

Spiritual Diversity: Multifaith Perspectives in Family Therapy

FROMA WALSH, PH.D. *

All abstracts are available in Spanish and Mandarin Chinese on Wiley Online Library ([http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1545-5300](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1545-5300)). Please pass this information on to your international colleagues and students.

This paper addresses the growing diversity and complexity of spirituality in society and within families. This requires a broadly inclusive, multifaith approach in clinical training and practice. Increasingly, individuals, couples, and families seek, combine, and reshape spiritual beliefs and practices—within and among faiths and outside organized religion—to fit their lives and relationships. With rising faith conversion and interfaith marriages, the paper examines challenges in multifaith families, particularly with marriage, childrearing, and the death of a loved one. Clinical guidelines, cautions, and case examples are offered to explore the role and significance of spiritual beliefs and practices in couple and family relationships; to identify spiritual sources of distress and relational conflict; and to draw potential spiritual resources for healing, well-being, and resilience, fitting client values and preferences.

Keywords: *Spirituality; Religion; Multifaith Couples; Families; Spiritual Diversity*

Fam Proc 49:330–348, 2010

Our task must be to free ourselves by widening our circle of compassion to embrace all living creatures and the whole of nature and its beauty. - Albert Einstein

SPIRITUAL DIVERSITY IN A CHANGING SOCIETY

Clinical training and practice have begun to address the role of religion and spirituality in families and family therapy. A number of studies are examining the influence of religion in couple relationships, family functioning, and parent–child interactions (see Mahoney, 2010), with most attention to highly religious families (e.g., Lambert & Dollahite, 2006; Marks, 2004). The aim of this paper is to broaden our clinical perspective to the growing diversity and complexity of spirituality among and within families. Increasingly, Americans are combining varied spiritual beliefs and practices as they forge new spiritual paths to fit their lives and relationships. Interfaith couples and multifaith families are increasingly common, drawing on an array of spiritual resources within and outside religious structures.

*Center for Family Health and School of Social Service Administration, University of Chicago.

Correspondence concerning this article should be addressed to Froma Walsh, Ph.D., Chicago Center for Family Health, 20 N. Wacker Dr. #1442, Chicago, IL 60606. E-mail: fwalsh@uchicago.edu

Spirituality: A Dimension of Human Experience

It is important to clarify the concepts of *religion* and *spirituality*, which are often blurred, mistakenly polarized, or conflated in research and public surveys.¹ The term religion refers to organized faith systems, with shared traditions, beliefs, practices, and structures. Spirituality, a broad overarching construct, involves an active personal investment in transcendent beliefs and practices lived out in daily life and relationships. Spirituality is “the heart and soul” of religion and can also be expressed outside formal religion in personal faith and by those who are not religious (Hill & Pargament, 2003; Pargament, 2007).

Spirituality is a dimension of human experience, requiring an expansion of systems theory and practice to encompass bio–psycho–social–spiritual interactions (Walsh, 2009b; Wright & Bell, 2009). Like culture or ethnicity, it involves streams of experience that flow through all aspects of life, from family traditions and sociocultural influences to personal belief systems and everyday practices. It ebbs and surges in significance over the life course. With neurobiological linkages, it involves the most profound and genuine connection within the self, thought of as one’s inner spirit, center of being, or soul. It includes ethical values and a moral compass, expanding consciousness to responsibility for and beyond oneself (Doherty, 2009). Thus, spirituality transcends the self, connecting individuals to the human community, nature, and the universe. This perspective is at the core of spiritual belief systems of ancient peoples, in their visions of the unity of all creation. This interconnectedness was integral in systems theory for Gregory Bateson (*Mind and Nature: A Necessary Unity*) and for family therapy pioneer Virginia Satir.

Spiritual expression and nourishment can be found in many varied ways, whether through religion or not. Many who do not participate in faith communities are deeply spiritual in their lives. Personal faith may involve belief in a supreme being, a divine spirit within all living things, or an ultimate human condition toward which we strive. Even among atheists and agnostics, most hold a transcendent set of values, such as secular humanism, that guides actions and relationships. Resources might include contemplative practices of prayer, meditation, chanting, or healing rituals. Connection and replenishment are found through nature and the creative arts. Many find meaning and purpose through compassionate service to those in need and through social activism to change harmful or unjust conditions. Spirituality is inherently relational and can be expressed most immediately in deeply intimate couple and family bonds.

Growing Spiritual Diversity and Complexity

As families have been growing more diverse and complex over recent decades, so too have their approaches to their spiritual life. Social science and survey research on these trends can valuably inform clinical training and practice. This paper focuses on developments in the United States, yet similar changes are occurring in many soci-

¹Pew and Gallup conduct the most widely respected surveys on religion. Survey data are not always directly comparable and variously report religious “identification,” “adherence,” “affiliation,” or “membership.” Also, research that categorizes subjects by their stated religion or as “unaffiliated” often does not capture intragroup variation or the dynamic and complex nature of spiritual life within and outside religion.

eties. The broad multifaith and multidimensional approach offered here can have useful practice application across cultures.

Americans have been among the most religious people in the world. Over 85% of adults report that religion is important in their lives; one-third regard it as the most important part (Gallup, 2008). By contrast, most Europeans, Canadians, and Australians are far more secular; among the British, only 17% take religion very seriously. Both the United States and Canada, which have been overwhelmingly Christian and Protestant until recent decades, are increasingly diverse in spiritual beliefs and practices.

The religious landscape has been changing dramatically in North America, primarily through immigration and the desire to seek varied spiritual pathways (Pew Forum on Religion & Public Life, 2008; 2009a, 2009b). Religion is less often a given that people are born into and accept unquestioningly. Strikingly, 44% of Americans do not follow the faith tradition of their upbringing. Religious affiliation, congregational membership, and attendance at worship services have been declining. Sixteen percent are unaffiliated with any religion; yet most unaffiliated say that religion or a broader spirituality is important in their lives. Only 4% are atheists and 5% are agnostic. Many who are “not religious” or are nonbelievers are guided by secular humanist values. Increasingly, most people—especially the current Millennial young adults—are independently shaping their spiritual lives, choosing and combining beliefs and practices of their faith tradition and other approaches to meet their needs (Pew Forum, 2010). Canadian sociologist Reginald Bibby (2002) calls this trend “religion à la carte.”

Shifting Religious Identification and Affiliation

Over 75% of Americans identify as Christian. Denominational affiliations have been shifting from Roman Catholic (now 23%) and mainline Protestant (under 14%) to evangelical churches, many nondenominational (Lindner, 2008). Over 40% of Christians—3 in 10 Americans—identify as evangelical, “born again,” or fundamentalist, which are overlapping groups. Evangelical Christians tend to be socially conservative on such issues as abortion and gay rights, yet they are politically diverse and increasingly broad in focus on poverty, social justice, and environmental concerns (Greeley & Hout, 2006). Mormons (Church of Jesus Christ of Latter-Day Saints), now 2% of all adults, are the fastest growing religious group.

Non-Christians have steadily increased to over 15% of the population. Nearly 2% identify as Jewish, yet vary widely from orthodox, conservative, reform, and reconstructionist movements to secular humanism and ethnic connection (Kadushin, Phillips, & Saxe, 2005). Buddhists, Muslims, and Hindus, each over 1%, are rapidly increasing (Smith, 2002). Others follow ancient Asian traditions, such as Sikh, Shinto, and Tao. Some turn to religions offering a universality of faiths, such as Unitarian/Universalist and Baha’i.

More than 60% of adults belong to a religious congregation (Lindner, 2008; Pew Forum, 2008). There are over 2,000 denominations plus countless independent sects, with nearly 500,000 churches, temples, mosques, and other places of worship—from small storefronts and homes to megachurches with a wide array of programs. Yet membership is declining and only 38% attend services weekly (most frequent are older women); 27% seldom or never attend (Pew Forum, 2008).

INTERTWINING OF CULTURAL AND SPIRITUAL INFLUENCES

Spiritual beliefs and practices have sustained families over the millennia in cultures worldwide. Cultural influences are interwoven in all aspects of spiritual experience. Spiritual beliefs and practices vary greatly across and within cultures. Among Americans, African Americans are the most religious group, as expressed in deep faith in God and active congregational involvement (Boyd-Franklin & Lockwood, 2009). Some are involved in historically Black churches that have been vital resources for resilience since the time of slavery. Many are Baptists, other evangelicals, or Muslims.

Latinos, in growing numbers, are reshaping the Catholic Church and are turning to evangelical Christian churches, particularly Pentecostal and Charismatic spirit-filled movements, for more direct experience of God (Pew Hispanic Project, 2007a, 2007b). Most Latinos pray daily and attend religious services regularly. Many report experiences of direct revelations from God and divine healing, miracles, and transpersonal encounters (with angels, demons, and other spiritual visitations). Not uncommonly, they experience the presence of deceased relatives, which most often is comforting to survivors.

Immigrants from Latin America, Africa, and Asia often draw on ancient indigenous spiritual beliefs and healing practices (as in Latinos' *santería* and *espiritismo*) alongside Christianity (Falicov, 2009; Mbiti, 1970). Most turn to the church for weddings, christenings, and funerals, yet many also have special relationships with spiritual guides or shamans and continue animist practices in offerings, prayers, and rituals. People from non-Western cultures commonly believe in a spiritual realm inhabited by good and evil spirits, who can bring good luck or misfortune, protect or harm, and prevent or cause suffering (Pew, 2010). Many believe that they can communicate directly with the spirits of ancestors who, if honored appropriately, will confer their blessings and protect them. On the annual Mexican Day of the Dead, graves are lovingly decorated and lit with candles to guide the spirit of the deceased back to share a graveside meal with family members. These connections sustain loved ones throughout the year.

Traditional healing methods are frequently turned to for physical and emotional distress alongside Western medicine and psychotherapy, but they may not be mentioned if not asked. In therapy with refugee youth from Sudan, Kamyra (2009) found that crucial in their trauma recovery and resilience were both their Christian faith in God and also their prayers to ancestors and animist powers in nature and the spirit world. It is important for clinicians to respectfully explore these beliefs and practices. Too often, they are neglected, depreciated, or pathologized in Western clinical settings.

Differences in spiritual beliefs and practices are found between those from rural, traditional backgrounds and urban, educated, and middle-class settings (Falicov, 2009). Expression is further influenced by generational differences, recent immigration, and acceptance or marginalization by the dominant culture. Religious, cultural, and racial discrimination can lead family members either to band together in solidarity with their community or else suppress identification or marry out to assimilate.

Ethnicity and religion are often reflexively linked in faulty stereotypes. For instance, only one-third of Arab Americans are Muslim—most are Christian; over half of American Muslims are not Arab. Contrary to the avowal of terrorism by some Muslim extremists, Islamic Law forbids suicide and the killing of innocent people and the vast majority of Muslims abhor terrorist attacks (Nasr, 2002). Most Muslims in the

United States are largely assimilated and moderate on most issues (Pew Forum, 2007a, 2007b), yet many face strong discrimination.

Religious intolerance, persecution, and holy wars to convert or annihilate nonbelievers have had catastrophic consequences throughout human times (Marty, 2005). Early European American conquerors regarded Native tribes as savage heathens and their spiritual beliefs and practices as pagan witchcraft. In government and missionary programs to educate and acculturate Indians in Christianity and Western ways, children were forcibly taken from their families to boarding schools and stripped of their cultural and spiritual heritage. A recent resurgence of Native American spirituality is reconnecting youth, especially those at high risk of substance abuse and suicide, with the spiritual roots of their ancestors (Deloria, 1994).

In a predominantly Christian nation of European origins, clinicians need to be mindful not to superimpose that template of values on other belief systems and practices. It is crucial not to judge diverse spiritual orientations, particularly those of indigenous traditions, as inferior or primitive. Deloria (1994) tells of attending the burial of a Sioux Indian in a Christian cemetery: "After the body was in the grave . . . an old woman stepped forward and put an orange on the grave. The Episcopal priest who had conducted the service rushed over and took the orange away, saying, 'When do you think the departed will come and eat this orange?' One of the Sioux men said, 'When the soul comes to smell the flowers!' No one said anything after that" (p. 171).

THE DYNAMIC NATURE OF SPIRITUALITY OVER THE FAMILY LIFE CYCLE

Spirituality is at the heart of our earliest and most intimate bonds and is deeply interwoven in many aspects of family life. From a systems perspective, there is a mutual influence between spirituality and the family over time: meaningful spiritual beliefs and practices can strengthen families and their members; in turn, their shared spiritual experiences strengthen members' faith. Likewise, harsh or oppressive spiritual convictions and practices can wound family members, their spirits, and their relationships; in turn, those who have been injured often turn away from their families and their faith.

Family systems are meaning-making communities with directionality and a life of their own (Anderson, 2009). Rooted in cultural, spiritual, and multigenerational traditions, each family constructs its own spirituality, which is transmitted through ongoing transactions. These dynamic processes ebb and flow over the family life cycle. Spiritual considerations arise with each family life cycle phase and major transitions (Petry, 2010; Walsh, 2009b). Critical events may heighten their saliency or spark new directions.

With marriage and commitment ceremonies, a couple's vows as life partners are inherently spiritual, whether or not they conform to religious orthodoxy, incorporating core values of love, honor, mutual respect, loyalty, and trust. Spouses who are similar in religious affiliation, beliefs, and practices report greater personal well-being and relationship satisfaction, less conflict, and lower likelihood of divorce than those who differ (Myers, 2006).

With childrearing come decisions about spiritual upbringing. Such decisions may need to be revisited as parents and children mature and as spiritual questions emerge. Sometimes children draw parents back to their religious roots, as for one secular Jewish couple when their son became deeply committed to having a bar mitzvah. Of

note, most adolescents report strong interest in discussing life's meaning and moral decisions (Gallup & Lindsay, 2000), suggesting the importance of open communication on spiritual matters between parents and their children.

Young adults often distance from their religious upbringing; many explore new spiritual paths. Middle to later life is a time of growing saliency of spirituality, as family members grapple with questions about the meaning of life and increasingly face the illnesses and deaths of loved ones and confront their own vulnerabilities and mortality (Walsh, 2010). With death, relationships do not end, but are transformed from physical presence to spiritual connections, sustained through memory, dreams, rituals, conversations, stories, and legacies (Walsh, 2009b).

Family transitions with divorce and remarriage can pose faith challenges. In Orthodox Jewish marriages, divorced women must obtain a "get"—a written document from their former spouse granting permission to remarry—although men wishing to remarry are not required to do so. The Catholic Church only sanctions remarriage in cases of annulment. Such rulings have led many to leave their faith with remarriage; some couples decide simply to live together. Some Catholics petition the church for annulment of a former marriage when planning remarriage. Annulments are commonly granted, particularly to influential men, even after a long marriage and over objections of a wife and children, who may be deeply wounded that their prior family life and legitimacy are invalidated. It is crucial to explore such conflict-laden issues in practice.

Despite differences of faith perspective, the broad aim of spirituality is to be open to the transcendent dimension of life and all relationships, both in everyday activity and in adversity. A shared value system that transcends the limits of family members' experience enables better acceptance of the inevitable risks and losses in living and loving fully. Members can view their particular reality, which may be painful, uncertain, and frightening, from a larger perspective that makes some sense of events, fosters hope, and strengthens their bonds and common humanity.

Family values became a hotly debated topic in recent decades as religious conservatives contended that nontraditional family forms and gender roles destroyed the family and damaged children. Abundant research documents that most children fare well raised in diverse households, kinship arrangements, and by gay or straight parents (Walsh, 2003). The vast majority of families raise their children with strong moral and spiritual values in stable, caring, committed bonds. There is growing recognition that faith traditions need to become more broadly inclusive to adapt to contemporary couples and families and be responsive to their relational and spiritual needs (Edgell, 2005).

APPROACHING SPIRITUAL DIVERSITY IN CLINICAL PRACTICE

Clinicians working with couples and families increasingly strive to integrate spirituality in therapeutic practice. In light of the growing diversity and complexity of spiritual beliefs and practices, it is important to broaden and deepen our approach to the spiritual dimension of experience. Many clinicians were trained simply to note client or family religion, like race or ethnicity, on an assessment genogram. However, the spiritual life of most Americans does not fit neatly into a single conventional religious category. Just as racial and ethnic identity are increasingly multifaceted and dynamic over time, so too are spiritual beliefs and practices.

In approaching religion and spirituality, it is crucial initially to clarify our use of the terms and to convey that we take a broad, inclusive perspective, respectful of many faiths and no faith. Three aspects of spiritual inquiry are useful (Walsh, 2009b): to explore the spiritual beliefs and practices that are important in clients' lives and relationships, to understand those that contribute to distress, and to identify potential spiritual resources that fit their values and preferences.

Exploring Spiritual Beliefs and Practices

Across faiths, most people say their spiritual beliefs bring them closer to loved ones and they help them to solve problems, respect themselves and others, help those in need, and refrain from doing things they should not (Gallup & Lindsay, 2000). In times of crisis and prolonged hardship, spiritual beliefs influence approaches to adversity, the experience of suffering, and the meaning of symptoms. They also influence how people communicate about their problems; causal assumptions and future expectations; the treatments they seek; and their preferred pathways in recovery. It is crucial to explore these powerful beliefs.

With the growing gap between personal faith and adherence to institutionalized religious systems, clinicians should not assume that clients follow all doctrines of their religion. For instance, among Catholics, over 60% believe that those who have abortions can still be good Catholics. Over 75% disagree with the Church refusal to sanction remarriage (Gallup & Lindsay, 2000). Those who have a family member or friend who is gay are twice as likely to be supportive of gay rights. Most people regard decisions such as birth control, abortion, divorce, and assisted-dying as a personal matter between them, their loved ones, and their faith. Overall, most Americans are highly independent in their spiritual lives (Pew Forum, 2008).

Americans increasingly mix elements of diverse faith traditions (Pew Forum, 2009a, 2009b; 2010). Many blend Judaism or Christianity with Eastern, indigenous, or New Age teachings and practices, such as meditation. Over one in four believes in reincarnation (including 24% of Christians). Large numbers across faiths report beliefs in spiritual energy in the natural environment and occurrences of mystical or supernatural phenomena. Most believe in miracles and have experienced them. Nearly one in three have been in touch with someone who is deceased; one in five have seen ghosts. It is crucial for clinicians not to assume that such experiences are pathological or delusional, but rather to explore their meaning and cultural context.

Spirituality for many involves a lifelong adherence to a particular religion. More often it involves dynamic processes over the life course. Spiritual expression assumes varied forms and substance as people seek meaning and connection, especially as they forge multifaith relationships in marriage and family life. Therefore, clinicians need to explore both continuities and changes over time and how multifaith couples and families respect differences and attempt to blend them.

Exploring Spiritual Sources of Distress

Many who seek help for physical, emotional, or interpersonal problems are also in spiritual distress. In some cases, spiritual concerns may emerge in the course of therapy. A crisis may precipitate a questioning of long-held spiritual beliefs. A spiritual void or wound (as with sexual abuse, Barrett, 2009) can block the ability to invest

life with meaning. Religious beliefs can become harmful if held too narrowly, rigidly, or punitively. A devastating event can alienate some from their faith.

One couple came for therapy after the death of their baby boy. The birth had been eagerly anticipated by the entire extended family, as the first son of the first son in a Greek Orthodox family. When asked if their faith was a comfort for them, the father pounded his fist on the table, shouting "I'm too angry at God!" His sense of injustice in the death of an innocent baby shattered his belief in a loving God, alienating him from his church and his wife. She firmly believed in God's goodness, even when tragic events were beyond comprehension. Profound distress, such as this, requires compassionate listening, exploring the multiple meanings of the loss, and facilitating mutual support of spouses in their grief. Collaborative work with the hospital chaplain was important to address the deeper spiritual matters. Well-intentioned family members had minimized the loss, not wanting a funeral and urging them to quickly move on and try to conceive another child. The therapist encouraged the couple to have a memorial service and burial, gathering relatives and friends, which was enormously healing for all and helped the father find consolation and renewal of his faith.

Patriarchy and abuse of women and children

In family life, patriarchal religious precepts have been used to justify abuse of wives and children. Harmful patterns of devaluation and violence can lead women to leave their marriages and their faith. Many find new meaning and esteem through more progressive faith communities or holistic spiritualities. Family therapists have an ethical responsibility to address denigrating or abusive behavior, whether rooted in family, ethnic, or religious beliefs and traditions. Therapists can engage with couples in terms of transcendent values of all faiths, facilitating loving kindness, justice, and respect, honoring their dignity and worth.

Sexual orientation

The condemnation of homosexuality in religious doctrine has been a source of deep anguish and alienation from traditional faith communities for gay, lesbian, bisexual, and transgender (LGBT) persons. Some denominations have adopted a loving acceptance of gay persons as created by God while preaching the immorality of homosexual practice and opposition to same-sex marriage and parenting. Yet this dualistic position (Hate the sin but love the sinner) perpetuates stigma and shame, producing a deep schism in gender identity. Family conflict and cutoff can be fueled by members' religious convictions or congregational stance. Family therapists can often be helpful in opening dialogue to facilitate understanding and loving acceptance. Unfounded fears of harm to children raised by gay parents can be allayed by information from research evidence.

The diversity among LGBT persons requires an especially broad approach to spirituality in clinical practice. For most, faith challenges have not undermined the importance of spirituality (Tan, 2005). Some focus on their personal relationships with a God that loves them unconditionally. Many seek out gay-inclusive faith communities or forge their own journey of exploration and spiritual growth. Some turn to alternative faiths that emphasize personal, versus institutional, authority over spiritual matters, including Eastern and Earth-spirited faiths (Smith & Horne, 2007).

Increasingly, many religious groups are challenging traditional orthodoxy and larger institutions, advocating full acceptance.

Addressing complications with interfaith marriage

Interfaith marriage, traditionally prohibited by many religions, has become widespread (Sherkat, 2004). Acceptance has increased with the support of interfaith movements and the blurring of racial and ethnic barriers. However, the high rate of intermarriage by Jews (now over half) is of concern to their community and to many families. Most often this choice is a natural outgrowth of broader social contacts in our multicultural society.

Some may choose a spouse from a different religious background to differentiate from their family of origin. In some cases, this choice may express a cut off from religious or parental upbringing that was experienced as oppressive or abusive. Such issues should be sensitively explored in clinical practice. All faith traditions encourage efforts toward forgiveness and reconciliation of relational wounds (Hargrave, Froeschle, Castillo, 2009).

Family disapproval of interfaith marriage can have long-lasting reverberations in intergenerational relations. Parents may interpret such actions as rejection of them and their heritage. In some cases, marrying out may express rebellion against parental authority. In one Jewish family, both dynamics were involved in a longstanding cut off between Mark and his father, Sam. Mark came for therapy when his mother was terminally ill. He had had no contact with his father in 15 years since Sam's refusal to accept his marriage to Betsy, who came from a Protestant family. His mother had initially tried to repair the standoff by inviting the couple for dinner. As Mark recalled, his father had refused even to look at him and at one point said to Betsy, "Tell the man sitting next to you to pass the peas." Mark threw the bowl of peas at him, walked out, and refused to see or speak to his father ever again. Over the years, Betsy got on well with her in-laws and often took their children to visit their grandparents. Mark would only visit his mother when his father was out.

Now, Mark felt profound sadness that his mother would die without their reconciliation. Yet he insisted that could never happen because his father was too self-righteous to ever initiate contact or apologize. The therapist encouraged him to open the door. Mark replied "Sure, I could, but he won't respond—he's too pigheaded!" As the therapist smiled, he added, "Well, maybe I've been pigheaded, too." The therapist suggested the possibility that with the mother's approaching death, this might be a crucial moment to seize precious time. Mark agreed to try, and left a voice message for his father. Before he received a reply, his mother died. Mark was in anguish about the unfinished business. And now what would he do? His mother had been the conduit for all contact. He would have to see his father at the funeral and relate to him long afterwards about his health and a myriad of issues. At his next session, Mark was amazed and overjoyed that the unbelievable had happened. Upon arrival at the temple for the funeral, his father immediately came up to him, hugged him, thanked him for his call, and with tears choking back his words, expressed deep regret for his nonacceptance of the marriage and his stubbornness over the years. With Mark's call and the mother's impending death, his last bedside promise to her had been his vow to apologize and make amends. Mark invited his father to a following session. Mark acknowledged his own issues with authority, yet also his respect for his father and desire to reconcile. The father revealed that his own parents had forbidden him even

from dating non-Jewish girls, but he came to realize that times had changed and to appreciate through his grandchildren what fine parents Mark and Betsy were.

In the above case, despite different religious upbringings, the partners shared secular humanist values and created meaningful family rituals and nature-oriented spiritual practices in their marriage and childrearing. In intermarriage where partners follow separate religions, strong faith differences can complicate ordinary relationship issues and discord. Under stress, tolerance can erode, particularly if one religious approach is upheld as right, true, or morally superior. Differences that initially attracted partners may over time become contentious, particularly in raising children. Families of origin may exert pressures for the spiritual development of grandchildren in line with their faith convictions. Other couples who have viewed religion as unimportant in their lives may find that one or both partners feel strongly about the religious upbringing of their children.

Complications with childrearing. Interfaith conflicts commonly arise in early parenthood over decisions regarding rituals such as circumcision, christening, or baptism. In many cases, nonreligious couples decide to postpone decisions and let children choose their spiritual path as they develop. For one couple, deep religious beliefs surfaced with unexpected intensity with the death of their second child. Nikki was referred for therapy by her Jewish mother-in-law, concerned about her inconsolable grief after the stillbirth of her second child. She had withdrawn from her husband and was taking their 4-year-old son daily to the grave. The therapist's exploration revealed Nikki's deep sense of spiritual distress and guilt. She had drifted away from her childhood Catholic upbringing, just as her husband no longer observed Judaism. Deeply in love, they had married in a civil ceremony, believing religion unimportant to them. When they had their first child, they simply chose not to bring him up in either faith. Now, the stillbirth of their second child struck Nikki as God's punishment for not having baptized her son. She had not told her husband or in-laws of her religious turmoil, fearing their upset at her convictions. It was important to combine individual and couple sessions to help her share her faith concerns with her husband and to explore how his religious views had evolved with parenthood and how they were affected by the loss. The therapist facilitated open communication and mutual support, which strengthened their bond through their shared grief. As they grappled with decisions about religious upbringing for their son and future children, they were referred for consultation with a pastoral counselor who dealt with interfaith issues.

Complications with divorce. With a contentious divorce, faith differences can become entangled with relational hurts, retaliation, and control issues. Usually the noncustodial parent has visitation on weekends when most religious education and worship take place. In one case, the husband, who was Catholic, had married his Jewish wife in an interfaith service conducted by a rabbi and had agreed to raise their daughter in the Jewish faith. The couple divorced when the child was 3 years old; the mother gained sole custody and the right to determine the daughter's continued religious upbringing. On his weekend visitation with the child, the father had her baptized and sent photos of the baptism to his ex-wife to spite her. The mother, enraged, took out a court order against him, which he defied, taking the child weekly to Catholic mass. Legal battles escalated the conflict, with the child caught in the middle. Family therapy and mediation could be of utmost value in such situations to untangle the faith issues from the marital conflict.

Complications with death and loss. When patients and their loved ones face end-of-life challenges, it is important for clinicians to explore spiritual concerns that come to the fore. Now that medical life support measures call into question just what is a natural death, families face anguishing decisions that are morally complicated by religious prohibitions against hastening death. It is also important to explore beliefs and concerns about an afterlife. Most Americans are comforted by belief in a heaven and contemplation of reunion with deceased loved ones. The approach of death can be agonizing for believers who, because of their sins, fear hell and damnation or, with reincarnation, anticipate a future life of suffering.

With spiritual diversity in families, conflicting approaches to death are likely to arise. Advance planning and discussion are strongly advised. Some who have drifted from the faith of their family-of-origin may feel spiritually bereft at this time. Members who are religious may hold that for a “proper” death and favorable afterlife, all prescribed rituals from their tradition must be followed, including last rites and burial or cremation. Such matters can be highly contentious in interfaith families, as in the following case.

Rachel, who practiced reform Judaism, faced unexpected challenges with her husband’s terminal illness. An Ethiopian immigrant, he had left the Orthodox Christian Church of his upbringing and regarded himself as a secular humanist. He wanted only a simple nonreligious memorial service at his death and burial where his wife could one day be buried at his side. His brothers, who had moved to the United States, had not visited in many years, but now suddenly appeared. They insisted to Rachel that he must have traditional funeral rites with an Orthodox priest or else he would go to hell. As Rachel vehemently challenged their strong pressure, the conflict intensified.

Rachel’s therapist encouraged her to invite her brothers-in-law for a consultation, and to bring photo albums of family life with her husband and children. The therapist facilitated discussion to build mutual understanding, with respect for both positions. It was important initially to listen respectfully to the brothers’ convictions from their faith orientation and to appreciate their loving concern for their brother. Since they had not had contact with him in many years, the therapist then encouraged Rachel to share stories about her husband, his career in social work, and their family life. This helped them gain appreciation of his strong values in raising their children and in his dedication to humanitarian work, assisting African refugees from war-torn regions. Rachel was then better able to convey her husband’s last wishes, while respecting their faith and concern for him. In a following session with Rachel, with her husband participating via Skype from his hospital bed, they came up with the idea to seek out the interfaith chaplain who had married them at the college where they had met as students. Now retired, he was most pleased to conduct the service in the campus interfaith chapel.

In arranging burial, Rachel faced another challenge, as she learned that non-Jews could not be buried in the Jewish cemetery near their home. Persevering, she found another cemetery with an interfaith section in a lovely hillside setting. Bringing enormous comfort, the arch at the entrance bore the words: “Beit Olam,” which has the same meaning in Hebrew and in his native language, Amharic: “at home in the world.”

Identifying Potential Spiritual Resources

Abundant research documents the powerful influence of spiritual beliefs and practices for well-being, recovery, and resilience (Koenig, McCullough, & Larson,

2001; Walsh, 2006). What matters most is a deep faith that is lived out in daily life and relationships. In families, parent–child relationships are strengthened by shared spiritual beliefs and practices in the home—particularly when they are integrated into family life and parents practice what they preach (Marks, 2004). Clinicians can encourage clients to identify and draw on a wide range of potential spiritual resources that fit their values and preferences.

Contemplative practices, rituals, and ceremonies

Both religious and nonreligious people value contemplative practices for spiritual nourishment. They may involve prayer, meditation, or quiet reflection; reading sacred or inspirational texts, music, or chanting; reciting prayer beads; rituals such as lighting candles or incense. One widower, who had never been “a churchgoer,” eased his grief and loneliness by reading Bible passages every evening. A nonreligious woman, who travelled for her work, found deep connection to her deceased mother, a Catholic, by seeking out a cathedral in each city, where she lit a candle to her memory and sat quietly contemplating their bond.

For most, prayer originates in the family and is centered in the home, from blessings before a meal to bedtime prayers. Almost all pray for their loved ones’ well-being. Prayer may serve varied functions: to express praise and gratitude; sustain strength and courage; find solace and comfort; seek wisdom and guidance; appeal for a miracle; or gain perspective on life. People of many faiths find connection in conversations with God. As one widow related: “When I felt like life wasn’t worth living anymore, I talked to God and didn’t feel alone; I knew God would help me come through.” One husband, whose wife was critically ill, told his therapist, “I don’t know if there is a God, but I’m praying for her recovery. Maybe I’m also appealing to myself—my deepest self—to summon courage to deal with whatever may come.”

For Hindus, meditation and offerings to various gods take place mostly in the home, where small statues and shrines are placed. Many observant Christians, Jews, and nonreligious people find spiritual well-being as well as psychological and physiological benefits in Eastern meditative practices (Kabat-Zinn, 2003). Shared meditative experiences foster genuine and compassionate relating and reduce defensive reactivity, deepening couple and family bonds (Gale, 2009).

Rituals and ceremonies connect individuals with their families and communities, marking important events and guiding them through life passage and times of adversity (Imber-Black, 2009; Imber-Black, Roberts, & Whiting, 2003). They facilitate unfamiliar transitions, script family actions, and comfort the dying and the bereaved. Rituals also connect a particular celebration or tragedy with all human experience, a birth or death with all others. Couple relationships are enhanced by sharing meaningful spiritual rituals (Fiese & Tomcho, 2001). In family therapy, the observance, blending, and creation of meaningful rituals are encouraged to fit each client’s spiritual needs and preferences. This can be especially valuable for interfaith couples and multifaith families.

Faith communities

Some therapists may have a narrow, institutional view of religious congregations from their own experience or lack of involvement. Congregations that flourish are vibrant communities of faith, offering a sense of belonging to a spiritual home and family (Kamya, 2009), as well as a wide range of programs to meet varied needs,

through scripture reading groups, choir singing, potluck suppers, and community service, locally and globally. Many offer marriage and parenting skills workshops, youth mentoring, teen programs, job skills training, preventive health care, counseling, and meaningful involvement of seniors. Congregants in distress often turn to their clergy before mental health professionals. In religious support groups, as in other activities, members gain a sense of interdependence with others of shared values.

Valerie, age 24, in therapy for depression, was socially isolated and cut off from her family since sexual abuse by her stepfather in adolescence. In exploring potential resources, Valerie expressed wariness of forming close relationships, but thought she might like to join a religious congregation in her neighborhood. However, as she attended weekly worship services, she became increasingly depressed and self-deprecating. The pastor's fiery sermons called up memories of her abuse and feelings of unworthiness. As she related, "It's all fire and brimstone, sin and damnation! I guess I should cross off religion as a resource!" The therapist replied, "Well, maybe cross off *that* church." Encouraged to visit other congregations in the community, Valerie found a faith community and pastor that were very nurturing; her involvement became a lifeline, bringing meaning to her life and supporting her positive gains in therapy.

Connectedness with nature

Ancient peoples revered their profound spiritual connection with animals, plants, and the earth. Today, families seek spiritual communion and renewal in nature—visiting places of great beauty and wonder; tending a garden; and experiencing deep bonds and therapeutic benefits with companion animals (Walsh, 2009a). Such experiences take us into the moment and beyond ourselves, at one with other life. One secular couple expressed their spirituality through environmental activism and created a family tradition of celebrating each season's solstice by camping out and rising before dawn to greet the sunrise.

Expression through the creative arts

Across cultures, people are inspired by involvement in many forms of art, poetry, drama, and music that communicate our common humanity. African-American gospel, blues, and jazz are creative expressions forged out of the cauldron of slavery, racism, and impoverished conditions, transcending those scarring experiences through the resilience of the human spirit.

In my own family, music has always been a spiritual wellspring. On the 20th anniversary of my mother's death, I wanted to find a meaningful way to express my love and commemorate her loss with my husband and daughter, who had never known her. A gifted musician, she had been the organist for our congregation and we shared a love of music, both sacred and secular. The carillon bells on my campus at the University of Chicago came to mind and I arranged for a simple concert on the evening of the anniversary. We climbed to the top of the bell tower, listened to the glorious music filling the night air, and looked out at the starry sky, feeling her spirit shining down.

Community service/social activism

Engaging in community service or social activism can be a transformative expression of spirituality. Efforts to alleviate suffering and to mend the social fabric (e.g.,

Judaism's *tikkun olam*) are at the heart of all major faith traditions and humanistic movements (Perry & Rolland, 2009). Salvador Minuchin has expressed this view, saying, "I suppose my version of spirituality is connected to the dream of social justice."

When family members engage in purposeful efforts together, it strengthens their bonds as it deepens compassion and connection with others. A tragedy can spark new purpose. In one family, after the suicide of a beloved daughter who had suffered with bipolar disorder, her parents organized an annual community forum in her memory, to advocate for mental health research, treatment, and prevention to benefit others. In therapy, I listen for those moments of inspiration: the urge to make a difference, to act so that something good can come out of a tragedy. Such actions further their own healing.

Tapping varied spiritual resources for healing and resilience

Within a family, members may turn to many, varied spiritual resources, particularly in times of crisis and in healing from traumatic loss. When the Youngs lost their oldest son in a neighborhood shooting, the impact of the violent death and loss rippled through the entire family (Walsh, 2006; 2007). The White, middle-class family belonged to a mainline Protestant church, but attended infrequently. The Catholic priest of the parish of the Latino offender, Mario, and his family, paid a condolence call to the Youngs. Although initially taken aback by the visit, a week later, Mr. Young called the priest at midnight, unable to sleep, and talked for an hour. This led the couple to begin attending his parish services, finding comfort and support in the multiethnic, broadly inclusive congregation. In her profound grief, Mrs. Young recalled her childhood Catholic teachings about the power of forgiveness and how unforgiveness wounds the mind, body, and spirit. She decided she needed to forgive the youth who had killed her son in order to heal her wounds and be better able to help her family recover. It was important to the marital bond that, although her husband could not follow her spiritual path, he respected her decision. He found his own path, channeling his deep anger and anguish into community activism: taking a leadership role in a local organization to stop gun violence. She joined him in those efforts, rallying with other bereaved families to prevent other similar tragedies. Both paths facilitated healing and resilience for the family. Further, their growing compassion toward Mario and his parents, along with the priest and parishioners' active support and belief in restorative justice, was transformative for Mario. He left the gang, joined a Christian group in prison, and made every effort to turn his life around.

In this case, a Priest stepped forward as a vital link and facilitator. In clinical practice, therapists can help clients connect with potential spiritual resources that fit their needs and preferences, helping family members to respect different paths, encouraging them to come together on shared aims, and holding them with compassion through their difficult challenges.

Practice Guidelines

In sum, with growing cultural and spiritual diversity in society, it is critical not to make assumptions based on clients' religious identification, affiliation, or upbringing.

It is most important to understand the lived experience of their faith (Wendel, 2003) and the role of spiritual beliefs and practices in their relationships. The following practice guidelines can be helpful:

- Inquire respectfully about the meaning and importance of spiritual beliefs and practices in clients' lives and in relation to presenting problems and coping efforts. Track significant changes (e.g., from family-of-origin, with conversion, marriage/remarriage, crisis events). Genograms (McGoldrick, Gerson, & Petry, 2008) and spiritually oriented assessment tools (Hodge, 2005) can be helpful.
- Explore any spiritual concerns that contribute to suffering or block healing/problem-solving (e.g., guilt, anger at God, abusive practices, sexual orientation, worry about sin or afterlife, a spiritual void).
- Facilitate communication, understanding, and mutual respect around religious/spiritual conflicts in couples and families (e.g., interfaith marriage; conversion).
- Facilitate compassion and possibilities for forgiveness and reconciliation of relational wounds, drawing on clients' faith beliefs to support efforts.
- Identify spiritual resources (current, past, or potential) that might contribute to healing and resilience. Encourage couples and families to draw on those that fit their values and preferences, including:
 - contemplative practices, rituals; relationship with God, Higher Power
 - involvement in a faith community; pastoral guidance
 - interconnectedness with the natural world
 - expressive/creative arts
 - community service; social activism

Working with nonreligious clients

This broadly inclusive approach to spirituality is applicable with clients who are not religious or may not believe in God. As described above, those with nonfaith convictions may find spiritual nourishment through secular humanist values and varied healing pathways. Some who are not religious may not think of themselves as “spiritual” or regard “spirituality” as important to them, particularly if the term is charged for them with negative religious connotations or with stereotyped fringe extremes. Some questions to open conversation might be: How do you find meaning, purpose, and connection in your life? When overstressed or depleted, how do you find tranquility, balance, and nourishment; how do you replenish your energies? When going through hard times, how do you find strength and courage? What beliefs and practices support your resilience or might bolster your efforts and strengthen your bonds?

Often, those who have not been religious find that a serious crisis becomes an epiphany, opening lives to a spiritual dimension previously untapped. It can crystallize important matters and spark a reappraisal and redirection of life priorities and pursuits, as well as greater investment in meaningful relationships. Family therapy can facilitate these positive changes and growth in couple and family relations.

In working with atheists, it is important to respect their nonbelief in God or an afterlife, exploring their views of a meaningful life. Research with atheists (Smith-Stoner, 2007) suggests a threefold definition of spirituality—including intra-

personal, interpersonal, and natural aspects—particularly in end-of-life care. Non-believers expressed a deep desire to find meaning in their lives, to maintain connection with family and friends, and to experience interconnectedness with the natural world through the dying experience. Most indicated strong preference for both medical interventions and physician-assisted dying and cautioned professionals not to offer religious prayer or references to God or comforting images of reunion with loved ones in an afterlife.

Therapist issues and cautions

As clinicians, we inescapably bring our personal, family of origin, and dominant societal values into the therapeutic encounter. Exploration of our own family's cultural and religious background, our upbringing, and our spiritual journey are essential, examining our spiritual/religious beliefs and issues just as we would our ethnic or other cultural influences. Roberts (2009) offers useful experiential exercises for training and practice. Awareness is needed not to impose our society's dominant Euro-Christian standards or our own spiritual beliefs or secular outlook on clients, particularly those of non-Western traditional cultures.

Clinicians should also be mindful of a common gap between people's faith beliefs and knowledge. Although over 90% of homes contain a Bible, 58% of Americans could not name five of the Ten Commandments. Ten percent thought Joan of Arc was Noah's wife. Nearly half of all teenagers thought Moses was one of the 12 Apostles (Prothero, 2007)! In multifaith couples and families, it is all the more important to gain understanding of each other's core teachings. Needless to say, it is imperative for clinicians to gain knowledge of diverse religions of client populations they serve.

When working with highly religious families, it is important for clinicians who may be more secular or of a different faith to be respectful of their deeply held values and practices. However, if some beliefs and practices harm any member, as in abusive or demeaning treatment, family therapists have a professional commitment to ethical standards, human rights, and social justice—which are universal spiritual teachings and core family values.

Therapists are also cautioned not to offer spiritual meanings to console clients in distress. Many believe that God intends for them to seek greater purpose in life out of a painful experience. Some find solace in the belief that their struggles are part of God's plan and greater wisdom. Others find strength in the belief that "God only gives us what we can handle." Yet many are offended or feel that their situation is trivialized when well-intentioned relatives, friends, or professionals offer inspirational homilies. As Viktor Frankl (1984) wisely advised, we cannot make meaning for our clients; our role is to facilitate their efforts to find meaning in their experience.

It may seem more difficult to relate to clients of a vastly different religious or secular orientation than our own. Here, respectful curiosity, as we would bring to cultural differences, can open conversation. What values and spiritual practices are important in their lives? What spiritual resources might they turn to or have they found helpful in the past? With clients of religious or spiritual orientation similar to our own, more caution is needed not to make assumptions about shared beliefs or their observance of religious tenets.

Although mental health professionals may lack special training in spiritual matters, clients may feel more comfortable in opening up spiritual doubts or tensions with a therapist's nonjudgmental stance, whereas they might worry about disapproval by

faith-based counselors or clergy. Moreover, if they ask our advice on handling spiritual matters, and we feel we lack enough knowledge of their faith to advise them, keep in mind that our position, as it is with psychological or relational dilemmas, is not to advise our clients what path they should take. Rather, a collaborative therapeutic relationship provides compassionate listening to their struggles, opens possibilities, and facilitates relational communication as they sort out their spiritual matters. There is mutual benefit with pastoral care professionals in referral, consultation, and collaboration on spiritual issues beyond a clinician's expertise. Clinicians need to become familiar with diverse spiritual resources in the community, such as inclusive and nurturing congregations, that fit the faith needs and preferences of clients.

FROM MULTIFAITH DIVERSITY TO SPIRITUAL PLURALISM

The broad spectrum of faiths today attests to the strength and vitality of spirituality. Society's growing spiritual diversity is generating a new period of bridge building among varied faith communities, with interfaith dialogues and coalitions tackling pressing issues (see Harvard's Pluralism Project, <http://www.pluralism.org>). Family therapists, likewise, can not only expand our lens to spiritual diversity, but also encourage a broadly inclusive spiritual pluralism within families. As Eck (2006) clarifies: Diversity refers simply to many differences—splendid, colorful, perhaps threatening. For instance, in one neighborhood, there might be diverse faith communities: a Vietnamese Catholic church, a Cambodian Buddhist temple, a Ukrainian Orthodox church, a Muslim Community Center, a Disciples of Christ church, and a Hindu temple. Pluralism involves engagement in relationships among members to create a common society from multifaith diversity.

With respect—more than tolerance—for differences, pluralism requires some knowledge of both distinctions and commonalities. It involves a broad inclusiveness of people of every faith, and of none, nurturing constructive dialogue, mutual understanding, and connectedness. Similarly, within families, members who follow different pathways can strengthen bonds by engaging in dialogue, respect, and mutual understanding, coalescing around shared values and practices. Such combining of varied elements has been likened to a platter of “religious linguini” (Deloria, 1994). Family therapists can facilitate spiritual pluralism in multifaith couples and families, encouraging them to create their own recipes for spiritual nourishment and vital bonds.

REFERENCES

- Anderson, H. (2009). A spirituality for family living. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 194–211). New York: Guilford Press.
- Bibby, R. (2002). *Restless gods: The renaissance of religion in Canada*. Toronto, ON: Stoddard.
- Barrett, M.J. (2009). Healing from relational trauma: The quest for spirituality. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 267–285). New York: Guilford Press.
- Boyd-Franklin, N., & Lockwood, T.W. (2009). Spirituality and religion: Implications for therapy with African American families. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 141–155). New York: Guilford Press.
- Deloria, V. Jr. (1994). *God is red: A native view of religion* (2nd ed.). Golden, CO: Fulcrum.
- Doherty, W.J. (2009). Morality and spirituality in therapy. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 215–228). New York: Guilford Press.
- Eck, D. (2006). *On common ground: World religions in America*. New York: Columbia University Press.

- Edgell, P. (2005). *Religion and family in a changing society*. Princeton, NJ: Princeton University Press.
- Falicov, C.J. (2009). Religion and spiritual traditions in immigrant families: Significance for Latino health and mental health. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 156–173). New York: Guilford Press.
- Fiese, B.H., & Tomcho, T.J. (2001). Finding meaning in religious practices: The relation between holiday rituals and marital satisfaction. *Journal of Family Psychology*, 15(4): 597–609.
- Frankl, V. (1946/1984). *Man's search for meaning*. New York: Simon & Schuster.
- Gale, J. (2009). Meditation and relational connectedness: Practices for couples and families. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 247–266). New York: Guilford Press.
- Gallup, G.H., Jr., & Lindsay, D.M. (2000). *Surveying the religious landscape: Trends in U.S. beliefs*. Harrisburg, PA: Morehouse Publishing.
- Gallup Inc. (2008). *Religion (survey data summaries)*. Princeton, NJ: Author. Retrieved March 14, 2008, from www.gallup.com/poll/1690/Religion
- Greeley, A., & Hout, M. (2006). *The facts about conservative Christians*. Chicago: University of Chicago Press.
- Griffith, J., & Elliott Griffith, M. (2002). *Encountering the sacred in psychotherapy*. New York: Guilford Press.
- Hargrave, T., Froeschle, J., & Castillo, Y. (2009). Forgiveness and spirituality: Elements of healing in relationships. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 301–322). New York: Guilford Press.
- Hill, P.C., & Pargament, K.I. (2003). Advances in conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1): 64–74.
- Hodge, D.R. (2005). Spiritual assessment in marital and family therapy: A methodological framework for selecting from among six qualitative assessment tools. *Journal of Marital and Family Therapy*, 31(4): 341–356.
- Imber-Black, E. (2009). Rituals and spirituality in family therapy. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 229–246). New York: Guilford Press.
- Imber-Black, E., Roberts, J., & Whiting, R. (Eds.). (2003). *Rituals in families and family therapy* (2nd ed.). New York: Norton.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2): 144–156.
- Kadushin, C., Phillips, B.T., & Saxe, L. (2005). National Jewish Population survey, 2000–2001: A guide for the perplexed. *Contemporary Jewry*, 25, 1–32.
- Kamya, H. (2009). Healing from refugee trauma. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 286–300). New York: Guilford Press.
- Koenig, H., McCullough, M.E., & Larson, D. (Eds.). (2001). *Handbook of religion and health*. New York: Oxford University Press.
- Lambert, N.M., & Dollahite, D.C. (2006). How religiosity helps couples prevent, resolve, and overcome marital conflict. *Family Relations*, 55, 439–449.
- Lindner, E.W. (2008). *Yearbook of American and Canadian churches: 2008* (73rd ed.). New York: National Council of Churches in the USA.
- Mahoney, A. (2010). Religion in the home 1999 to 2009: A relational spirituality perspective. *Journal of Marriage and the Family* (in press).
- Marks, L. (2004). Sacred practices in highly religious families: Christian, Jewish, Mormon and Islamic perspectives. *Family Process*, 43, 217–231.
- Marty, M.E. (2005). *When faiths collide*. Malden, MA: Blackwell.
- Mbiti, J.S. (1970). *African religions and philosophy*. Garden City, NY: Anchor Books.
- McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York: W.W. Norton.

- Myers, S. (2006). Religious homogamy and marital quality: Historical and generational patterns. *Journal of Marriage and the Family*, 68(2): 292–304.
- Nasr, S.H. (2002). *The heart of Islam: Enduring values for humanity*. New York: HarperCollins.
- Pargament, K.I. (2007). *Spiritually integrated psychotherapy*. New York: Guilford Press.
- Perry, A. de V., & Rolland, J.S. (2009). Therapeutic benefits of a justice-seeking spirituality: Empowerment, healing, and hope. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 379–396). New York: Guilford Press.
- Petry, S. (2010). Spirituality and the family life cycle. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle* (4th ed.). Boston: Allyn & Bacon.
- Pew Forum on Religion & Public Life. (2007a May). *Muslim Americans: Middle class and mostly mainstream*. Retrieved May 2008 from <http://religions.pewforum.org>
- Pew Hispanic Project and Pew Forum. (2007b, 25 April). *Changing faiths: Latinos and the transformation of American religion*. Retrieved February 26, 2008, from religions.pewforum.org
- Pew Forum on Religion & Public Life. (2008 February). *US religious landscape survey: Religious affiliation diverse and dynamic*. Retrieved January 24, 2010, from <http://religions.pewforum.org/reports>
- Pew Forum on Religion & Public Life. (2009a July). *Religious groups' official positions on same-sex marriage*. Retrieved January 2, 2010, from <http://religions.pewforum.org>
- Pew Forum on Religion & Public Life. (2009b December). Many Americans mix multiple faiths: Eastern, New Age beliefs widespread. Retrieved December 28, 2009, from <http://religions.pewforum.org>
- Pew Forum on Religion & Public Life. (2010 February). *Religion among the millennials*. Retrieved February 18, 2010, from <http://religions.pewforum.org>
- Prothero, S. (2007). *Religious literacy: What every American needs to know—and doesn't*. New York: HarperCollins.
- Roberts, J. (2009). Heart and soul: Experiential exercises for therapists and clients. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 359–378). New York: Guilford Press.
- Sherkat, D. (2004). Religious intermarriage in the United States: Trends, patterns, and predictors. *Social Science Research*, 33, 606–625.
- Smith, B., & Horne, S. (2007). Gay, lesbian, bi-sexual, and transgendered (GLBT) experiences with earth-spirited faith. *Journal of Homosexuality*, 52(3/4): 235–249.
- Smith, T. (2002). Religious diversity in America: The emergence of Muslims, Buddhists, Hindus, and others. *Journal for the Scientific Study of Religion*, 41, 577–585.
- Smith-Stoner, M. (2007). End-of-life preferences for atheists. *Journal of Palliative Medicine*, 10(4): 923–928.
- Tan, P.P. (2005). The importance of spirituality among gay and lesbian individuals. *Journal of Homosexuality*, 49(2): 135–144.
- Walsh, F. (2003). *Normal family processes: Growing diversity and complexity* (3rd ed.). New York: Guilford Press.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46(2): 207–227.
- Walsh, F. (2009a). Human-animal bonds I. The relational significance of companion animals. *Family Process*, 48, 462–480.
- Walsh, F. (Ed.). (2009b). *Spiritual resources in family therapy* (2nd ed.). New York: Guilford Press.
- Walsh, F. (2010). Families in later life: Challenges, opportunities, and resilience. In B. Carter & M. McGoldrick (Eds.), *The expanded family life cycle* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Wendel, R.D. (2003). Lived religion and family therapy: What does spirituality have to do with it? *Family Process*, 42, 165–181.
- Wright, L., & Bell, J. (2009). *Beliefs and illness: A model for healing*. Calgary, AB, Canada: 4th Floor Press.

Copyright of Family Process is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.