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INCORPORATING RELIGIOUS PRACTICE IN MARITAL INTERVENTIONS: TO PRAY OR NOT TO PRAY?

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Although couples seeking guidance frequently seek out a religious or spiritual counselor, empirically-based marital interventions seldom acknowledge religious and spiritual beliefs. Beach et al. have proposed that, at least for some couples, religious practice is an appropriate element of marital therapy and a potential agent for strengthening and improving marriages. In this commentary, we welcome the development of marital interventions that are sensitive to the beliefs and values of specific populations. At the same time, the suggestion that therapists intervene directly and participate in religious practices with their clients raises serious questions. Given religious doctrines that may not promote healthy relationships, how are therapists to decide which religious teachings to include and which to ignore? How much should therapists adopt the role of religious ministers? For which couples is prayer an appropriate means of marital intervention? How can a behavior as entrenched as prayer be altered? Addressing these questions is crucial for advancing marital interventions that recognize the centrality of religious practice in the lives of many couples.

Whether they are engaged and preparing for marriage, or distressed and looking for treatment, when couples look for help, one place they typically turn to is a religious or spiritual counselor. Yet, as Beach, Fincham, Hurt, McNair, & Stanley (2008) point out, most empirically-based interventions for improving and strengthening cou-

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ple relationships do not acknowledge spirituality or religious beliefs directly. To address this oversight and bridge the gap between couples and the treatments available to serve them, Beach et al. have proposed a framework for integrating religion and spirituality within empirically-based marital interventions.

We welcome this proposal for two reasons. First, many couples participate in premarital counseling offered through religious organizations and some marital therapists adopt an explicitly religious perspective in their marketing and practicing of marital counseling (e.g., Christian counseling). To date, counseling in this vein has developed separately from empirical research on marriage and marital interventions. Thus, it is long past time for an explicit theoretical framework to acknowledge this trend directly and guide empirical work toward this area. Second, although many have paid lip service to the idea of culturally sensitive interventions for couples, few have developed models for doing it. The framework proposed here is an important step in the right direction, as it is designed to connect to a specific population (i.e., couples whose religious beliefs are an important part of their lives) using language and imagery familiar to that population. We are aware of few other frameworks for marital interventions that reflect as explicit an awareness of the unique needs of specific populations.

At the same time, we share with the authors a sense that their proposal is preliminary and that crucial questions about the role of religion and spirituality in marital interventions remain unanswered. In these brief comments, we highlight several unanswered questions and suggest priorities for further developing this perspective.

INCORPORATING RELIGIOUS TEACHINGS: ALL TEACHINGS, OR JUST A SELECT FEW?

Marital interventions are presumably designed to promote the well-being of couples and their relationships. Often, that goal coincides with the goals of religious and spiritual teachings, but not always. Religious traditions may include teachings or texts that, when applied to a specific relationship, are not in the couple's best interests, and might be detrimental to wives in particular. Although some counselors may choose to adhere to all elements of a particular religious tradition, therapists offering non-denominational therapies

may be required to select elements of a religious tradition that fit with some independent, non-religious world view and avoid elements that appear counterproductive or even harmful. This creates tensions that seem inevitable whenever an empirically-based intervention is linked to religious teachings: How much should the therapist adhere to a religious tradition, and which teachings should the therapist include in the intervention?

These questions arise whenever we imagine implementing some of the specific recommendations proposed by Beach et al. (2008, this issue). For example, the authors suggest, as one technique for implementing religious practice in marital therapy, encouraging couples to meditate on sacred texts. It is not hard to find elements within sacred texts that are consistent with empirically-based couple interventions. However, it is also fairly easy to find texts that contain advice or injunctions that may not promote successful functioning within marriages. When working with couples on forgiveness following an affair, for example, what would be the impact of meditating on "Give honor to marriage, and remain faithful to one another in marriage. God will surely judge people who are immoral and those who commit adultery" (Hebrews 14:4)? When working with couples who value egalitarian relationships, what would be the impact of meditating on "Wives, submit yourselves unto your own husbands, as unto the Lord. For the husband is the head of the wife, even as Christ is the head of the church" (Ephesians 5:22-23)? How does a therapist working with couples that report domestic violence respond to "If you (husbands) experience rebellion from the women, you shall first talk to them, then desert them in bed, then you may beat them" (Quran 4:34)? Should therapists choose to avoid problematic sections of sacred texts on marriage, it is possible that inclusion of more acceptable sections of the same text will serve to implicitly endorse all teachings regarding marriage from that source.

These illustrations highlight the complexities of incorporating religious practice into a therapeutic process. Efforts to incorporate religious practice, especially prayer and meditation on sacred texts, will have to proceed carefully and justify including some religious teachings and leaving out others. Making these choices may be beyond the training of marital therapists, which leads directly to our next point.

THE PROBLEM OF DUAL RELATIONSHIPS:
PROFESSIONAL COUNSELOR OR RELIGIOUS MINISTER?

Beach et al. (2008, this issue) raise the possibility that therapists may construct prayers for their clients, routinely pray with their clients, suggest particular sacred texts upon which to meditate, and/or become involved in the interpretation of those texts. Given this level of involvement by the therapist, it seems possible, or even likely, that a couple will begin to view the therapist in a ministerial role, in addition to her or his role as therapist. The possibility of creating a dual relationship with clients deserves serious consideration, in light of the American Psychological Association's ethical principle concerning multiple relationships between psychologists and their clients (APA, 2002), and caution regarding multiple relationships may be especially warranted in the case of marital therapy. We can identify three immediate potential problems with this particular dual role. First, as Beach et al. point out, therapists are not typically trained to act in a ministerial role. Just as therapists may feel uncomfortable with couples receiving psychologically-based marital interventions from priests, ministers, and rabbis who are not trained therapists, we should not expect that therapists will necessarily perform competently when selecting, interpreting, and incorporating religious practices. Even attempting to do so may require additional training beyond what therapists typically receive. Second, even when therapists use "the couples' own language system" as suggested by Beach et al., religious beliefs are often held very strongly and very idiosyncratically. If the therapist prays, or speaks about religious beliefs or practices in a way that differs from couples' deeply held beliefs and practices, this might have a negative impact on the therapeutic relationship and the intervention. Finally, if the couples perceive the therapist in a ministerial role, they may turn to the therapist for guidance on moral decisions (e.g., is divorce wrong?). Jacobson and Christensen (1996) warn against this in their ground-breaking book on couple therapy, *Integrative Couple Therapy*. As they write, "We are not secular priests, ministers, or rabbis. Unfortunately, we cannot count on our clients to recognize that. Therefore, it is our job to make sure we do not obfuscate what is already a complicated relationship by playing the role of moral arbiter" (p. 16). In sum, incorporating religion and spirituality into marital therapies may lead couples to

expect therapists to take on responsibilities that may fall outside their scope of practice and training.

COMMUNITY CONTEXT:
HOW CAN IT HELP AND HOW CAN IT HURT?

A strength of Beach et al.'s (2008, this issue) framework is that it builds marital interventions on the foundation of practices already acceptable and familiar to the communities being targeted. The advantage of this approach is that the therapist is not imposing something entirely new, but rather attempting to shape existing behavior. This may be an effective route to change. The danger, however, is that these behaviors, because they are bound to community and culture, are laced with existing meanings that may be hard to change. We concur with Beach et al.'s caution that prayer "may also have the potential to harm relationships" and Maloney, Pargament, Tarakeshwar, and Swank's (2001) argument that it is "critically important to recognize religion's potential to function adaptively or maladaptively for couples and parents, depending on the nature of religious beliefs and practices" (p. 585). To develop this concern further, among couples who are already engaging in prayer prior to the intervention, the role of prayer probably varies quite a bit. For some couples, prayer may be working well and already enhancing relationship functioning. The proposed approach would work well for these couples, calling attention to an existing and effective strategy for maintaining intimacy and resolving conflict. For other couples, however, prayer may be working poorly or even harming relationship functioning (e.g., praying for the other person to change), and these behaviors may be supported by the community and thus resistant to interventions.

CHOOSING THE RIGHT APPROACH FOR EACH CLIENT:
HOW TO DECIDE?

Beach et al. (2008, this issue) are very careful to remind readers that prayer is not an appropriate element of marital interventions for all couples. This is a crucial point worthy of further elaboration. How might a therapist decide when to incorporate prayer for a specific couple? We cannot assume that prayer is an appropriate element of

marital interventions, even for couples who pray. There is evidence, for example, that the impact of religiosity on marital satisfaction is moderated by personality factors. Sullivan (2001) found that religiosity had a positive effect on marital satisfaction when husbands were low in neuroticism and a negative effect on marital satisfaction when husbands were high in neuroticism.

The appropriateness of prayer as an element of couple interventions is also complicated by the fact that each partner within a couple may have different degrees of involvement in religion, different levels of spirituality, and different beliefs and practices. Indeed, religion or religious practices are actually a source of conflict for some couples. Without directly acknowledging the potential diversity within the couple, the therapist who advises particular religious practices risks becoming an advocate for one partner over the other, and thus a participant in the couple's conflict. In sum, an explicit assessment of the role and impact of religion and religious practices for each couple may be warranted before incorporating religious practices into psychological interventions.

Assessing the appropriateness and the effect of prayer and other religious interventions is likely to be a complex process and it is not yet clear whether any finite set of guidelines will suffice. The authors do provide some initial thoughts, however, on therapist "dos and don'ts." Therapists may also want to consider one additional do and one additional don't.

Do. To avoid difficulties stemming from the therapist appearing to impose prayer or prayer content, the therapist might begin by asking more generally about all of the things couples do to find peace and comfort. Using prayer as a self-soothing technique may be especially promising when prayer is already part of the self-soothing repertoire of both spouses. For couples who spontaneously mention prayer as a source of solace, therapists might then explore further the type of prayer that seems to work and whether the couple might want to use this technique more deliberately and mindfully when engaged in conflict. This approach also has the advantage of allowing the therapist to assess the content of the prayer and whether that content is likely to facilitate or detract from conflict resolution.

Don't. It is important that therapists not let a desire to incorporate prayer (or any other aspect of a therapeutic protocol) distract attention from the real challenges that couples may face and that may

have little to do with dyadic interactions. Beach et al. (2008, this issue) describe prayer primarily as a means of facilitating more effective dyadic interactions. That is likely to be a good thing in many cases, but couples come to interventions with different problems and different needs, some of which cannot be resolved solely through effective communication (e.g., drug or alcohol dependence, violence, financial or health difficulties, etc.). When there are significant personal problems that pose a danger to either spouse or their children, therapists must be cautious about promoting tolerance and forgiveness through prayer.

CONCLUSION: TO PRAY OR NOT TO PRAY?

Marriage is central to and interdependent with couples' lives. For couples who are religious or spiritual, the effectiveness of marital interventions may be limited if they do not address religion or spirituality in some way. For some couples, religious teachings and prayer will be, as Beach et al. (2008, this issue) suggest, a means of rising above specific concerns and directing attention toward higher goals, which presumably include sustaining a loving and long marriage. Yet accepting this premise does not by itself answer exactly how involved the therapist should be with a couple's spiritual life and how to ensure that therapists are incorporating religious practices appropriately. Beach et al. have made an important first step in proposing a framework for how to think about and evaluate the effect of incorporating religious practices into therapy with couples. In response to this proposal, we are prompted to consider some important questions: How involved should therapists be in the religious and spiritual lives of their clients? How can we resolve the inevitable tensions between therapists' goals and religious goals? How can therapists shape the content and the meaning of prayer for couples, given how entrenched and culture-bound these behaviors are likely to be? How might we think cautiously about the potential for developing dual relationships with couples and what is the potential impact of this type of dual relationship on treatment? And how will we identify couples for whom this approach would be appropriate? Beach et al. have opened a door that needs to be opened. Now it is up to therapists and researchers to deliberate on these questions and determine where this road will ultimately lead.

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