clients' lives
 - (a) What kinds of emotions/affect are elicited by clients' spirituality?
 - (i) Are clients satisfied with their spirituality?
 - (ii) Do clients experience spiritual comfort or spiritual distress?
 - (b) Does clients' spirituality lead to benefits and/or costs for them or those in their lives?
 - (c) Does clients' spirituality increase or decrease their health and well-being?
6. Place of spirituality in treatment
 - (a) In what ways are clients' spirituality well integrated or disintegrated?
 - (b) Is spirituality a part of the solution or a part of the problem?
 - (c) What spiritual resources can clients draw on in therapy?
 - (d) What spiritual problems should clients address in therapy?
 - (e) What spiritual obstacles are likely to arise in therapy?

spirituality should be addressed in treatment, on the basis of the ways in which clients' spirituality is well integrated or disintegrated and whether it is contributing to clients' problems or potential solutions.

This comprehensive framework can guide therapists in the assembly of a rich picture of clients' spirituality. Before we discuss the specific methods of clinical assessment, it is important to reflect on creating an atmosphere of open spiritual dialogue.

CREATING AN ATMOSPHERE FOR SPIRITUAL ASSESSMENT

Many clients enter therapy without an awareness of how spirituality is pertinent to their clinical situation. To open the door to spiritual dialogue in therapy, therapists can introduce spirituality as a topic for discussion and indicate how it could be relevant to the clinical problems or solutions. When spirituality is emerging as an important topic, therapists should inquire whether their clients are interested in talking about spiritual matters. It is vital that therapists respect clients' rights to control the nature and extent of spiritual conversation. Therapists must be judicious about when to move forward and when to retreat, all the while leaving the door open to future dialogues about spirituality.

Therapists should communicate an attitude of respect and interest when clients are willing to discuss spiritual matters in treatment. Clients may hesitate to raise spiritual issues in therapy because they expect their therapists to view spirituality as irrelevant at best, or silly, foolish, and maladaptive at worst. The antidote to these concerns is the therapist's expressed interest in learning more when clients bring up a topic related to spirituality. In essence, therapists convey openness to being taught by clients. Toward this end, therapists avoid making assumptions about clients' spirituality. For example, therapists should not assume that knowledge of a religious denomination is equivalent to understanding the clients' spiritual experiences, as there are diverse spiritual understandings within any denomination. Thus, even therapists and clients who share the same religious tradition cannot be assumed to share the same conception of spirituality. Furthermore, therapists should routinely ask for clarification before making interpretations of clients' spiritual language. Common spiritual terms such as *faith*, *spiritual experience*, *prayer*, *born again*, and *religious* have very different meanings to different people. The task for therapists is to understand the unique meanings that clients attach to such terms. In short, therapists respond to spiritual topics by expressing genuine interest in entering the spiritual world as clients see it.

In sum, creating an appropriate atmosphere for spiritual assessment involves obtaining consent from clients to address spirituality in therapy, expressing respect and interest concerning spiritual matters, and conveying a

willingness to be taught by clients about their spirituality. This benevolent atmosphere sets the stage for an initial spiritual assessment. On the basis of clients' responses to initial questions about spirituality, therapists can decide whether to follow with an extensive spiritual assessment to gain a comprehensive picture of clients' spirituality or an implicit spiritual assessment that may reveal a deeper, spiritual dimension of clients' lives.

INITIAL SPIRITUAL ASSESSMENT

Time is at a premium during the intake session of therapy. Given the many areas of clients' lives that must be explored in the first session—presenting problems; risk factors; medical, psychological, and social histories; diagnostic questions; and treatment goals—there is little time for extensive interviewing about spirituality. Despite the time constraints, spirituality should not be overlooked in the initial intake (see chap. 4, this volume).

In the first session, questions can be raised about four important spiritually related areas: the importance of spirituality to clients, the religious affiliation of clients, the relevance of spirituality to the problems, and the relevance of spirituality to the solutions (see Exhibit 5.2). As previously noted, the assessment of spirituality is not a mechanical process. These questions must be tailored to the individual client. For example, if it becomes apparent that a client is not spiritually or religiously involved, then it is not necessary to pursue all four areas. Rather than separate the spiritual questions out from other assessment questions, they can be naturally integrated into the flow of conversation with clients.

The first question of the initial spiritual assessment is, "Do you see yourself as a spiritual or religious person? If so, in what way?" Responses to this question will provide insight into whether clients have a spiritual worldview. Information may be gained about the nature of clients' spirituality and the role it plays in various aspects of their lives. In addition, this is an opportunity to observe whether clients seem comfortable discussing spiritual issues in therapy.

EXHIBIT 5.2
Initial Spiritual Assessment Questions

1. The importance of spirituality to the client. "Do you see yourself as a spiritual or religious person? If so, in what way?"
2. Religious affiliation of the client. "Are you affiliated with a spiritual or religious denomination or community? If so, which one?"
3. The relevance of spirituality to the problem. "Has your problem affected you spiritually or religiously? If so, in what way?"
4. The relevance of spirituality to the solution. "Has your spirituality or religion been involved in the way you have coped with your problem? If so, in what way?"

This is followed by a question about clients' larger religious context: "Are you affiliated with a spiritual or religious denomination or community? If so, which one?" This will offer an indication of whether clients see their lives through the lens of a specific religious belief system. It is also important to listen for whether clients have rejected a particular religious community. These questions about religious affiliations and the importance of spirituality to clients can be interwoven with other questions about clients' identities, such as their occupations, roles in their families, and goals for the future.

Next, it is important to assess how spirituality relates to the presenting problems. Therapists may ask, "Has your problem affected you spiritually or religiously? If so, in what way?" This question fits well in the context of other questions about the effect of clients' problems on psychological, social, and physical functioning. Responses to this question will indicate whether clients conceptualize their problems in spiritual terms. One possibility is that clients experience their problems as spiritual struggles. They may feel abandoned by God or that the problems are a punishment from God. This could be associated with spiritual doubts or feelings of being judged by a religious community. Research has shown that people who voice spiritual struggles are at greater risk for psychological and physical problems (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998). However, more recent research has also highlighted the potential of spiritual struggles to elicit positive transformation and growth (e.g., Pargament et al., 2005).

The other side of the coin is to assess how spirituality relates to the solution. The final question of the initial spiritual assessment is, "Has your spirituality or religion been involved in the way you have dealt with your problem? If so, in what way?" This inquiry easily follows the more general question about ways in which clients have tried to deal with their problems. Responses to this question will provide insight into whether clients view their spirituality as a resource in the face of difficulties. Spirituality can be incorporated into the problem-solving process in many different ways. For example, clients have described looking to God for strength, turning to religious communities for help, relying on spiritual beliefs as a guide in making decisions, detaching from daily concerns through meditation or prayer, and engaging in spiritual activities and rituals to move past their problems. Thus, this question highlights the ways in which spirituality is helpful to clients in relation to their presenting problems. In addition, responses to this question may indicate whether clients are overlooking potential resources within spirituality.

These four questions launch the spiritual assessment in therapy. The clients' responses offer some initial glimpses into their spirituality. The initial assessment may indicate that spirituality is not relevant to certain clients. This can occur for various reasons and does not guarantee that spirituality will not emerge as a significant factor later in the therapeutic process. Implicit methods

of assessment can be used in such cases to delve deeper into clients' experiences. However, it is also possible for the initial spiritual assessment to reveal directly the importance of spirituality to clients and their problems. In such cases, further details must be gained about the relevance of spirituality to the situation through a more extensive spiritual assessment.

EXTENSIVE SPIRITUAL ASSESSMENT

The purpose of an extensive spiritual assessment is to gain more detailed information about clients' spiritual beliefs, practices, and experiences and the role that each plays in their clinical problems or the solutions to them. The label *extensive spiritual assessment* may sound dry; however, it describes a rich, multidimensional process used to capture a phenomenon as multifaceted as spirituality. The extensive spiritual assessment should not be thought of as a rote, structured interview but as an opportunity to elicit clients' spiritual stories through the use of open-ended questions and clinical exercises. As clients' spiritual narratives unfold, therapists also focus on indirect cues, such as changes in facial expressions or patterns of speech. A robust picture of clients' spirituality is further bolstered through the use of quantitative measures and external sources of information.

Eliciting the Client's Spiritual Story

Spirituality can be a private and elusive phenomenon that is difficult to put into words. Many clients may not have had previous opportunities to describe their spiritual experiences. For these reasons, allowing clients to tell their spiritual story is the best method of gathering more extensive information about their spirituality. Rich information is gained when clients describe where they have been, currently find themselves, and are going spiritually. As mentioned before, spirituality is conceptualized as a dynamic process. A spiritual journey can encompass periods of discovering the sacred, periods of spiritual stability in which a variety of spiritual paths are taken to conserve and foster a relationship with the sacred, circumstances in which spirituality affects life for the better, periods of spiritual struggle in which the sacred is threatened or damaged, circumstances in which spirituality affects life for the worse, periods of spiritual change in which a variety of spiritual coping methods can be used to either preserve or transform the sacred, and periods of spiritual disengagement in which spirituality seems absent. Each type of spiritual experience can be embedded in clients' spiritual narratives. Telling a spiritual story allows clients to make use of images, symbols, and metaphors to communicate at a deeper level about a phenomenon as ineffable and mysterious as spirituality.

There is no formula for getting clients to share their spiritual narratives. Conducting a structured interview is likely to provide surface-level details about the clients' spiritual beliefs and practices. However, the goal of extensive spiritual assessment is to delve deeper into the experiences and circumstances of clients as spiritual beings. This is a process that must flow naturally from the conversations that occur in treatment. When appropriate opportunities arise, therapists can encourage clients to tell their spiritual story by posing spiritually relevant, open-ended questions. Exhibit 5.3 provides sample questions that can further the sharing of spiritual narratives. A case study, drawn from Pargament (2007), illustrates how such questions were adapted to a particular client and woven into the clinical conversation.

Case Study: Using Open-Ended Questions to Elicit a Client's Spiritual Story

Agnes, a 50-year-old woman, pursued treatment with me (Kenneth I. Pargament) after a stay in an inpatient psychiatric unit.¹ She had voluntarily committed herself after thinking of killing her husband or herself. We had been engaged in treatment for several weeks when an opportunity arose to explore some spiritual facets of her experiences.

"So, tell me," I asked Agnes, "How did you lose your soul?" Perhaps not the first question that comes to mind in conducting a spiritual assessment, but it seemed fitting for this client. Agnes was tall, thin, dressed in a severe black skirt and gray blouse, with her hair pulled back tightly off of her face. There was a tautness and brittleness about her.

I learned that Agnes spent much of her adult life living in the shadow of her husband. A charismatic businessman, active in charity work, Peter was well-known and respected in the community. Family and friends repeatedly reminded Agnes how fortunate she was to be married to him. Yet, she herself seemed invisible. Once, she and her husband had accompanied another couple to a restaurant only to learn that the couple had made the reservation for three people, forgetting to include Agnes in the tally.

Only Agnes knew that her husband was a terribly ineffectual businessman. Agnes was, in fact, keeping the business afloat, bringing in the lion's share of the business, and attending to its day-to-day operation. Even so, her accomplishments were hidden from others, and she herself took little pleasure from them. It was not what she wanted to be doing with her life. Her remark led to an exchange in which I began to elicit Agnes's spiritual story:

¹For the cases presented in this chapter, pseudonyms are used, and identifying details have been altered for confidentiality.

1. Past spirituality
 - (a) How was spirituality expressed in the environment you grew up in?^a
 - (b) When did you first discover the sacred?
 - (c) How did you conceptualize the sacred when you were younger?
 - (d) How did you express your spirituality?
 - (e) What spiritual milestones have you experienced in your journey?
 - (f) Have there been times that you felt the sacred was absent in your life?
2. Present spirituality
 - (a) Conceptualizations of the sacred
 - (i) What do you hold sacred in your life?
 - (ii) How have your understandings and beliefs about the sacred changed?
 - (iii) Why are you involved in spirituality?
 - (iv) What do you feel God wants from you?
 - (v) What do you imagine that God feels when he sees you going through this difficult time?^b
 - (vi) Do you ever experience a different side of the sacred than what you are experiencing now? What is that like?^b
 - (vii) Do you ever have mixed thoughts and feelings about the sacred? What are they like?
 - (b) Expression and experience of spirituality
 - (i) How would you describe your current spiritual orientation?^a
 - (ii) How do you experience the sacred in your life?
 - (iii) What has helped nurture your spirituality?
 - (iv) What has been damaging to your spirituality?
 - (v) When/where do you feel most connected to the sacred?
 - (vi) When/where do you feel the sacred is not present?
 - (vii) What spiritual rituals or practices are important to you?
 - (viii) What spiritual beliefs do you find especially meaningful?^a
 - (c) Spiritual efficacy
 - (i) How has your spirituality changed your life for the better?
 - (ii) How has your spirituality changed your life for the worse?
 - (iii) To what degree has your spirituality given you pleasure? Meaning? A sense of connectedness to others? Hope for the future? Confidence in yourself? A feeling of being loved? Compassion for others?
 - (iv) To what degree has your spirituality been a source of pain? Guilt? Anger? Confusion and doubt? Anxiety? Fear? Feelings of personal insignificance? Feelings of alienation from others?
 - (v) In what ways has your spirituality helped you to understand or deal with your problems?
 - (vi) In what ways has your spirituality been harmful in understanding or dealing with your problems?
 - (d) Spiritual environment
 - (i) Who supports you spiritually? How so?
 - (ii) Who does not support you spiritually? How so?
3. Future spirituality
 - (a) How do you see yourself changing spiritually in the future?
 - (b) In what ways do you want to grow spiritually?
 - (c) How does your spirituality relate to your life goals?

^aAdapted from Hodge (2001) ^bAdapted from Griffith and Griffith (2002)

KIP· What is it that you would like to do?

CL I just don't know. I can't get any traction. There's nothing to grab hold of inside of me. I feel such an emptiness in my core. I feel soulless.

KIP So tell me, how did you lose your soul?

CL I've often thought about that. I met Peter before I left for Europe to study the cello. Going to Europe was probably the most radical thing I had ever done. My parents discouraged me from going, telling me I could never support myself with music, and I had never been off on my own. But I won a scholarship to study music in Paris, and I had a wonderful time. I was going to stay another year, but over the summer, Peter proposed to me and said he wanted me to come home to be with him. I hesitated. My parents wanted me to return, too. On top of that, they were charmed by Peter and reminded me that I wasn't much in the looks department. Oh, and of course, I wasn't getting any younger. I left my music and came home to Peter.

KIP. You stopped playing the cello?

CL: Yes. [long pause and deep sigh] It's funny. Even though music was the heart and soul of my life, I didn't miss it at first. You have to understand that I adored Peter. He was utterly beguiling, and I was incredulous that this fascinating man would have any interest in me. I worshipped him.

KIP. How did you worship him?

CL I just put everything else aside. My art, my music, and I devoted myself to him. Whatever Peter wanted, I supported. Wherever he went, I followed. I made allowances for him. I covered for him. I allowed him to live the life he wanted to live

KIP. And what about you? Did you have other objects of devotion in your life?

CL No, I gave everything to him. [pause]. And he took it all, without even a "thank you."

KIP. You feel like he took your soul?

CL [pause] Maybe, but I was complicit in it. I was willing to give it up, to sacrifice even my soul for him.

KIP· We're talking about sacred matters here, and I hate to stop, but we're coming to the end of our time today. I'd like to leave you with a question to consider for our next session. You said that you feel soulless. Here's the question. Have you lost your soul or have you lost touch with your soul?

Our conversation continued in the next session:

CL. Well, I thought about your question. Actually, I thought about it quite a bit. My first reaction was that I've lost my soul completely, but I am wondering now whether there might be a little of me left inside. I used to think of my soul as a lantern, lighting my way in life, but for a long time I felt that the light had died out. Now I wonder whether there might be a little flicker of light left.

KIP· Are there times when you feel a bit of warmth from the light?

CL· Yes, I notice that there are times when I feel something stir inside of me.

KIP. When does that happen?

CL: Oh, when I listen to a piece of music, go to an art museum, or lose myself in poetry. I've never been beautiful on the outside, but something inside of me has always been receptive to beauty.

KIP· And that part of you is your soul?

CL. I think so. You see, God to me is all about creation and beauty. Those are the things that are truly immortal. I used to be able to create beautiful things. I don't do that anymore, but I can still appreciate beautiful things and that's the closest I can come to God.

Eliciting Agnes's spiritual story was not difficult. It flowed directly out of her larger life story. My questions were not intended to bracket spiritual matters from the dialogue of therapy but were tailored to incorporate spiritual conversation into the context of Agnes's problems, life history, social relationships, and vision of herself. Agnes's responses to my questions helped me to learn that she was suffering not only emotionally, in the form of a major depressive disorder, but spiritually as well. She had given up a spiritual pursuit, her love for the cello, to devote her life to the worship of her husband. As charming as he was, Peter was a poor substitute for the sacred. He was painfully human, unable to care for Agnes financially, emotionally, or spiritually. Family members were equally unsupportive of her expression of spirituality. Agnes was narrow and constricted in her spirituality. For years, she had sacrificed her own dreams to advance those of her husband. In the process, she had become a gaunt shadow figure, unknown to others, unknown to herself, unable to nourish herself spiritually. As Agnes became more aware of her poor choice of whom to worship and what it had cost her, she began to teeter on the edge of spiritual extremism. She came uncomfortably close to killing Peter, the idol who had accepted her sacrifices and failed to care for her in return. She also came uncomfortably close to killing herself to put an end to the emptiness she felt inside.

It is clear that spirituality was an important part of Agnes's problem, but there were signs that it might be part of the solution too. Agnes was spiritually flexible, open to exploring other sources of sacredness in her life. Perhaps she had not lost her soul but simply lost touch with it. She was able to identify a source of light and warmth within herself, her lantern. And she was beginning to broaden and deepen her approach to the sacred. Through her appreciation of creativity and beauty, she might turn up the light in the lantern from a flicker to flame. In my extensive spiritual assessment, I concluded that Agnes was emerging from a long period of deep spiritual struggle and entering a period of spiritual transformation. I saw her moving from a "false" god to a more authentic sense of her own spirituality and from self-derogation to more fulfilling ways to nurture her soul. She had little external support for the spiritual steps she was beginning to take, but I could offer some of that in therapy. Facilitating Agnes's transformation toward a more fully integrated and effective spirituality would become a central part of our work together in therapy.

Using Clinical Exercises

Clients who have difficulty conceptualizing or describing their spiritual journeys may benefit from exercises that provide a bit more structure. A host of activities can be done to help clients examine their spiritual pasts, presents, or futures. For example, clients who enjoy writing can be encouraged to author their own spiritual autobiographies. This provides clients the opportunity to reflect on the spiritual experiences, questions, ideas, beliefs, practices, relationships, and events that have been important in their spiritual journeys.

If writing a spiritual autobiography seems too daunting, clients can be encouraged to start with letter writing. Blanton (2006) described unique ways in which therapists can use the narrative elements of letter writing to enter the spiritual experiences of clients. Clients may benefit from writing spiritual letters of their own. Such letters can include any or all of the following components: descriptions of spiritual struggles, descriptions of spiritual goals and progress toward those goals, descriptions of recent encounters with the spiritual realm or the sacred, and questions that the client has about spiritual topics.

Clients who prefer to represent their spirituality in visual form can create a spiritual life map, a pictorial representation of the spiritual milestones that they have encountered in their lives. Hodge (2005), for example, wrote an article on the use of spiritual life maps in therapy. He provided a case study of a 42-year-old African American male whose spiritual life map illustrates how specific life experiences were tied to spiritual changes, such as crying out to God in desperation, being spiritually dead, and experiencing a spiritual awakening.

Exercises such as these can offer clients a more integrated perspective on their own spiritual experiences. Additionally, these exercises can shed light on the particular social forces that have affected clients spiritually. Family, friends, churches, communities, and culture play a large role in defining spiritual characteristics. For example, Miller and Kelley (2005) pointed out that in some communities, a person would be considered insane *not* to believe that the spirits of the dead actively influence people's lives. Similarly, another exercise that is particularly helpful for gaining information about clients' social contexts is the spiritual genogram (see chap. 3, this volume). An adaptation of the family genogram, the spiritual genogram depicts clients' spiritual heritages visually. It can include the spiritual dynamics of family (e.g., conflicts, closeness), inspirational models, antispiritual models, and key positive and negative spiritual events (Sperry, 2001). These exercises can be used in session or assigned as homework to help clients form more integrated understandings of their spirituality. These activities also provide useful tools for aiding clients in communicating their spiritual narratives to therapists.

Gathering Information Indirectly

It is important to attend not only to what clients say in their spiritual stories but also to how they convey the stories. Therefore, therapists attend to the type of information that clients do not verbalize and assess the level of fit between clients' words, feelings, and actions.

Important insights can be gained by reflecting on the topics and statements that are absent from clients' verbal communication. For example, clients may describe one spiritual pathway to the neglect of others, such as meditation without knowledge, belief without involvement in a community, or ritual without an emotional connection. Some clients may describe a spiritual life without talking about the meaning or satisfaction that they derive from it. Other clients may describe overarching spiritual beliefs without ever connecting them to their daily experiences. In such instances, the therapist can learn a lot about the client's spiritual beliefs and experiences by following up on the things that are not being said.

Furthermore, the level of congruence between clients' statements, emotions, and behaviors may reveal that there is more than meets the eye when it comes to their spirituality. A lack of fit in these areas may offer an indication of clients' spiritual authenticity. People may be spiritually involved for a host of reasons that are disconnected from the sacred. For example, a husband who is generally unconcerned with religious involvement or righteous living could coerce his wife to stay in the marriage on the grounds that the church does not sanction divorce. In this case, the discrepancy between the husband's avowed commitment to religious principles and his unloving attitude and behavior may reveal a spirituality that is less than authentic.

Gathering Information Quantitatively

Quantitative measures provide a secondary source of information that can be used as a check for potential biases and preconceptions of therapists in regard to clients' spirituality. Quantitative data can also be used to compare clients' spiritual functioning with that of a normative sample or to monitor changes in clients' spirituality over time.

The key for quantitative spiritual assessment is to select a measure that is appropriate for the individual client and provides an in-depth perspective of his or her spirituality. There is no shortage of measures of spirituality and religiousness (see Hill & Hood, 1999). However, many of the existing measures are inappropriate for clinical use because they are functionally disconnected from the life of the individual. Most measures of spirituality offer only superficial, descriptive information about an individual's basic spiritual beliefs and practices. Regrettably, this is not of much use for the therapeutic process, for which it is important to understand how spirituality expresses itself in the events and experiences of everyday life. In addition, most measures of spirituality have been developed and normed for Christians or similar theists. Therefore, the language and concepts of these measures are irrelevant, if not offensive, to those of other religious traditions.

Although scales of spirituality have traditionally been simple and limited in diversity, this is slowly changing. Fortunately, researchers and practitioners are beginning to develop measures that tap into the deeper and more elusive aspects of spirituality (see Table 5.1), such as an individual's spiritual pathways (e.g., Hall & Edwards, 1996; Hays, Meador, Branch, & George, 2001; Idler et al., 2003), spiritual strivings (e.g., Emmons, Cheung, & Tehrani, 1998; Mahoney et al., 2005), spiritual struggles (e.g., Exline, Yali, & Sanderson, 2000; Pargament et al., 2000, 2005; Yanni, 2003), spiritual changes (e.g., Cole, 2005), spiritual efficacy (e.g., Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002; Peterman, Fitchett, Brady, Hernandez, & Cella, 2002), spiritual flexibility (e.g., Batson & Schoenrade, 1991), and the role of spirituality in coping with problems (e.g., Pargament et al., 2000; Yanni, 2003). Measures are also being developed that have utility for non-Christians (e.g., Tarakeshwar, Pargament, & Mahoney, 2003). Using such sophisticated quantitative measures of spirituality will provide additional richness and accuracy to the extensive spiritual assessment.

Consulting External Sources of Information

Gathering information from those who are in relationship with clients, such as family members and significant others, may contribute to therapists' understanding of clients' spiritual contexts. This kind of information can be particularly helpful in situations when therapists are unsure whether their

TABLE 5.1
Instruments for Assessing Spirituality in Psychotherapy

Dimension	Scale and author	Scale description	Sample item
Spiritual pathways	NIA/Fetzer Short Form for the Measurement of Religiousness and Spirituality (Idler et al., 2003)	33 items assessing 10 spiritual pathways: public and private activity, congregation support, coping, intensity, forgiveness, daily spiritual experience, spiritual beliefs and values, commitment, and religious history.	"Because of my religious or spiritual beliefs, I have forgiven those who hurt me" (forgiveness).
	Spiritual History Scale (Hays et al., 2001)	23 items assessing degree to which religion has been source of support and conflict over the life span.	"For most of my life, my social life has revolved around the church/synagogue."
	Spiritual Assessment Inventory (Hall & Edwards, 1996)	36 items measuring 4 dimensions of individual's quality of relationship with God: instability, grandiosity, defensiveness/disappointment, realistic acceptance.	"God recognizes that I am more spiritual than most people" (grandiosity).
	Hindu Spiritual Pathways Scale (Tarakeshwar et al., 2003)	27 items assessing degree of involvement in 4 Hindu pathways: devotion, ethical action, knowledge, and restraint.	"How often do you perform <i>puja</i> in honor of your deity?" (path of devotion).
	Spiritual Strivings (Emmons et al., 1998)	Coded spiritual responses to list of 15 personal strivings ("An objective you are typically trying to obtain").	Sample spiritual strivings: "To approach life with mystery and awe," "To deepen my relation with God," "To achieve union with the totality of existence."
Spiritual strivings	Spiritual Strivings (Mahoney et al., 2005)	Ratings of degree to which each of 10 personal strivings is perceived as a manifestation of God or holding sacred qualities.	"This striving reflects what I think God wants for me" (manifestation of God).

(continues)

TABLE 5.1
Instruments for Assessing Spirituality in Psychotherapy (Continued)

Dimension	Scale and author	Scale description	Sample item
Spiritual struggles	Negative RCOPE (Pargament et al., 2000)	35 items assessing divine, interpersonal, and intrapsychic spiritual struggles.	In coping with my negative event, I "wondered whether God had abandoned me."
Spiritual changes	Negative Religious Triangulation Scale (Yanni, 2003)	7 items measuring efforts to triangulate spirituality into familial conflicts.	When I differ with my mother/father/child, "I suggest that my mother/father/child is rejecting God's will."
	Spiritual Transformation Scale (Cole, Hopkins, Tisak, Steel, & Carr, 2008)	50 items assessing spiritual changes and disengagement following a major trauma.	Since my trauma, "I more often see my own life as sacred."
Spiritual efficacy	Religious Comfort Scale (Exline et al., 2000)	13 items assessing experience of comfort through religion.	To what extent are you currently experiencing "feeling comforted by your faith"?
	Penn Inventory of Scrupulosity (Abramowitz et al., 2002)	19 items measuring religious obsessive-compulsive symptoms.	"I worry I must act morally at all times or I will be punished."
Spiritual flexibility	FACIT-Spiritual Well-Being Scale (Peterman et al., 2002)	12 items assessing spiritual well-being following illness.	"I find strength in my faith or spiritual beliefs."
	Quest Scale (Batson & Schoenrade, 1991)	12 items of open, changeable approach to religion.	"As I grow and change, I expect my religion to grow and change."
Spiritual coping (conservational)	Positive RCOPE (Pargament et al., 2000)	40 items assessing positive methods of spiritual coping (e.g., spiritual support, benevolent spiritual reappraisals, collaborative spiritual coping).	In coping with my negative event, I "looked to God for strength, support, and guidance."

Note. NIA = National Institute on Aging; RCOPE = Religious/Spiritual Coping Scale; FACIT = Functional Assessment of Chronic Illness Therapy.

clients' beliefs and behavior fall within or outside the normative boundaries of nontraditional religious or spiritual groups. Of course, therapists should pursue such contact only with clients' consent (and necessary releases of information). When appropriate, therapists may involve additional individuals in treatment. Clergy or members of clients' religious communities can provide unique knowledge that may be essential to making assessment and treatment decisions. Similarly, bringing a spouse or a whole family into the sessions may be helpful when clients are experiencing interpersonal spiritual conflicts or a lack of spiritual support.

Therapists can draw on a host of other resources to aid the spiritual assessment. Various texts can be referenced to increase understanding of specific religious traditions. Some articles and book chapters have been geared specifically toward clinical work, such as those that address working with religiously diverse clients (e.g., Lovinger, 1984; Richards & Bergin, 2000) or those that compare the philosophical assumptions underlying various theistic and nontheistic viewpoints of clients and therapists (e.g., Richards & Bergin, 2004). Studying clients' religious traditions or even visiting congregations within clients' denominations can further lead to valuable clinical insights. For example, therapists may discover unique ways in which the religious teachings or social climate of a client's religious tradition has the potential to aid or threaten the client's progress in treatment.

Thus far, this chapter has provided an overview of two stages of a spiritual assessment process. The process begins by including questions about spirituality in the intake session. This initial spiritual assessment may indicate that spirituality is clinically significant. In that case, a more extensive assessment is conducted to yield rich, detailed information about spirituality and the way it functions in clients' lives. Conversely, the initial assessment may not offer any indication that spirituality is relevant to the case. For some clients, spirituality will not be an important component of treatment. However, therapists should also consider whether underlying spiritual issues did not surface during the initial assessment because clients are unaware of the role of spirituality in their lives, are reluctant to discuss spirituality early in treatment, or do not identify with the therapist's explicitly spiritual language. One way to determine whether there are undetected spiritual issues that deserve consideration in treatment is to conduct an implicit spiritual assessment.

IMPLICIT SPIRITUAL ASSESSMENT

Sometimes spirituality emerges as an essential topic in treatment not as the result of direct questioning about spirituality and religion but through a more implicit process. Therapists should be aware of less direct ways in which they can uncover the deeper, spiritual dimensions of clients' lives. This form of spiritual

assessment may be most appropriate for clients who are hesitant to discuss the topic of spirituality with a therapist or do not resonate with explicitly religious language. Assessing spirituality implicitly involves listening for implied spiritual content in clients' descriptions, asking clients questions that hint at the possibility of spiritual experiences, and attending to clients' emotions.

Listening for Implicitly Spiritual Language

The first component of an implicit spiritual assessment involves listening for implicitly spiritual language from clients. Just as clients may not connect to the explicitly religious language of therapists, therapists may not cue into the implicitly spiritual language of clients. Therefore, therapists must take care to listen for unique terms and phrases of clients that might open the door to further spiritual exploration. Three specific cues suggest that clients may be describing deeper spiritual issues: speaking in extremes, using major polarities, and making statements that parallel the spiritual.

First, clients who speak in extremes may be offering insight into their conceptions of the sacred. For example, clients may exalt the positive qualities of a person, activity, or thing. When clients speak of someone or something as all good, perfect, or never at fault, then they may be ascribing sacred qualities to this aspect of life. Similarly, clients may fixate on the negative qualities of someone or something in their lives. When clients can acknowledge only the negative, this may be a sign of "demonization" or the perception that they have been spiritually violated or desecrated. Understanding what clients have sanctified or demonized in their lives may provide specific directions for treatment. At times it may be necessary to help clients develop a more differentiated spiritual view of the person, object, experience, or activity at hand. For example, some clients will have the tendency to project sacred qualities onto the therapist (Pattison, 1982). If clients speak of their therapists in terms of being completely good and helpful, a lifeline, a miracle worker, or a savior, then it is essential to help them see the humanness of the therapist. This will prevent an inevitable "falling from grace" when the therapist proves unable to live up to the sacred qualities.

Second, clients may use extreme contrasts in their descriptions. Such major polarities may point to deep spiritual struggles (Nash, 1990). Examples are the contrast between brokenness and wholeness, curse and blessing, foolishness and wisdom, bondage and freedom, revenge and mercy, arrogance and humility, faithlessness and faithfulness. Therapists should be especially attuned to clients ascribing stark contrasts to themselves and their present or past experiences. Further exploration of such statements may open the door for conversations about clients' spiritual understandings that have been challenged or shaken (Park, 2005).

Third, therapists should be aware of statements that hint at spiritual processes in clients' lives. Clients may describe beliefs, practices, or experiences

that initially do not seem overtly spiritual but that have an underlying spiritual nature. For instance, Schreurs (2002) noted,

One may hear in other people's anger their disappointment about the general injustice of life, indicating that even though they do not believe in God, they deep down still relate to life itself as if it were a supreme judge who should administer justice but neglects to do so. (p. 121)

Listening for language that appears to parallel spiritual thoughts, feelings, or behaviors can lead to meaningful conversations about spirituality.

Using Psychospiritual Questions

An implicit spiritual assessment involves the use of questions that open the door for discussion about a broad range of spiritual experiences. These psychospiritual questions probe the possibilities of emotionally rich experiences of transcendent reality, connection to larger forces, or deeper meaning in life. These spiritual experiences may manifest themselves in a variety of different concepts, such as peace, courage, solace, sustenance, devotion, faith, hope, love, letting go, forgiveness, regret, despair, or suffering. Exhibit 5.4

EXHIBIT 5.4
Implicitly Spiritual Questions

- 1 Conceptualizations of the sacred
 - (a) Who/what do you put your hope in?
 - (b) Who/what do you rely on most in life?
 - (c) To whom/what are you most devoted?^a
 - (d) To whom/what do you most freely express love?^a
 - (e) When have you felt most deeply and fully alive?
- 2 Spiritual goals
 - (a) What are you striving for in your life?
 - (b) Why is it important that you are here in this world?^a
 - (c) What legacy would you like to leave behind in your life?
- 3 Spirituality as a resource
 - (a) What sustains you in the midst of your troubles?
 - (b) From what sources do you draw the strength/courage to go on?^a
 - (c) When you are afraid/in pain, how do you find comfort/solace?^a
 - (d) Who truly understands your situation?^a
 - (e) For what are you deeply grateful?^a
- 4 Spiritual struggles
 - (a) What are the deepest questions your situation has raised for you?
 - (b) What causes you the greatest despair/suffering?
 - (c) How has this experience changed you at your deepest levels?
 - (d) What have you discovered about yourself that you find most disturbing?
 - (e) What has this experience taught you that you wish you had never known?
 - (f) What are your deepest regrets?
 - (g) What would you like to be able to let go of in your life?

^aAdapted from Griffith and Griffith (2002)

provides examples of questions that can be used to indirectly assess the nature of clients' spirituality and its place in their lives.

Attending to Emotions

As every therapist knows, it is important to attend not only to what clients say and think but also to what they feel. This is particularly true for spiritual assessments because many people experience their spirituality primarily through feelings. Paying attention to the presence or absence of emotions may highlight something about clients' spiritual engagement. For example, clients might express that they do not believe in God, yet harbor anger and resentment at what a Higher Power has allowed to happen in their lives. In such cases, observing strong emotions may indicate that clients are in fact spiritually engaged in ways that they do not realize. The opposite could also occur. For example, clients could describe a high level of spiritual involvement, yet never display feelings about spiritual topics. A lack of emotion could suggest that even the most religious individuals are disengaged spiritually.

Spiritual experiences are particularly capable of eliciting strong emotions. These include both pleasant and unpleasant emotions, such as awe, peace, joy, inspiration, love, gratitude, excitement, sadness, anger, emptiness, shame, guilt, fear, and so on. The presence of particular positive emotions may indicate that a spiritually relevant topic has been broached.

Feelings such as gratitude, humility, love, and obligation are prevalent when people perceive God or sacredness in their lives (Pargament & Mahoney, 2005). Understanding what elicits excitement and joy in the lives of clients may provide important clues about their sources of sacredness. Therefore, watching for hints of emotion, such as a smile or a sparkle in the eye of a client who is depressed, may indicate that a sacred topic has been touched on. Similarly, observing that clients are exceptionally peaceful may indicate that they have accessed a powerful spiritual resource. Therapists should key into such cues and further explore the reason for changes in tone: Has the client identified a source of deeper meaning? Has the client experienced a connection with transcendent reality?

Past research has indicated that positive spiritual emotions far outnumber negative ones but that negative spiritual emotions have a stronger impact on people's lives and are predictive of declines in physical and mental health (e.g., Pargament, Koenig, Tarakeshwar, & Hahn, 2001). Therefore, it is important to include a screening for spiritual distress in the spiritual assessment. For example, extreme sadness or anger may indicate that clients are experiencing the loss or violation of something sacred in their lives. In such cases, it is important to assess whether clients are experiencing spiritual struggles, and if so, how they are handling the struggle and how it is affecting their lives.

In sum, when it comes to an implicit spiritual assessment, therapists should pursue topics that are accompanied by emotions that are especially strong or rare for their clients, including pleasure, solemnity, awe, profound sorrow, terrible fear, and gripping excitement. Such cues can lead to deeper conversations about clients' experiences of the sacred.

The process of implicit spiritual assessment, consisting of listening for clients' underlying spiritual language, asking clients implicitly spiritual questions, and attending to emotions, may reveal that spirituality is relevant to clients' lives and problems. A case example from Pargament (2007) described how implicit spiritual assessment can elicit a therapeutic breakthrough. In such instances, following up with an extensive spiritual assessment provides the opportunity to gather more detailed information about the nature of clients' spirituality and the degree to which it is well integrated or poorly integrated in clients' lives. However, an implicit spiritual assessment may not reveal that spirituality is relevant to a client's life or problems. In the end, the purpose of such an assessment is merely to offer clients a nonthreatening invitation to explore the spiritual domain in therapy.

Case Study: Conducting an Implicit Spiritual Assessment

A 39-year-old accountant, Joe was of average build, average appearance, and average disposition. In fact, everything about Joe seemed average. He had come to therapy a few months earlier complaining about depression. Although he had a stable job and marriage, he felt as if he were just going through the motions. There were no highs or lows in Joe's life. His days were marked by a sameness and a grayness that left him feeling as if he were living in a perpetual fog. Over the past 15 years, he had tried antidepressants, different forms of therapy, meditation, reading, and exercise, but nothing had altered the dreariness of his life.

I (Kenneth I. Pargament) went through a litany of therapeutic activities in an effort to help Joe generate a spark in his life, to no avail. Our sessions were mirroring his life. Trying to inject some enthusiasm in my voice, I would ask, "How did your week go, Joe?" "SOS, same old stuff," he would invariably reply in a monotonically average voice.

One day, feeling sleepy, ineffective, and rather desperate, I asked Joe, "Have you ever had a time in your life when you felt deeply and fully alive?" Joe paused to consider, and I awaited what I assumed would be another lifeless response. Instead, Joe said, "Well, there was the time in college when I flew jets." I almost jumped out of my skin. "You flew jets, Joe?" I shouted. "Well, tell me about it." Joe's parents had given him flying lessons for his 21st birthday. He loved the experience and spent his free time in his college years flying and qualifying for more and more technically sophisticated planes. "Joe," I said, "I never knew you were a pilot. What was it like to fly a jet?" "It was unbelievable," he

said. "That sensation of power taking off. Never knowing quite what to expect. Feeling like I was testing myself. And the experience of flying—racing through the clouds, a speck in the vastness of the skies. Man, I was in Heaven, soaring with the angels. I told you I'm not a religious man, but if there's a God, well, that's the closest I've come to Him." This was not the Joe I knew. Eyes bright, voice animated, perched precariously on the edge of his seat, Joe had made a complete transformation.

"Have you ever had a time in your life when you felt deeply and fully alive?" My question had helped uncover a sacred spark in Joe that had been hidden for many years. Now the question was whether Joe could fan that spark into a flame. "Why did you stop flying?" I asked. "Oh, I moved away, got a job, things came up, you know," he responded. "But, Joe," I exclaimed, "When you talked about flying just now, you came to life. You took off in here." With a very unaverage, embarrassed grin, Joe admitted, "Yeah, it did feel good."

Flying became the focus of our subsequent sessions, not only flying airplanes but also flying in other areas of his life. Using this potent metaphor, we talked about ways Joe could take the skills and qualities of a pilot—mastery, planning, self-confidence, courage, an adventurous spirit—and apply them to his job, his relationships, and his life more generally. And Joe did take off. He began to fly airplanes once again, and he began to approach his life with a new enthusiasm.

Nothing in my initial assessment of Joe had suggested that spirituality would be a relevant part of this case. Like many others, Joe had never made the connection between his situations in life and his spirituality. Spirituality emerged as an important concern, not by hitting Joe over the head with questions about God, the church, or prayer, but by a more implicit, indirect effort to reveal a deeper, spiritual dimension to his life.

CONCLUSION

Spiritual assessment is designed to provide insight into the role of spirituality in clients' lives and how it might be a part of clients' problems or solutions. Effective assessment is a prerequisite to responsible treatment decisions. In this chapter, we have conceptualized spiritual assessment as a process that grows out of the relationship between client and therapist. Rich spiritual dialogue can develop only in an atmosphere of trust, respect, and openness. Effective assessment is also based on a clear conceptual framework for thinking about spirituality—what it is, how it works, how to distinguish spirituality at its best from spirituality at its worst.

Spiritual assessment is a multimethod, multilevel process. This chapter described three stages of assessment, beginning with a few questions about spirituality in the intake session. When appropriate, extensive spiritual assessment

provides an opportunity for therapists to gather a more comprehensive picture of clients' spirituality. This involves using open-ended questions and clinical exercises to elicit clients' spiritual stories. As clients' spiritual narratives unfold, therapists also listen for what clients do not verbalize and consider the level of congruence in clients' spiritual experiences. In addition, therapists can draw on quantitative measures and external sources of information.

Some clients may not resonate to the explicitly spiritual language used in the initial and extensive spiritual assessments; others may be unaware of the role spirituality plays in their lives or hesitant to broach the topic. In the process of implicit spiritual assessment, therapists attend to indirect references to spirituality in the language of clients, make use of implicitly spiritual questions, and attend to clients' emotional tones to uncover a broader range of spiritual experiences. This provides clients with an invitation to enter into a spiritual conversation with their therapists, an invitation which may or may not lead to more extensive discussion of spiritual matters.

It would be inappropriate to end this chapter without emphasizing that assessment is not a simple process. People and problems are far too diverse and complicated for that to be the case. A spiritual assessment is more than the sum of its parts. Therapists must integrate information from each component of the assessment and draw on indirect means of learning about clients' spirituality. For this reason, clinical judgment is absolutely essential to the process of spiritual assessment. Therapists gather a plethora of information about many different variables from a variety of sources. The task is to weigh these variables in interaction with each other in hopes of garnering a broader contextual perspective. Real questions about real people are anything but simple. Therefore, sound clinical judgment is especially important in our efforts to understand and evaluate a process as rich, complex, and dynamic as spirituality.

REFERENCES

- Abramowitz, J. S., Huppert, J. D., Cohen, A. B., Tolin, D. F., & Cahill, S. P. (2002). Religious obsessions and compulsions in a non-clinical sample: The Penn Inventory of Scupulosity (PIOS). *Behaviour Research and Therapy*, 40, 825–838.
- Batson, C. D., & Schoenrade, P. (1991). Measuring religion as quest: 1. Validity concerns. *Journal for the Scientific Study of Religion*, 30, 416–429.
- Blanton, P. G. (2006). Introducing letter writing into Christian psychotherapy. *Journal of Psychology and Christianity*, 25, 77–86.
- Cole, B. S. (2005). Spiritually-focused psychotherapy for people diagnosed with cancer: A pilot outcome study. *Mental Health, Religion, & Culture*, 8, 217–226.
- Cole, B. S., Hopkins, C., Tisak, J., Steel, J. S., & Carr, B. L. (2007). Assessing spiritual growth and spiritual decline following a diagnosis of cancer: Reliability and validity of the spiritual transformation scale. *Psycho-Oncology*, 17, 112–121.

- Emmons, R. A., Cheung, C., & Tehrani, K. (1998). Assessing spirituality through personal goals: Implications for research on religion and subjective well-being. *Social Indicators Research*, 45, 391–422.
- Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology*, 56, 1481–1496.
- Fitchett, G., Rybarczyk, B. D., DeMarco, G. A., & Nicholas, J. J. (1999). The role of religion in medical rehabilitation outcomes: A longitudinal study. *Rehabilitation Psychology*, 44, 1–22.
- Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk with people about their spiritual lives*. New York: Guilford Press.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology*, 24, 233–246.
- Hays, J. C., Meador, K. G., Branch, P. S., & George, L. K. (2001). The Spiritual History Scale in Four Dimensions (SHS-4). Validity and reliability. *The Gerontologist*, 41, 239–249.
- Hill, P. C., & Hood, R. W., Jr. (Eds.). (1999). *Measures of religiosity*. Birmingham, AL: Religious Education Press.
- Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*, 46, 203–214.
- Hodge, D. R. (2005). Spiritual lifemaps: A client-centered pictorial instrument for spiritual assessment, planning, and intervention. *Social Work*, 50, 77–87.
- Idler, E. L., Musick, M. A., Ellison, C. G., George, L. K., Krause, N., Ory, M. G., et al. (2003). Measuring multiple dimensions of religion and spirituality for health research. Conceptual background and findings from the 1998 General Social Survey. *Research on Aging*, 25, 327–365.
- Lovinger, R. J. (1984). *Working with religious issues in therapy*. Northvale, NJ: Jason Aronson.
- Mahoney, A., Carels, R., Pargament, K. I., Wachholtz, A., Leeper, L. E., Kaplar, M., & Frutche, R. (2005). The sanctification of the body and behavioral health patterns of college students. *International Journal for the Psychology of Religion*, 15, 221–238.
- Mahoney, A., Krumrei, E. J., & Pargament, K. I. (2008). Broken vows: Divorce as a spiritual trauma and its implications for growth and decline. In S. Joseph & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 105–124). Hoboken, NJ: Wiley.
- Miller, L., & Kelley, B. S. (2005). Relationships of religiosity and spirituality with mental health and psychopathology. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 460–478). New York: Guilford Press.
- Nash, R. (1990). Life's major spiritual issues: An emerging framework for spiritual assessment and diagnosis. *The Caregiver Journal*, 7, 3–42.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56, 519–543.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine*, 161, 1881–1885.
- Pargament, K. I., & Mahoney, A. M. (2005). Sacred matters: Sanctification as a phenomena of interest for the psychology of religion. *International Journal for the Psychology of Religion*, 15, 179–199.
- Pargament, K. I., Murray-Swank, N., Magyar, G. M., & Ano, G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W. R. Miller & H. Delaney (Eds.), *Judeo-Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245–268). Washington, DC: American Psychological Association.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710–724.
- Park, C. L. (2005). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 295–314). New York: Guilford Press.
- Pattison, E. M. (1982). Management of religious issues in family therapy. *International Journal of Family Therapy*, 4, 140–163.
- Peterman, A. H., Fitchett, G., Brady, M., Hernandez, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: The Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp). *Annals of Behavioral Medicine*, 24, 49–58.
- Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (2004). A theistic spiritual strategy for psychotherapy. In P. S. Richards & A. E. Bergin (Eds.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 3–32). Washington, DC: American Psychological Association.
- Schreurs, A. (2002). *Psychotherapy and spirituality: Integrating the spiritual dimension into therapeutic practice*. London: Jessica Kingsley.
- Sperry, L. (2001). *Spirituality in clinical practice: Incorporating the spiritual dimension in psychotherapy and counseling*. Philadelphia: Brunner-Routledge.
- Tarakeshwar, N., Pargament, K. I., & Mahoney, A. (2003). Measures of Hindu pathways: Development and preliminary evidence of reliability and validity. *Cultural Diversity and Ethnic Minority Psychology*, 34, 377–394.
- Yanni, G. M. (2003). *Religious and secular dyadic variables and their relation to parent-child relationships and college students' psychological adjustment*. Unpublished doctoral dissertation, Bowling Green State University.