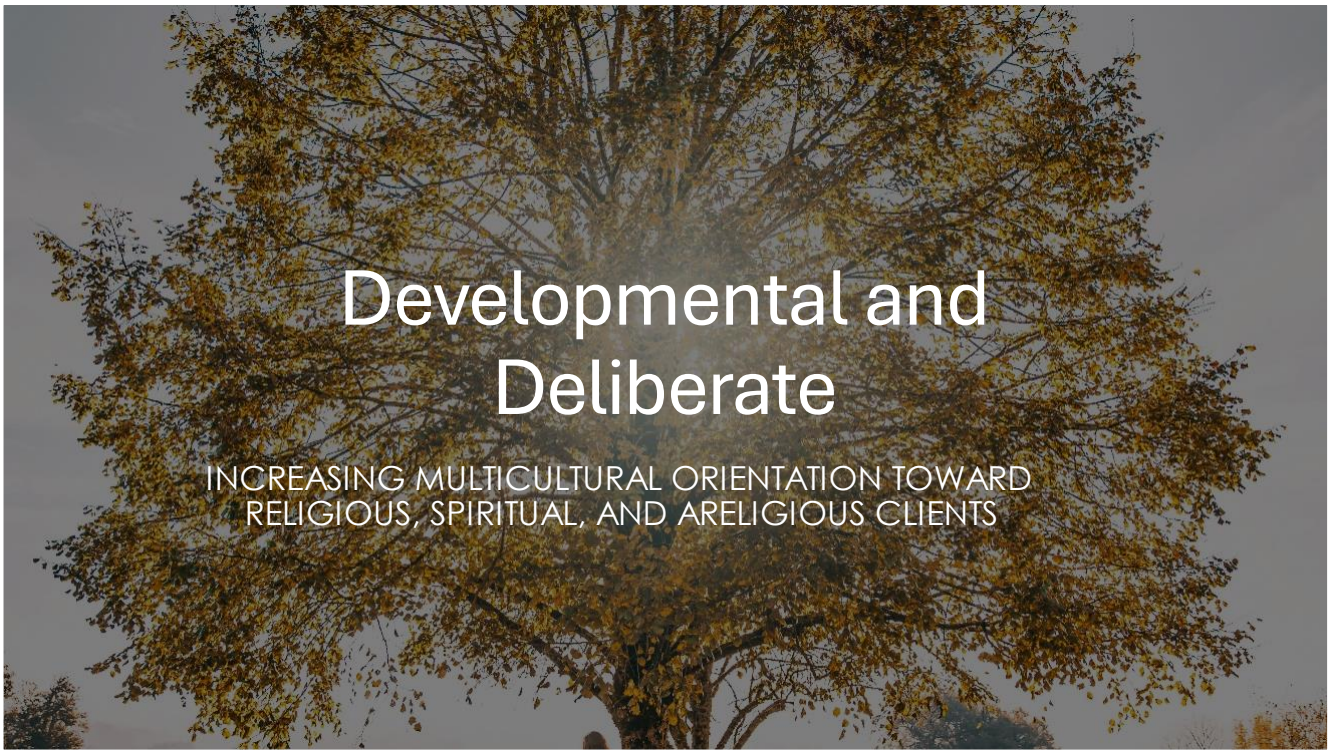

Workbook developed by Stephanie Winkeljohn Black, with Dana Awlia, Andrew Butch, Zoya Dawar, Kristin DeLeeuw, Meenakshi Pande, Maithili Patel, Nicole Riley, Sanskriti Shrivastava, and Saanya Verdia

Video vignettes available at **@RSHumilityPsychotherapy**

This workbook and associated media were funded by the Religious and Spiritual Competencies Project; PI: Stephanie Winkeljohn Black

Video vignettes filmed and edited by Skillsetter

Table of Contents

Speaking of humility… spot an error? Have a resource that we should include? Email smw78@psu.edu.

INTRODUCTION

Why Religion and Spirituality?

Religious, spiritual, and areligious (R/S) identities and experiences are a component of diversity and are also a domain of functioning. Just as you might assess your client's occupational or social functioning, it is important to assess your client's R/S functioning. A large body of research shows R/S is associated with both positive and negative mental health outcomes (e.g., Oxhandler et al., 2021). R/S identities are also inherently cultural – they include beliefs, rituals, social expectations, and so on. R/S identities intersect with others – gender, sex, race, ethnicity, sexual orientation, social class, and others – to inform someone's social position, and where and how they may experience forms of privilege and/or oppression. R/S identities and affiliations can also be fluid, as religious conversion and de-conversion are common (Pew Research Center, 2015). While therapists generally agree R/S is important to address in session, and clients do want to talk about R/S themes, there is still little formal training in client R/S functioning and needs (see Vieten & Lukoff, 2022 for a call for R/S competencies and training).

Multicultural Orientation

Multicultural orientation (MCO; Owen, Tao et al., 2011) has three pillars: cultural humility, cultural comfort, and cultural opportunities. When clients perceive their therapist as being higher in MCO, they are less likely to drop out of treatment, have a stronger therapeutic alliance, and have better treatment outcomes (for review, see Davis et al., 2018).

Cultural humility: A respectful, open-minded, and non-superior stance toward clients' cultural background and context. This includes using the client's language around cultural topics and ideas, demonstrating curiosity for the client's experience, and avoiding assumptions.

Cultural comfort: Demonstrating comfort, calm, and ease when discussing cultural content or themes with a client. This looks like relaxed body posture, an open facial expression, and a steady eye gaze. It sounds like smooth, conversational tones and verbal pacing is unrushed with varied intonation (i.e., does not sound robotic. Overall, the content of what the therapist says is congruent with their overall appearance and nonverbal cues.

Cultural opportunities: When a client mentions or alludes to cultural themes or content, the therapist identifies the cultural marker (content) and directly addresses it in the room. Cultural opportunities overlap with the concept of *broaching*.

Deliberate (& Developmental) Practice

Deliberate practice (DP) is an approach to enhancing skill development with repeated practice of the skill or skills alongside feedback (Clements-Hickman & Reese, 2020). In psychotherapy, DP enhances therapists' performance and skill acquisition, and increases self-efficacy in utilizing such skills in therapy (Chow et al., 2015; Mahon, 2023). DP is ultimately a career-long process that allows for continued development towards expertise, aided by access to sufficient training resources as well as a supportive environment (Clements-Hickman & Reese, 2020), and in this way it is congruent with cultural humility – which involves a recognition that there is always room for feedback and improvement.

We opted to separate practice opportunities into three separate skills based on Owen and Lindley's (2010) Therapist Cognitive Complexity Model. In the first step, therapists practice identification – noticing cultural opportunities that emerge and prioritizing which opportunity to address first. The second step is conceptualization – integrating the client's presenting problems and cultural (in this case, religious/spiritual) content together to develop a full, contextual picture of their experience. The third step – intervention – gives therapists a chance to engage the client in their preferred therapeutic style based on their conceptualization and identification of themes. In other words, therapists practice selecting and implementing a therapeutic task that is culturally integrated and intentional.

How to Use This Workbook

Deliberate practice requires feedback. In our study, we did find that some participants described re-watching their own videorecorded responses to the vignettes as a form of feedback. Theoretically, you could record your responses and watch them back as a way to see how you appear (un)comfortable with the vignette material. However, we recommend that you use this workbook with another person. The workbook cases can be integrated into:

→ Individual or group supervision,
→ Small consultation groups,
→ Classes.

When being used in supervisory settings, we suggest that the supervisor complete the exercises alongside the supervisee for a more collaborative exploration of how and where cultural humility, comfort, and opportunities can be integrated into the cases. The accompanying video vignettes were designed for therapists to practice their immediate therapeutic response; therapists can also explore how they might approach a vignette over a session or the entirety of treatment.

Unsure how to give feedback? See our rubrics for cultural humility and cultural comfort at the back of this workbook!

Increasing Self-Awareness

Religion and spirituality can be tricky – many of us have been socialized to not talk about religion in public settings. Religions have, and continue to, oppressed many people for a variety of reasons and many have misused religious teachings to justify prejudice, hate, and atrocities. On the other hand, religion and spirituality are core components of many peoples' lives and everyone has been impacted by social teachings of a religion in some way, even if they identify as atheist or agnostic. An MCO approach emphasizes the need for self-awareness of one's own experience with religion and spirituality.

→ 77.2% of the U.S. population is religiously affiliated religious people (Pew Research Center, 2015)

- → 71% of the U.S. population reports praying at least weekly (Pew Research Center, 2015)
- → Most people, including non-religious people, experience spiritual struggles (Sedlar, 2018)

It is important to give yourself space to reflect – repeatedly! – on your relationship to religion and spirituality. You might consider:

- → Completing a religious/spiritual (R/S) genogram,
- → Writing out your R/S autobiography or timeline,
- → Noticing what reactions you have – cognitively and in your body – when you think about the word "religion" and then the word "spirituality." Is there a difference?,
- → Noticing whether your R/S identity is a salient one for you, and how it intersects with your other cultural identities,
- → Noticing how and whether R/S functioning impacts your health, mood, and other realms of functioning – occupational, familial relationships, social relationships, etc.

We also hope you'll notice your reactions as you progress through the cases in this workbook. Working with a trusted colleague, supervisor, or friend will also be helpful and give you an opportunity to process your automatic thoughts about religious and spiritual concepts, struggles, and themes that are described below.

Keep in mind that your relationship to religion and spirituality – and the salience of these experiences and identities – are fluid and will likely change over time.

VIGNETTE CASES

The video vignettes that accompany this workbook can be found on our YouTube channel, **Religious and Spiritual Humility in Psychotherapy (@RSHumilityPsychotherapy)**. Each vignette client has one short clip that allows therapists to (1) practice possible responses to the client and (2) increase their self-awareness about how they might respond – feel about, think about - different religious or spiritual content that clients could bring up in session.

Many of these vignettes were used in a quasi-experimental study, where psychotherapists in training provided recorded therapeutic responses to the vignettes. Through this study, we identified common reactions therapists had to the vignettes and typical therapeutic approaches and interventions. We share some of this information to emphasize that it is normal to have reactions to clients, that there are multiple, culturally responsive ways to respond to a client, and that everyone will, from time to time, experience cultural discomfort and/or misstep in responding to a client.

The video vignettes were designed by the study PI, in collaboration with a team of consultants with expertise in religious/spiritual themes in psychotherapy and multicultural orientation in psychotherapy. External contributors also provided feedback as needed. Each vignette was designed to focus on one to two spiritual struggle(s) (Exline, 2013; Pargament & Exline, 2022).

What is a spiritual struggle?

Spiritual struggles refer to difficulties or conflicts in how an individual relates to the sacred (Exline, 2013). People of all ages, ethnicities, religious or secular identity (including atheists; Sedlar et al., 2018), and other backgrounds report experiencing spiritual struggles, which can co-occur alongside anxiety and depression, among other psychological difficulties, including lower life satisfaction (Pomerleau et al., 2019).

There are six types of spiritual struggles:

1. **Divine:** Negative feelings toward the sacred (God or otherwise), feeling abandoned or punished by Sacred
2. **Demonic:** Perceiving or worrying that problems are being caused by evil spirits, feeling attacked by evil spirits
3. **Doubt-Related:** Experiencing doubt or confusion about beliefs
4. **Moral:** Guilt or other distress about failing to meet religion or Sacred's moral standards
5. **Ultimate Meaning:** Questioning whether life matters or whether one's own life matters or has purpose
6. **Interpersonal:** Relational ruptures with others associated with religious belief (e.g., congregations, religious leaders, etc.).

Each vignette has a specific prompt that you can use in formulating your response to a client. These prompts were developed within a developmental framework for psychotherapists discussed above. However, you may alter the prompts or ignore them depending on your training goals and needs.

- **Identification Prompts** invite you to formulate a follow-up question for the client. These are designed to encourage you to consider what in the client's statement is most important to focus on, and to identify the cultural opportunity(ies) within their statement.
- **Conceptualization Prompts** ask you to reflect or summarize what the client has said. These are meant to have you briefly synthesize the main conflicts or struggles the client is reporting, and to do so in a tentative manner (i.e., keep the client as the expert in the room). To effectively synthesize the main points assumes the cultural opportunity(ies) is addressed in some manner.
- **Intervention Prompts** allow you to take your preferred therapeutic approach to the client. This gives you an opportunity to consider how you will maintain your authentic, therapeutic voice while engaging in cultural topics that may be unfamiliar to you.

If you have not already done so, we encourage you to first complete some of the self-awareness prompts above prior to reviewing these vignettes. You can do this on your own, with a peer/colleague, or with a supervisor.

How were the vignettes developed? A Deeper Dive.

In making this program, the goal was to get trainees culturally comfortable with a variety of religious, spiritual, and atheist (RSA) clients. Cultural comfort is a major factor in whether therapists choose to broach a client's cultural experience, including RSA clients. Exposure to, and the opportunity to wrestle with, previously unencountered cultural narratives is a good first step in getting trainees comfortable.

Because the primary focus of the study and training program was religious and spiritual competencies in psychotherapy, the client backgrounds we focused on diversifying the most was religious and spiritual identity. We worked to cover many major religions and spiritual struggles. We also attempted to cover a range of (adult) age groups, as well as gender and sexual orientation diversity. In fact, we deliberately overrepresented sexual orientation diversity: in some earlier pilot studies I ran to understand trainee perceptions of RSA in psychotherapy, I heard many graduate students describe the complexity and difficulty of working with clients with (potentially) conflicting identities.

We also attempted to create a vignette selection with racial and ethnic diversity. Because the video production team was stationed in Canada, some client backgrounds and identities were difficult to obtain. One area of growth is to include greater representation of racial and ethnic diversity that more closely reflects the U.S. population.

As such, if you wish to contribute a specific client vignette or experience to this YouTube and workbook series, I encourage you to connect with me so we can collaborate.

Case of Laura

Laura is a 35-year-old married LDS white woman. This is her first session with you post-intake. She presented for therapy after being diagnosed with Multiple Sclerosis, a progressive and fatal disease of the nervous system. It is the beginning of your session and Laura appeared angry upon entering the room. You have just asked her where her anger is directed toward.

Review the video clip

Respond to Laura with a follow-up question: what would you want to explore further with her? You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Laura? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Laura?

Notes and Considerations.

Laura is experiencing a major life stressor as she has recently been diagnosed with multiple sclerosis that will significantly impact her quality of life. Laura expresses anger at God for the development of this diagnosis, and therefore, guilt for having anger (a "negative" emotion) toward God. Laura is having a

divine spiritual struggle (conflict in her relationship with God or a higher power). While she does also mention family dynamics, her anger at God is the primary component in Laura's response.

Culturally humble responses mirror Laura's language ("mad at God") and engage the **cultural opportunity** of Laura's relationship with God, which could have further implications for how she copes and makes meaning of her diagnosis and other life events. **Culturally humble responses** can also highlight Laura's conflict of feeling both angry and guilty in her relationship with God. By engaging the cultural opportunity, you send the signal that it is ok to explore religious and spiritual topics in session.

Responses low in **cultural humility** avoid or dismiss Laura's anger and/or guilt toward God, which circumvents both Laura's strong emotions and her religious experience. Many therapists find it uncomfortable to address feelings of anger in session with clients, but it is important to validate and acknowledge this emotional experience. In addition, it is vital to acknowledge that her anger is towards God. Missing the cultural opportunity here in Laura's relationship with God may signal that you as a therapist do not want to talk about religious or spiritual topics in session.

Common cliche sayings such as "God works in mysterious ways" also demonstrate low cultural humility as the response emphasizes a collective expectation of how Laura should feel instead of appreciating her individual experiences.

Laura's final statement about telling her family about her diagnosis may be good to follow up on later. Her anger subsides when she changes topics from her relationship with God to her family, suggesting that Laura may be switching topics as a way of avoiding or defending against her anger and guilt.

Video Examples

Several therapists provide example therapeutic responses to Laura, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Laura playlist of the YouTube channel.

Additional Resources

Cowden, R. G., Pargament, K. I., Chen, Z. J., Davis, E. B., Lemke, A. W., Glowiak, K. J., Rueger, S. Y., & Worthington, E. L. (2021). Religious/spiritual struggles and psychological distress: A test of three models in a longitudinal study of adults with chronic health conditions. *Journal of Clinical Psychology, 78*(4), 544–558. https://doi.org/10.1002/jclp.23232

→ This article informs clinicians of the holistic approach that is necessary when working with all clients, but especially those with health conditions, in that Cowden and colleagues address the interconnectedness of physical, mental, and spiritual well-being.

Nelson, C. J., Rosenfeld, B., Breitbart, W., & Galietta, M. (2002). Spirituality, religion, and depression in the terminally ill. *Psychosomatics*, *43*(3), 213–220. https://doi.org/10.1176/appi.psy.43.3.213

→ Nelson and colleagues' study aids in understanding how religion and spirituality may influence an individual enduring a serious illness. Additionally, this study provides an understanding about the way in which physical and mental illness interact, as well as protective factors against heightened or exacerbated mental illness.

Ulrich, W., Richards, P. S., Hansen, K. L., & Bergin, A. E. (2014). Psychotherapy with Latter-day Saints. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed., pp. 179–205). American Psychological Association. https://doi.org/10.1037/14371-008

→ Provides an overview of the Latter-Day Saints (LDS) belief system, emphasizing the basic beliefs and practices within the LDS tradition. The chapter closes with suggestions for, and issues related to treatment and approaches when working with a client from the LDS religion.

Case of Rosie

Rosie is a 64-year-old white woman. She has been in therapy for depression and anxiety for eight weeks. She has a history of chronic depression and is currently in a depressive episode.

Review the video clip

Respond to Rosie with a follow-up question: what would you want to explore further with her? You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

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Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Rosie? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Rosie?

Notes and Considerations.

Rosie's spiritual struggle may seem less obvious than Laura's. Rosie is craving a **connection to the Divine**, mostly through nature. Many people **sanctify** people, objects, and/or nature – they see a particular thing or relationship as possessing spiritual or religious meaning. Rosie may see nature as sanctified – which would make her concerns about climate change all the more powerful (Deal & Magyar Russell, 2022). When people lose something that is sanctified, it can evoke more spiritual struggle and result in greater distress.

Rosie also makes a distinction between **religion and spirituality** and suggests that religious organizations have not worked for her in the past given her identity as a

lesbian woman. Clinicians may want to make a note to explore Rosie's history of spiritual struggles as part of their work, as Rosie may have had divine and/or interpersonal spiritual struggles in the past. Given Rosie's craving for connection – which can include connections to other people in addition to nature – it is important to understand how Rosie has experienced religious and/or spiritual communities and where she will feel safe.

Rosie presents the clinician with several **cultural opportunities** and topics, including:

1. Her concern that the clinician might see her spiritual needs as unrealistic or silly,
2. Her craving for spirituality,
3. Her past and current experiences as a lesbian woman with organized religion,
4. Fears over climate change and the environment,
5. The rain garden.

Culturally humble responses to Rosie tended to focus on the first cultural opportunity. Clinicians often delivered a here-and-now response to Rosie's concern that her spiritual needs will be seen as "woo-woo." Clinicians here thanked Rosie for sharing her needs and validated the importance of spiritual well being to overall wellbeing. Addressing Rosie's concern immediately and explicitly assures her that spiritual and religious topics are relevant to Rosie's mental health and overall wellbeing and lays a foundation for further spiritual and religious discussions.

Culturally humble responses often paired these here-and-now validations with a follow up question to explore Rosie's desire for spirituality or her experiences as a lesbian with organized religion. These responses mirrored Rosie's language ("craving") and did not conflate religion and spirituality, which are two distinct concepts.

Culturally unhumble responses tended to involve expressions of **clinician discomfort**, including long pauses, hesitant replies, and at times, an attempt to address all five cultural opportunities at once. In general, it seemed that longer clinician responses were associated with more signs of clinician discomfort. The number of topics Rosie brings up, many culturally laden, may feel overwhelming.

Some clinicians may try to demonstrate cultural openness by naming and summarizing all of Rosie's topics. Selecting one or two ideas and focusing on these in a more centered, assured manner may communicate more cultural comfort overall.

Finally, it is helpful to consider the differences between religion and spirituality. While there is ample literature on how these constructs are different (see below for some resources), ultimately the key here is to first understand how Rosie defines religion and spirituality. A good start to this process is to notice Rosie's language and mirror it: she craves spirituality, not necessarily religion. Rosie has had negative experiences with religion, not spirituality.

How to Address Rosie's Mention of Climate Change?

Rosie has sanctified nature – it is one way for her to connect to a spiritual or divine presence. In this way, Rosie's fear about climate change is culturally laden. We suggest that it is best to address some other cultural opportunities and themes with Rosie first (e.g., here-and-now processing about discussing spirituality, her overall craving of spirituality, and experiences with religion). That said, recognizing how Rosie is making meaning of climate change is certainly worth exploration at some point in treatment and may have implications for her symptoms of anxiety and depression. We offer further readings and considerations on this topic below.

Video Examples

Several provide example therapeutic responses to Rosie, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Rosie playlist of the YouTube channel.

Additional Resources

Deal, P. J., & Magyar-Russell, G. M. (2022). A qualitative study of sanctification: How nature becomes sacred for nontheistic environmental activists. *Spirituality in Clinical Practice, 9*(1), 40–54.

→ Deal and Magyar-Russell explore how individuals ascribe sacredness to the world, objects, and/or people, specifically among nontheist groups. This study allows individuals to identify the difference between spirituality and religion and to understand how aspects of the world, like nature, attain a sacred meaning.

Lefevor, G. T., Davis, E. B., Paiz, J. Y., & Smack, A. C. (2021). The relationship between religiousness and health among sexual minorities: A meta-analysis. *Psychological Bulletin, 147*(7), 647–666.

→ This meta-analysis explores the relationship between religion and spirituality and their effects on the health of sexual minority individuals. R/S can have a positive or negative impact on the health of sexual minorities, depending on several factors. This article would be helpful when working with a client identifies as both religious/spiritual and as a sexual minority, and, yet struggles with such intersectionality. This article can aid in exploring whether the client's religion/spirituality is harming or benefiting them and how to take steps to move forward with either outcome.

Wixwat, M., & Saucier, G. (2021). Being spiritual but not religious. *Current Opinion in Psychology, 40*, 121–125. https://doi.org/10.1016/j.copsyc.2020.09.003

→ Through their literature review, Wixwat & Saucier review the distinction between religiosity and spirituality. This review would be a helpful and significant resource especially when working with clients who long for a spiritual connection but are not interested in traditional organized religion.

Case of Dan

Dan is a 42-year-old white man who is going through a contentious divorce. He has two children who live primarily with his ex-wife. Dan presented for therapy feeling anxious and isolated, as his family belongs to a tight knit community, the local conservative Jewish temple and Jewish Community center, and he feels most people have taken his ex-wife's side throughout the divorce process. This is his first session with you. You have just asked Dan where he is getting support right now.

Review the video clip

Reflect back to Dan what his presenting concerns seem to be. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

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Reflect

What did you do well in your response?

Peer or supervisor: What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

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What could you have improved upon in your response?

Peer or supervisor: What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

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How would you rate your comfort level while watching Dan? Why?

Peer or supervisor: Did the therapist appear comfortable while responding to Dan?

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Notes and Considerations.

Dan is going through a major stressor (divorce) and his social support system is being disrupted at the same time, leaving him without his typical way of coping. Here, the big issue Dan is focusing on is his sense of betrayal from his religious community – an identity and community he takes pride in. His spiritual struggle is **interpersonal.**

It may be difficult for therapists who have not had personal experience in a religiously oriented community to understand how difficult interpersonal spiritual struggles can be. Much like Rosie's experiences with de-sanctification, interpersonal rifts with one's religious community reduce one's access to coping, social support, and even one's sense of identity. To experience both a divorce and the threat of loss of religious community is quite a lot for Dan. He is experiencing isolation both at home and in his community, or source of social support.

To focus on conceptualizing Dan's spiritual struggle, therapists need to be able to merge Dan's experience of divorce and his religious identity and struggles. Responses to Dan that integrate these ideas and experiences signal that you as therapist understand how different parts of Dan's life intersect and influence one another.

Dan also expresses two contrasting emotions – that he feels betrayed by his community while feeling pride in his identity, which is linked to his community. **Responses high in cultural humility** echo Dan's language, particularly his language around betrayal and pride. Centering Dan's emotion-focused language and giving him space to process emotion-laden R/S content signals therapist cultural comfort in unpacking Dan's experiences in therapy.

Responses low in cultural humility tend to lean toward problem solving. Many therapists feel a pull to recommend Dan find a new community. In addition to bypassing Dan's emotional experiences here, this can signal that the therapist does not appreciate the significance of religious community, or the sizeable loss Dan would experience in leaving. Moreover, for smaller religious groups, it is highly unlikely Dan's location has more than one Jewish community in the area. Thus, finding a new, in-person community may be nearly impossible.

Finally, while Dan does not focus on the R/S implications of his divorce, it may be something to note and check in with Dan about later. For some, divorce has R/S connotations and can be a desecration. Others may not place much R/S significance into their divorce.

Video Examples

Several therapists provide example therapeutic responses to Dan, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Dan playlist of the YouTube channel.

Additional Resources

Friedman, M. L., Friedlander, M. L., & Blustein, D. L. (2005). Toward an understanding of Jewish identity: A phenomenological study. *Journal of Counseling Psychology, 52*(1), 77–83. https://doi.org/10.1037/00220167.52.1.77

→ Friedman and colleagues explore Jewish identity and how an individual's Jewish ethnicity may align or differ from their religious/spiritual identity. Those who more closely engage in Jewish religiosity tend to have a greater sense of pride in their Jewish ethnicity and sense of significance surrounding Jewish marriage compared to Jewish participants who did not engage in Jewish religious practices. Friedman and colleagues also provide insight into how to work with Jewish clients and how to work through the duality of the Jewish experience.

Mahoney, A., Krumrei, E. J., & Pargament, K. I. (2008). Broken vows: Divorce as a spiritual trauma and its implications for growth and decline. *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*, 105-123.

→ This chapter provides an overview of how marriage is sanctified for many religious individuals, and consequently, divorce can become a desecration. The authors outline how divorce is associated with a variety of spiritual struggles, including interpersonal struggles, and discusses how these struggles are related to mental health and coping.

Miller, L., & Lovinger, R. J. (2000). Psychotherapy with conservative and reform Jews. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 259–286). American Psychological Association. https://doi.org/10.1037/10347-011

→ Miller and Lovinger aim to provide an overview and background of conservative and reform Judaism. Specifically related to conservative

and reform Jews, the authors discuss the essential lessons as well as social and moral issues in Judaism and further highlight the implications that such lessons and issues have on the counseling and psychotherapeutic process. Additionally, Miller and Lovinger unpack potential treatment issues specifically related to issues that reform and conservative Jews tend to experience and struggle with such as changing Jewish identity, idiosyncrasy or tradition, paranoia, intellectual identification, feelings of responsibility, intermarriage, family dynamics, etc.

Case of Andrew

Andrew is a 31-year-old white male. He is marrying Sara, a woman from a devout Muslim family. Sara herself is not religious. Andrew came to therapy to process concerns related to moving forward with the marriage, as Sara's family strongly disapproves of their relationship and Andrew's vocal Atheism. It is session 3, and you have asked Andrew what his biggest worry is moving forward with the relationship.

Review the video clip

Reflect back to Andrew what his presenting concerns seem to be. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

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Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Andrew? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Andrew?

Notes and Considerations.

Andrew is experiencing both positive and negative stressors. Marriage is stressful under the best circumstances, and integrating two families that have different cultural and R/S expectations makes things difficult. Andrew is feeling pressure about his relationship and is experiencing an **interpersonal spiritual struggle**. This

interpersonal struggle is unusual, because rather than coping with conflict within his own R/S community (like Dan), Andrew is struggling to reconcile his Atheist worldview with the Muslim values of his future in-laws. Andrew is still experiencing potential rejection and confusion about whether his fiancé will support him. It may be that Andrew's history of leaving a religious household and community (his family of origin) is activated by the current situation.

Responses **high in cultural humility** focus on Andrew's relationship with his fiancé and in-laws, rather than his internal identity processes. Andrew may also need some assistance in recognizing how his worldview differs from Sara's family. Responses could also explore the kind of support Andrew needs from his partner, as well as whether Andrew has discussed these concerns with his partner. Culturally humble responses could also explore Andrew's relationship with his in-laws. Andrew has also communicated that he feels uncertain, and even fearful of rejection. These are powerful emotional experiences that can be explored further, and perhaps eventually tied to Andrew's experiences with his family (and religion) of origin.

Andrew appears to be confident in his atheism and has not indicated that he wants to explore or rethink it. A response **low on cultural humility** might try to discuss Andrew's feelings and decision to be an atheist (Andrew's background information suggests he is a "done" – someone who has intentionally separated from a religious community, in this case the one his family of origin belonged to). It is important to be mindful about the language around Andrew's atheism. As a therapist, it is important to be aware of the anti-atheist bias that exists and be careful about the way a client's identity is incorporated into your response.

Video Examples

Several therapists provide example therapeutic responses to Andrew, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Andrew playlist of the YouTube channel.

Additional Resources

Abbot, D. M. (2021). Psychotherapy with nonreligious clients: A relational-cultural approach. *Professional Psychology: Research and Practice, 52*(5), 470-476. https://doi.org/10.1037/pro0000392

→ Abbot describes the basic tenets of Relational-Cultural Therapy (RCT) and how it can be applied when working with nonreligious clients to address systemic oppression, build resilience, and enhance empowerment. This article would be useful when working with nonreligious clients or clients who are struggling with deconversion. It would be helpful in exploring the discrimination and lack of belonging experienced by such clients and is helpful in providing ways to approach such issues with nonreligious clients through the lens of RCT.

Sandage, S. J. (2022). Religious differences in spiritually integrated couple therapy. *Spiritual Diversity in Psychotherapy: Engaging the Sacred in Clinical Practice.*, 271–296. https://doi.org/10.1037/0000276-012

→ Religious differences may provide some couples with a healthy connection and provide them with resilience during difficult times, however for other couples, differences in religion may bring about conflict and estrangement from each other. This chapter would be a good reference when working with a client who expresses distress related to the misaligning of their religious identity and their partner's. Sandage's discussion can provide clinicians with insight into how to navigate such issues faced by one or both parties in an interreligious relationship.

Sedlar, A. E., Stauner, N., Pargament, K. I., Exline, J. J., Grubbs, J. B., & Bradley, D. F. (2018). Spiritual struggles among atheists: Links to psychological distress and well-being. *Religions, 9*(8), 242. https://doi.org/10.3390/rel9080242

→ Sedlar and colleagues explore the prevalence of religious and spiritual struggles among atheists compared to those who believe in God or a creator. Results revealed that atheists do experience religious and spiritual struggles, yet in a different way than theists do. Individuals who identify as atheist experienced less religious and spiritual struggles related to demonic forces, doubting, divinity, and morality than those who believe in a creator, but experienced similar levels related to interpersonal and ultimate meaning struggles. This should signal to the clinician that there should be an acknowledgement of the potential religious and spiritual struggles that a client may experience, even if they do identify as atheist.

Case of Maya

Maya is an 18-year-old female international student. She listed her religious identity as Buddhist. She was reluctant to come to therapy, but her Resident Assistant walked her over after Maya was appearing visibly distressed in her residence hall. This is your third session with Maya, during the first two sessions she reported she was fine and just stressed about schoolwork. You begin the session by asking Maya how she is doing.

Review the video clip

Respond to Maya in your typical therapeutic style. For example, you might validate her, offer her a summary or reflection, or invite her to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Maya? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Maya?

Notes and Considerations.

Maya is experiencing a major stressor and conflict in her identity development. She identifies ambivalence between her behaviors – sex with other women, alcohol use – and what they mean in light of her Buddhist upbringing and identity. Maya's spiritual struggle is **moral**. There are a number of things for

therapists to consider. First, Maya is actively in distress and does not appear to have much experience with psychotherapy. She is likely also experiencing acculturation stressors, being away from home and in a different cultural environment.

Responses **high in cultural humility** used Maya's language (e.g., "sex," "Buddhist," etc.) and communicated empathy for Maya's confusion and distress and appreciation for Maya being in therapy through here-and-now processing. Many of these responses acknowledged Maya's question and asked Maya whether she'd be able to slow down and explore the different components of what she shared.

Responses low in cultural humility tended to avoid Maya's language and jumped to exploring how Maya's beliefs could be separate from her family's beliefs. The pull to separate Maya from her family system may come from a Western assumption that young adults need to individuate (separate) from their family of origin. This may not be congruent with Maya and her worldview; more time is needed to nonjudgmentally and curiously explore how Maya exists in her family system and in her faith tradition.

Interestingly, we noticed that our expert therapists (i.e., our video demonstrators) were more likely to unpack Maya's alcohol use compared to study participants, who focused on her recent sexual activity. Both are important to explore, both from a risk assessment perspective (i.e., assessing for binge drinking and safe/consensual sex) and a cultural perspective (i.e., perceptions of immorality and shame).

Many participants expressed **cultural discomfort** with Maya, noting that they are unfamiliar with Buddhist teachings, particularly around teachings about same-sex relationships. In some cases, this discomfort or fear of not knowing enough led therapists to avoid engaging the cultural opportunity. We suggest that therapists can instead trust Maya to articulate her perception of moral expectations. Every religion has several interpretations, and many people – due to other cultural identities or family idiosyncrasies – believe things about their religion that are theologically incorrect. Following Maya's lead and curiously exploring her perspective first is most important. Therapists may find it helpful, further into treatment, to consult with colleagues who have expertise in

Buddhism to understand how and whether Maya's beliefs align with "typical" Buddhist values.

Video Examples

Several therapists provide example therapeutic responses to Maya, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Maya playlist of the YouTube channel.

Additional Resources

Ano, G. G., Pargament, K. I., Wong, S., & Pomerleau, J. (2017). From vice to virtue: Evaluating a manualized intervention for moral spiritual struggles. *Spirituality in Clinical Practice*, *4*(2), 129.

→ This article from Ano and colleagues identifies change mechanisms and approaches to working through moral spiritual struggles with clients. This may be helpful for Maya's experiences around misusing alcohol. While the article does take a western stance, some of the concepts can be integrated into practice and work well alongside more eastern ideas of self-concepts being more fluid.

Santiago, P. N., & Gall, T. L. (2016). Acceptance and Commitment Therapy as a Spiritually Integrated Psychotherapy. *American Counseling Association, 61*, 239-254. doi:10.1002/cvj.12040

→ Santiago and Gall explore how psychotherapists and clients can use Acceptance and Commitment Therapy to navigate spiritual struggles by exploring the values that are important to the client and help them develop life meaning and ways to navigate their spiritual struggle. This paper also explores psychological inflexibility, which can aid in the acceptance of the self.

Strong, S. D. (2021). Contemplative psychotherapy: Clinician mindfulness, Buddhist psychology, and the therapeutic common factors. *Journal of Psychotherapy Integration*, *31*(2), 146-162. https://doi.org/10.1037/int0000191

→ Strong discusses common psychotherapeutic factors that align with Buddhist values and worldviews, with several clinical recommendations and applications.

Case of Lina

Lina is a 21-year-old queer, Muslim woman who began therapy to address her symptoms of anxiety. While her family does not openly disavow Lina's sexual orientation, they also do not leave space to talk about it in the house. Lina lives at home with her parents while she attends college. This is your fifth session with Lina, where she is talking about where she feels the most support and the strongest sense of purpose.

Review the video clip

Respond to Lina in your typical therapeutic style. For example, you might validate her, offer her a summary or reflection, or invite her to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Lina? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Lina?

Notes and Considerations.

Lina's primary struggle is wanting answers about what her purpose is and how she is supposed to lead her life given her two seemingly incongruent identities. She is experiencing an **existential spiritual struggle**, also known as a **struggle with ultimate meaning**. She is trying to figure out where she stands while being both a

Muslim woman and a queer woman. Lina feels invisible in her faith as Allah (and the Quran) doesn't explicitly address being a queer woman.

Culturally humble responses mirror Lina's language and respect her cultural context. For example, saying "Allah" and engaging in the cultural opportunity of Lina's relationship with Allah and her faith. This could give you a clearer understanding of Lina's relationship with Allah and understanding of her faith. A culturally humble response can also validate Lina's feelings of confusion and invisibility in her faith and inquiring about her feelings towards Allah. When using the client's language, be sure you do so in a way that is authentic and conveys ease. Otherwise, it can come across as problematic.

With a client like Lina, having knowledge about her faith/religious group might be helpful. However, you can still have a humble and comfortable response without having enough knowledge. It is important to ask questions with curiosity and empathy, without making assumptions. For example, you can ask Lina about how Islam views her sexuality, or what her faith says about being queer. You can also ask Lina about the importance of finding answers within her faith and how that would help her. You can also inquire about whether her conflict is towards her religion's stand on being queer, or if it's more about wanting her queer identity to be affirmed, acknowledged, and validated (or both). This humble approach will be helpful. A common misconception is that the Quran explicitly forbids same-sex relationships between women, which it does not. However, it does contain passages interpreted as forbidding same-sex relationships between men. That said, cultural and religious stigma still exists.

Lina also talks about social support. While it is okay to ask more questions and focus on her social support, it would be more appropriate to do so after processing her spiritual struggle and making space for it. Focusing on social support first might make Lina feel that her spiritual struggle is unimportant, or that it is not a safe space for her to talk about her faith. Additionally, be mindful of the fact that Lina's familial relationships are religiously and culturally imbued. Similar to Maya, suggesting that Lina distance herself from her family – or interpreting Lina living with her family as a weakness – is probably placing an individualistic frame that does not fit and is not appropriate.

A response low in cultural humility and comfort would not address Lina's spiritual struggles or would address it with hesitation. An unhumble and inappropriate response would show judgment on Lina's religious beliefs, sexual identity, or directly or indirectly explore other faith groups she can join and get support from. We noticed some participants displayed hesitation when saying "Allah" – perhaps because they do not often use this word or were worried about pronunciation. However, it came across as unease.

Video Examples

Several therapists provide example therapeutic responses to Lina, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Lina playlist of the YouTube channel.

Additional Resources

Etengoff, C., & Rodriguez, E.M. (Eds.) (2022). *The LGBT+ Muslim experience*. Routledge.

→ This book puts LGBTQ+ Muslim voices at the forefront, relying heavily on qualitative research. Some chapters discuss familial support and engagement and religious and spiritual engagement. The book concludes with a chapter on principles of liberation psychology and intersectionality to encourage strengths based approaches to working with LGBTQ+ Muslim clients.

Rosenkrantz, D. E., Rostosky, S. S., Riggle, E. D., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, *3*(2), 127.

→ Less is understood about the positive experiences at the intersection of LGBTQ and religious/spiritual identities. This is a good resource to encourage clinicians to integrate strengths based approaches.

Stuhlsatz, G. L., Kavanaugh, S. A., Taylor, A. B., Neppl, T. K., & Lohman, B. J. (2022). Spirituality and religious engagement, community involvement, Outness, and family support: Influence on LGBT+ Muslim well-being. The LGBTQ+ Muslim Experience, 9–31. https://doi.org/10.4324/9781003325116-2

→ Stuhlsatz and colleagues aim to explore the psychological well-being of LGBT+ Muslims and what specifically influenced participants'

psychological well-being. The results indicated that high levels of spirituality and religion, outness, and income were all positively correlated with psychological well-being.

Case of Eric

Eric is a 24-year-old Chinese-American Evangelical transman. Eric recently came out as trans to his friends, many of whom belong to his church. This is his 3rd session with you. About halfway through the session, you and Eric begin exploring his social supports.

Review the video clip

Respond to Eric in your typical therapeutic style. For example, you might validate him, offer him a summary or reflection, or invite him to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

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Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Eric? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Eric?

Notes and Considerations.

Eric is confused about his church groups' unwillingness to support his trans identity. In sharing this with his "coffee shop" friends, Eric is receiving feedback that he should no longer attend his church. Eric is experiencing an **interpersonal**

spiritual struggle. While it will be important to assess later on, at this point Eric has not expressed a divine spiritual struggle or a moral spiritual struggle, though both of these may become possible. From a strengths-based perspective, Eric appears to have a healthy, close relationship with God. He also has friends who care for his safety and wellbeing.

Many therapists in the study described a desire to protect Eric from his religious community – these are valid concerns. It will be important to assess whether Eric is experiencing more harm than support, and therapists must also be careful to not disrespect Eric's church community (or faith affiliation). Eric is likely deriving some benefit from his church community that needs to be fully understood. For example, Eric appears to tie his connection to God to being at church. As noted above, Eric seems to have a healthy attachment to God. Eric also has friends who care for his safety and wellbeing, which is great. However, they may be placing expectations on Eric to practice his faith in a way he is not ready to consider or explore. **Culturally humble responses** tend to highlight and empathize with Eric's conflict between these two groups or sets of expectations. Humble responses might also note Eric has a strong relationship to God and to his friends, and/or express curiosity about what Eric likes and struggles with when at church.

Regarding **cultural comfort**, some participants noted that Eric's dilemma is something they have personally experienced or witnessed friends and loved ones experience. His presentation is one that can evoke significant countertransference that therapists are encouraged to notice and reflect on.

Video Examples

Several therapists provide example therapeutic responses to Eric, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Eric playlist of the YouTube channel.

Additional Resources

Benson, K., Westerfield, E., & van Eeden-Moorefield, B. (2018). Transgender people's reflections on identity, faith, and Christian faith communities in the US. *Sexual and Relationship Therapy*, *33*(4), 395-420.

→ This qualitative study explored the experiences of transgender Christian people. These findings are helpful, as the participants share how different

aspects of their religious and spiritual functioning are impacted by discrimination they face in their community (e.g., still maintaining a close relationship with God). Clinical implications for providing trans affirming treatment are discussed.

Hopwood, R. A., & Witten, T. M. (2017). Spirituality, faith, and religion: The TGNC experience. In A. Singh & l. m. dickey (Eds.), *Affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 213–230). American Psychological association. https://doi.org/10.1037/14957-011

→ This chapter summarizes the literature on positive and negative outcomes related to transgender and non-conforming (TGNC) people's experiences with religion and spirituality. The chapter takes care to discuss TGNC experiences within dominant religious groups (US-based) and non-dominant groups. It ends with a summary of treatment recommendations and case vignettes.

→ Note: Hopwood has written another chapter on the same topic more recently: Hopwood, R. A. (2022). Approaching intersections of spirituality, religion, and nontraditional gender identities in psychotherapy. In S. J. Sandage & B. D. Strawn (Eds.), *Spiritual diversity in psychotherapy: Engaging the sacred in clinical practice* (pp. 223–248). American Psychological Association. https://doi.org/10.1037/0000276-010

Lockett, G. M., Brooks, J. E., Abreu, R. L., & Sostre, J. P. (2023). "I want to go to a place that's openly talking about the experiences of people of color who also identify as LGBTQ+": Cultural, religious, and spiritual experiences of LGBTQ people of color. *Spirituality in Clinical Practice, 10*(3), 261–270. https://doi.org/10.1037/scp0000288

→ The authors interviewed LGBTQ+ participants of color about their religious experiences and identified seven themes. These themes and the quotes from participants may help therapists understand the range of experiences LGBTQ+ persons of color have when interacting with religious and spiritual communities.

Case of Ahmed[1]

Ahmed is a 25-year-old, second-generation Palestinian immigrant. He has a history of auditory hallucinations. While his mother is supportive of Ahmed seeking psychological support, his father is not. Ahmed is meeting you for an intake after being discharged from an inpatient stay for psychosis. You have just asked Ahmed what he thinks of his hallucinations.

Review the video clip

Respond to Ahmed in your typical therapeutic style. For example, you might validate him, offer him a summary or reflection, or invite him to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

[1] Ahmed was not included in the study, no participant data or information is available.

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Ahmed? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Ahmed?

Notes and Considerations.

Ahmed has just completed an inpatient psychiatric stay, which is highly stressful. This stress may be exacerbated by the fact that his family system is not in agreement about how best to treat Ahmed's hallucinations. Ahmed indicates that the voices he hears are jinn ('jinni') – supernatural beings that can hurt humans, according to Islam. Ahmed is experiencing a **demonic spiritual struggle.**

Ahmed's vignette is in some ways more straightforward than the others – his statement is quick and involves a single subject. Therapists do not need to take long to prioritize a number of cultural and symptom-based themes. However, demonic attributions are likely to give many therapists pause. Moreover, many therapists may not be familiar with the term "jinn" or "jinni" and may not understand what exactly Ahmed is referencing.

Responses **high in cultural humility** lean into empathic curiosity. Here, the best way forward is to assess Ahmed's hallucinations using his language. Instead of asking Ahmed to define what a jinn is, therapists might simply ask, "Can you tell me more about your relationship to this jinni? What is this like for you?" Later questions might include asking what significance a jinn holds for Ahmed, or what his family might think about the jinn.

Therapists' cultural comfort may be doubly impacted here by the presentation of a demonic spiritual struggle and active, severe mental illness. Therapists, despite our extra training, do hold (un)conscious bias toward severe mental illness and may find they want to psychologically distance themselves from Ahmed. What (dis)comfort did you notice as you approached this case? How did Ahmed's cultural background, his presentation, or your (lack of) knowledge about jinn factor into this?

Ahmed's case is an opportunity to combine risk assessment, reality testing, family systems, and cultural considerations all at once. As a second generation, Palestinian immigrant, Ahmed and his family likely have important cultural narratives about suffering, family, homeland, and spirituality. Mental illness may also be stigmatized in a number of ways, and it is unclear what resources are available to Ahmed. It's also unclear how stressors related to acculturation and prejudice may impact his mental illness. You may want to use this case as an

opportunity to discuss how you might approach treatment planning, when to consult with religious clergy, and so forth.

Video Examples

Several therapists provide example therapeutic responses to Ahmed, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Ahmed playlist of the YouTube channel.

Additional Resources

Exline, J. J., Pargament, K. I., Wilt, J. A., & Harriott, V. A. (2021). Mental illness, normal psychological processes, or attacks by the devil? Three lenses to frame demonic struggles in therapy. *Spirituality in Clinical Practice*, *8*(3), 215-228

→ The authors explain three lenses through which therapists can understand and work with demonic spiritual struggle: mental illness, psychological, and supernatural. The authors then review the pros and cons of each approach. A (hypothetical) case vignette is used.

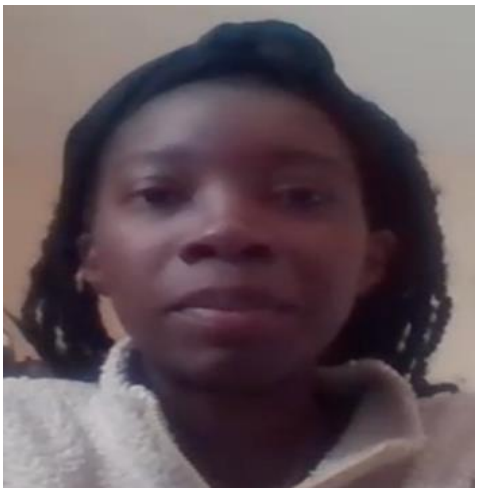
Rassool, G. H. (2018). *Evil eye, jinn possession, and mental health issues: An Islamic perspective*. Routledge.

→ This book is noteworthy because it approaches demonic spiritual struggle from a specific religious (emic) perspective. The author integrates empirically supported practices alongside Islamic beliefs and practices. The book includes clinical recommendations for psychotherapists.

Zangrilli, A., Ducci, G., Bandinelli, P. L., Dooley, J., McCabe, R., & Priebe, S. (2014). How do psychiatrists address delusions in first meetings in acute care? A qualitative study. *BMC psychiatry*, *14*, 178. https://doi.org/10.1186/1471-244X-14-178

→ The researchers summarize psychiatric approaches to delusions. The most common approaches tend to be exploring the delusion content and exploring the impact of the delusions on the client's well-being. A third approach, challenging the content of the delusion, is also discussed and the authors note that this tends to be associated with negative reactions from clients in session.

Case of Destiny[2]



Destiny is a 27-year-old African American woman. She came to therapy due to conflict with her fiancé, an African American man, about their wedding. Destiny was raised Christian but does not currently practice her faith. Her fiancé's family is insistent that they get married in a church, which Destiny does not want. Destiny's partner is not willing to challenge his family's wishes, and this leaves Destiny feeling pressured and alone.

Review the video clip

Respond to Destiny in your typical therapeutic style. For example, you might validate her, offer her a summary or reflection, or invite her to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

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_____

[2] Destiny was not included in the study, no participant data or information is available. Destiny's case and video was developed by Don Davis and Nathaniel Wade's research team.

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Destiny? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Beatriz?

Notes and Considerations.

Destiny is getting married and is struggling to set boundaries around her own wants for her wedding ceremony. Her future in-laws are insistent that Destiny and her fiancé have a church ceremony, which Density does not want. She notes that currently, she does not feel connected to any religious and spiritual practices. She even states she would not feel comfortable marrying in a church. Destiny uses the word differentiate – suggesting her struggle is partly one of family dynamics as well as an **interpersonal spiritual struggle**.

While there are several cultural themes for therapists to follow up on as therapy progresses (discussed below), it is important to note that Destiny is working to set boundaries and you as therapist can support this by **following her lead.** A good place to start would be to explore with Destiny what it is like for her to assert her own preferences and needs. She is trying to be as open as possible, while still naming her wants. She is very attuned to her present feelings, which is a strength. What has it been like for Destiny to assert her needs or wants in other social situations? How has that gone with her family of origin? What is it like for her to sit in this space? What support is she needing from her fiancé, and how can you as therapist assist her in asking her fiancé for this?

This may be an instance where diving immediately into explicitly cultural material is unhelpful. For example, you may be wondering why Destiny is uncomfortable with religious ceremonies or religion more generally, or why she no longer participates in her faith community. These topics will probably come up later in therapy, but jumping to them first also skips over the fact that Destiny has named how she feels and where she wants to go. Similarly, you may want to understand why a church ceremony is important to her in laws and how intersectional identities – being Black and being Christian – may have specific community expectations. Or, (how) do gender dynamics influence Destiny's approach to boundary setting?

While this is not couples counseling, you may still find yourself polarized toward or against Destiny's fiancé and his apparent lack of support. This may be tied up in your own level of **cultural comfort** – similar to the case of Andrew – of how to negotiate religious differences between family groups, and how this relates to your own religious preferences and expectations.

Additional Resources

Hardy, S. A., Hatch, H. D., Nelson, J. M., & Schwadel, P. (2022). Family religiousness, peer religiousness, and religious community supportiveness as developmental contexts of adolescent and young adult religious deidentification. *Research in Human Development, 19*, 19-40.

→ This quantitative study reviews how young adults' trajectories of religious deidentification are shaped by relationships. The researchers situate their study in a relational developmental approach, which can fit with many client's relational (or interpersonal spiritual struggle) needs.

Marks, L., & Chaney, C. (2006). Faith communities and African American families: Why the Black Church matters. In S. D. Ambrose (Ed.), *Religion and psychology: New research* (pp. 277-294). Nove Science Publishers.

→ This chapter uses interview data with religious African American parents to describe psychological and cultural themes associated with the Black Church. The depth and breadth of this chapter is helpful when considering the intersecting cultural and religious factors that impact both current and former members of the Black Church.

Van Tongeren, D. R. & DeWall, C. N. (2021). Disbelief, disengagement, discontinuance, and disaffiliation: An integrative framework for the study of religious deidentification. *Psychology of Religion and Spirituality, 15*(4), 515-524.

→ Van Tongeren and DeWall describe universal religious and irreligious processes, explaining how religious deidentification is a complex process and identity that has myriad presentations.

Case of Beatriz[3]

Beatriz is a 58-year-old Afro-Cuban American woman. She came to therapy after her daughter died in a car accident, reporting sleeping difficulties and loss of interest and pleasure in activities she once enjoyed. Despite having some social support, Beatriz describes feeling alone and is frustrated that she cannot connect with her daughter's spirit.

Review the video clip

Respond to Beatriz in your typical therapeutic style. For example, you might validate her, offer her a summary or reflection, or invite her to explore a thought, topic, or emotion further, or do something else. You can write out your answer below, or you can say it aloud to a peer or supervisor **(recommended).**

[3]Beatriz was not included in the study, no participant data or information is available.

Reflect

What did you do well in your response?

> **Peer or supervisor:** What do you feel the therapist did well? Is your answer congruent with the therapist's self-evaluation?

What could you have improved upon in your response?

> **Peer or supervisor:** What do you feel the therapist could have improved on? Is your answer congruent with the therapist's self-evaluation?

How would you rate your comfort level while watching Beatriz? Why?

> **Peer or supervisor:** Did the therapist appear comfortable while responding to Beatriz?

Notes and Considerations.

Beatriz is expressing significant trauma and loss. Many of her symptoms indicate a possible PTSD diagnosis. Much of Beatriz's current distress is also wrapped up in her confusion and grief that she cannot connect with her daughter's spirit. This inability to connect probably amplifies the grief and trauma of her daughter's

death and may increase feelings of abandonment. **Her spiritual struggle is complex** and has shades of several types – **interpersonal and divine** being most prominent.

Beatriz is referencing santos, or deities, who are prominent in the Afro-Caribbean religion Santería, which combines elements of indigenous religions and Catholicism. Like Ahmed's case above, therapists may not be familiar with the concept of santos. While cultural knowledge would certainly help, **a culturally humble** and curious stance would be enough to help a practitioner realize that santos play an important gatekeeping component for Beatriz to connect with her daughter – something that signals a spiritual element. Interventions that acknowledge or explore Beatriz's perceptions of relationship with the santos, or Beatriz's expectations about communicating with her daughter, would be a good place to start.

It is also worth noting that, given the severity of Beatriz's symptoms – not sleeping, not able to function during the day – it would also be appropriate to acknowledge or name the **cultural opportunity** and then follow up with an exploration of her symptoms more specifically. The therapist ultimately needs to develop a conceptualization that integrates Beatriz's way of coping and understanding her loss – Santeria – with her other domains of functioning (occupational, sleep, social, etc.).

Video Examples

Several therapists provide example therapeutic responses to Beatriz, along with brief explanations and clinical considerations regarding their approach. These videos can be found on the Beatriz playlist of the YouTube channel.

Additional Resources

Baez, A., & Hernandez, D. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. *American Journal of Orthopsychiatry, 71*(4), 408–415. https://doi.org/10.1037/0002-9432.71.4.408

→ The authors discus Santeria and Espiritismo as belief systems that can be integrated in practice.

Magezi, V., & Manda, C. (2016). The use of spiritual resources to cope with trauma in daily existence. *In die Skriflig, 50*(1), a2145. http://dx.doi.org/10.4102/ids.v50i1.2145

→ The authors use a case study to unpack the associations between spirituality, perceptions of being abandoned by God, and trauma experiences. They conclude with a proposed integrated approach to psychotherapy treatment that addresses both trauma and spiritual crises.

Wilt, J. A., Takahashi, J. T., Yun, D., Jeong, P., Exline, J. J., & Pargament, K. I. (2023). A mixed-methods study of communing with and complaining to the Divine: Imagined conversations with God among undergraduates reporting religious and spiritual struggles. *Psychology of Religion and Spirituality, 15*(2), 206-217. https://doi.org/10.1037/rel0000405

→ This mixed-method study explored how participants' imagined conversation patterns with a divine being varied based on their spiritual struggle. Divine spiritual struggles were associated with more negative conversation patterns. While this study used a WEIRD sample and uses language implying a monotheistic deity, the ideas in this study can be applied to cases like Beatriz, where she is struggling with perceived abandonment from santos. For example, therapists could explore the possibility of having Beatriz imagine conversations with the santos in psychotherapy.

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→ Jamian Coleman
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→ J. Irene Harris
→ Joshua Hook
→ Caroline Kaufman
→ Tyler Lefevor
→ Merranda McLoughlin
→ Fatima Mirza
→ Jennifer Ripley
→ Nathaniel Wade

Author Bios

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Maithili Patel (she/her) is completing her MS in Clinical Mental Health Counseling at Long Island University. Her interests include cultural competence and trauma-informed care in psychotherapy, and the role of emotional intelligence in personal and professional development.

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Stephanie Winkeljohn Black, PhD (Study PI and Supervisor; she/her) is an associate professor of psychology at Penn State Harrisburg. Her research focuses on religion and psychotherapy and cultural responsiveness in psychotherapy and supervision.

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Appendix A: Cultural Humility Rubric*

Disrespectful			Respectful		
1	2	3	4	5	6
ignores religious/spiritual identity Uses disparaging or judgmental language toward religious/spiritual components		Note: Middle responses (3-4) could include vague references to client's religion or other experiences (not judgmental, but also does not explicitly recognize the client's language/experience)			Demonstrates empathy verbal for client problems, specific to religious/spiritual themes Reflects and integrates client's language, especially around religious/spiritual content
Closed-Minded			**Open-Minded ("I want to fully understand where you're at")**		
1	2	3	4	5	6
Demonstrates clear preference for how client should behave, feel or think Dismisses client's questions or needs, particularly related to religion and spirituality					Demonstrates curiosity for client's experience and religious/spiritual needs (this does NOT require them to ask questions). Could include "sounds like" or "I wonder" that convey a desire to learn more about the client. Demonstrates openness to explore client experience and how religion/spirituality relate to client's difficulties.
Superior			**Non-Superior**		
1	**2**	**3**	**4**	**5**	**6**

Issues statements that make conclusions about the client's experience (e.g., "you should do X") No exploration is offered, therapist demonstrates confidence that their statement is correct with no check in with client					Uses tentative language (e.g., "I wonder" or "it sounds like") with the goal of allowing the client to confirm, amend, or correct therapist statement Checks in with the client about possible directions or ideas (e.g., "what would it be like…?") Exploratory in nature

Appendix B: Cultural Comfort Rubric*

Uncomfortable (behavioral)			**Comfortable (behavioral)**		
1	2	3	4	5	6
Eye gaze is darting around, not focused, and fast Body movement is fidgety and has fast movements Posture appears uncomfortable, stiff or robotic Facial expression is negative, closed off					Eye gaze is steady and slower (no eye darting) Body movement is relaxed (but not stiff or robotic) Posture is relaxed Facial expression is positive, open
Nervous (voice/tone)			**Calm (voice/tone)**		
1	2	3	4	5	6
Lots of "ums" and pauses Blanking out on words Pace is notably faster than client's Intonation is monotonous					Smooth conversational tone and speaking Even, slower pace (matches client's pace or slower) Intonation is varied
Tense (nonverbals are incongruent with verbal statements)			**Relaxed (nonverbals congruent with verbal statements)**		
1	**2**	**3**	**4**	**5**	**6**
The content of what the participant is saying does not match their posture and tone (e.g., if content is positive, the participant					The content of what the participant is positive and matches their posture and tone

seems stiff, robotic, and disingenuous) Or, content is negative and nonverbals are also negative You cannot tell what the therapist really thinks or feels (guarded, disingenuous) Elicits discomfort in you as the observer					You could reasonably guess what the therapist is thinking or feeling (i.e., they are transparent, genuine, and not aloof) Elicits comfort in you as the observer

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