



RELATIONAL SPIRITUALITY, INTERCULTURAL COMPETENCE, AND SOCIAL JUSTICE IN SYSTEMIC THERAPIES

DANIEL J. HAUGE, PhD; STEVEN J. SANDAGE, PhD; LAURA E. CAPTARI, PhD; SARAH A. CRABTREE, PhD

The Albert and Jessie Danielsen Institute, Boston University

Abstract: The Relational Spirituality Model (RSM) builds on relational, psychodynamic, and systemic approaches and serves as an orienting framework for clinical services and training. In this article, we provide an overview of the RSM, a pluralistic contextual approach to spirituality in clinical practice that (a) considers developmental dialectics of spiritual dwelling and seeking and (b) explores diverse ways that religious and spiritual dynamics can range from salutary to harmful. In light of growing attention to racism in U.S. society, we review salient research on justice-seeking spirituality and consider the roles of humility, differentiation, and hope in developing intercultural competence. Throughout, we consider implications for clinical practice and training.

Note: This project was supported by a grant from the John Templeton Foundation on “Mental Healthcare, Virtue, and Human Flourishing” (#61603).

“Spirituality by its very nature not only inclines but requires one to engage the world with a sense of responsibility for the well-being of creation, and with a commitment to repair what is amiss and to act in defense of creation. Spirituality and justice seeking are thus inextricably tied; like a Möbius strip, they are not distinct realms, but flow seamlessly one to another.”

(Perry & Rolland, 2009, p. 384)

This beautiful articulation of “justice-seeking spirituality” (Perry & Rolland, 2009, p. 384) has important implications for both clients and therapists. In contrast with historical segregation of spirituality and religion (SR), research now documents the impacts of SR beliefs, commitments,

struggles, and practices on physical, relational, and mental health (Rosmarin & Koenig, 2020). For many people, SR dynamics play important roles in coping, meaning-making, relationships, and cultivating resilience. Evidence suggests that clients often desire to engage such issues in therapy if they feel they can trust their therapist to be open and accepting (Sandage, Rupert, et al., 2020), a pattern that has emerged at our clinic in Boston, despite being a region considered the “least religious” in national surveys. Numerous clinical approaches to integrating SR concerns have been developed across theoretical orientations, and a recent meta-analysis of 97 studies found spiritually integrated therapies to be at least as effective as secular treatments for psychological outcomes and superior for spiritual outcomes (Captari et al., 2018).

However, these advances do not always “trickle down” into day-to-day clinical practice for several reasons. First, a majority of therapists have little training on integrating SR dynamics, which raises understandable concerns about spiritual and religious competence (Vieten & Scammell, 2015). Second, most clinicians are concerned about sensitivity to client diversity, and some avoid asking about clients’ SR lives for fear of microaggressing. For example, some therapists may tell clients they simply will not discuss “religion” or “theology,” which cuts off therapeutic engagement with core values and meaning-making processes. Like many areas of diversity, engaging SR dynamics can be more complicated in relational and systemic modalities (e.g., couple or family therapy), and the vast majority of published approaches to spiritually integrated therapy focus on individual treatment. Third, while Perry and Rolland’s (2009) depiction of justice-seeking spirituality could inspire some clinicians and clients, others might be skeptical and quick to note that spirituality is not always associated with social justice activism. Therapists and clients holding more socially conservative SR convictions sometimes equate social justice with a liberal political agenda that is inconsistent with their worldview. This raises complex tensions for those in clinical and training contexts who (a) value both diversity and social justice and (b) want to responsibly and effectively integrate SR dynamics into relational and systemic approaches to therapy.

In this paper, we first provide a brief overview of the Relational Spirituality Model of psychotherapy (RSM; Sandage, Rupert, et al., 2020), utilized in clinical services, training, and research at the Albert and Jessie Danielsen Institute, a community mental health training clinic at Boston University. We then apply the RSM to considerations of justice, equity, and antiracism, concerns particularly salient amidst current sociopolitical focus on racism and antiracist efforts. We explore various aspects of justice-seeking spirituality and intercultural competence, including implications for clinical practice and training.

Relational Spirituality in Systemic Contexts

Relational spirituality can be defined broadly as “ways of relating to the sacred” (Sandage, Rupert, et al., 2020, p. 24), referring to whatever is ultimately most important to a person, including a divine being and/or other spiritual entities, cherished principles and values, or ultimate concerns. This framework opens broad conceptual space to consider a variety of salutary and

harmful ways individuals relate to whatever they consider sacred or ultimate, with relational styles that include mindful dwelling, hostile mistrust, bored indifference, passionate and generous service to others, grateful surrender, fear of persecution or abandonment, ecstatic spiritual merger, active searching and study, and others. Spirituality can be practiced through religious or other social contexts, and a growing number of people in the U.S. self-define as “spiritual but not religious” (Ammerman, 2020).

We are particularly interested in the large body of research showing that individual differences in relational spirituality correlate with attachment-based experiences in interpersonal relationships with parents, caregivers, and others (Granqvist, 2020). This means relational templates in the limbic brain exert considerable influence on perceptions of spiritual experience. Furthermore, intersections between personal identity and wider systemic social structures also shape contours of relational spirituality (Powell, 2012). Perry and Rolland (2009) used the term “societal counterspiritualities” for the oppressive forces of “systemic domination” (p. 392) that can work against spiritual well-being and give rise to despair among non-dominant groups.

Additionally, some clients are part of a growing number of people in the U.S. who identify as “neither religious nor spiritual” (Lipka & Gecewicz, 2017), locating their ultimate values and sources of well-being within a secular framework. Existential themes (e.g., loss, death, fate, control, guilt, meaning, freedom, hope, etc.) are a key part of the RSM that can be relevant to all clients, and we value attending to the existential dilemmas embedded within human experience. Numerous different spiritual, religious, and existential perspectives can operate within a couple or family system, so clinicians often face the challenge in a single case of building a therapeutic alliance across diverse ways of relating to the sacred and ultimate concerns. Systemic clinical work also necessitates a relational ethic of multidirectional partiality and practicing justice through consideration of each person’s perspectives within a couple or family system (Long & Kort, 2016).

Key Dimensions of Relational Spirituality

The RSM foregrounds three key developmental constructs: (a) spiritual dwelling, (b) spiritual seeking, and (c) spiritual struggles (Sandage, Rupert, et al., 2020). Spiritual dwelling refers to the numerous forms of relational spirituality that promote communal affiliation, spiritual grounding and intimacy, and practices aimed at emotional and spiritual regulation. At its best, spiritual dwelling can promote social support, well-being, and relational stability.

However, enmeshed forms of spiritual dwelling can promote closed system dynamics privileging homogeneity over diversity, and anxious spiritual dwelling can work against the flexibility and differentiation necessary to adapt to new situations and a more inclusive sense of community. Spiritual seeking is oriented toward processes of exploration, valuing reflection on existential questions, and growth in spiritual complexity. Seeking can require tolerating ambiguity, anxiety, and doubt, but can lead to new spiritual understanding, more diverse relationships, and a widening circle of social concern. However, some anxious forms of seeking can lead to perpetual searching without forming connects that facilitate well-being, and spiritual seekers do not always embrace justice concerns.

Research suggests that spiritual struggles (e.g., conflict or distress related to the Divine, meaning, morality, doubt, etc.) are a normal part of spiritual development in many traditions (Pargament & Exline, in press) but are commonly and frequently associated with mental health and well-being problems. Our research with outpatient clients has found that spiritual struggles can be related to problems in psychosocial functioning over and above the impact of mental health symptoms, which suggests this is an important area for clinical assessment (Sandage, Jankowski, et al., 2020). For some clients, spiritual struggles can prompt seeking in an effort to pursue healing and growth, while others feel stuck in painful and dysregulating spiritual struggles without a sense of agency for exploration. Clinically, it is noteworthy that some clients interpret their spiritual struggles resulting from their own internal failure (e.g., sin, lack of faith, inconsistency in spiritual practice), whereas others see external and systemic factors as sources of their spiritual struggles (e.g., homophobic religious relatives, disappointment in SR leaders, injustice in the world).

The RSM theory of change in therapy focuses on the importance of constructive relationships as holding environments for the dialectical balancing of dwelling and seeking and the integration of struggles into more coherent life narratives. For some clients, therapists offer a new and corrective experience of relating to someone sincerely interested in their core values and meaning, without trying to impose a particular worldview. Many relational and systemic therapists have used the crucible as a metaphor for the intense and anxiety-provoking processes of change that can involve destabilization prior to the construction of new developmental patterns (Sandage, Rupert, et al., 2020). This underscores the ongoing importance of the person of the therapist (Aponte & Kissil, 2016). Systemic change processes always involve clinicians' capacities to relate to clients in change crucibles with non-rescuing compassion and effective attunement to diversity and justice dynamics.

Relational Spirituality, Diversity, and Justice

Mental health treatment requires skillful capacities to engage social justice and diversity issues, and this has key implications for clinical training and ongoing therapist formation. From a systemic perspective, the efficacy of therapeutic intervention requires attention to the role of inequitable social systems on clients' presenting concerns. Honest recognition of the impact of various forms of systemic injustice on marginalized communities' well-being is vital, including the effects of minority stress, internalized racism and xenophobia. The RSM deepens this conversation by critically addressing how some SR permutations oppress and harm vulnerable clients, including those whose identities or beliefs do not align with a particular tradition's dogma, while SR values and resources can also be a powerful motivating force promoting work toward equity and change. As Constantine and colleagues (2007) have noted, awareness of these complexities necessitates that clinicians develop greater "self-awareness, knowledge, and skills in working with individuals [and families] from diverse cultural backgrounds" to more effectively address issues generated by systemic oppression, as well as to "work more broadly to effect social change" by advocating for and empowering vulnerable populations (p. 24). Our research has

explored associations between relational spirituality and individual differences in personal commitments to social justice work and intercultural competence (for a summary, see Sandage, Rupert, et al., 2020).

Dialectical tensions between spiritual seeking and dwelling provide a framework for understanding individual or systemic engagement with, or resistance to look at, social inequalities and realities of diversity. The concept of spiritual bypass has been applied to situations where spiritual defense mechanisms are used to avoid experiencing internal conflict or emotional pain (Cashwell et al., 2007). We propose that individuals can also relate to the sacred in ways that attempt to bypass awareness of systemic injustice and suffering. Pursuit of security and stability in relationship to the sacred and with others can lead to stagnation or forms of rigidity and exclusion if not accompanied by a willingness to question and consider alternate ways of thinking with an attitude of curiosity and generosity. Among graduate students in the helping professions, Sandage and Harden (2011) identified this seeking orientation as consistent with “an openness to questioning one’s tradition, tolerating the ambiguity of meaning-making, and the cognitive flexibility to revise one’s worldview based on new experience” (p. 823), which was positively associated with trainees’ intercultural competence. Training contexts that normalize and encourage questioning one’s own perspectives and learning about other cultures can facilitate these capacities to effectively relate across differences.

Our research has also found evidence that spiritual grandiosity (e.g., seeing one’s spirituality as inherently superior to others) tends to hinder the development of effective capacities to relate across cultural differences even when multicultural counseling training is offered (Sandage et al., 2015). Thus, taking graduate courses or continuing education seminars may be insufficient for growth in intercultural or diversity competence. Personal exploration of implicit relational templates of self- and other-associated values and SR perspectives is a vital, yet oft-neglected, aspect of professional development

Mature Alterity, Humility, and Differentiation

Mature alterity is a related RSM construct involving a “move beyond ethnocentrism toward strong capacities to engage in relational justice characterized by mutual recognition” (Bell et al., 2017, p. 212). The ability to acknowledge others as possessing the same inherent right to define their own existence and command dignity and regard on their own terms is connected with processes of relational and spiritual growth. The RSM suggests a continuum for how people are able to embrace the possibility of multiple approaches to ultimate meaning, such that one can tolerate and even appreciate differing paths to human flourishing. Mature alterity contrasts with defensive religion or theology, which copes with existential anxiety through a sense of spiritual privilege vis-à-vis other human beings focusing on “a strong ‘worldview defense’ that can foster intolerance for different religious traditions” (p. 213). Bell and colleagues (2017) found that defensive theology was negatively associated with mature alterity dimensions of social justice and intercultural competence commitments among graduate students in a Christian setting, while humility was positively associated with both dimensions of mature alterity. These findings are

consistent with recent work on cultural humility, suggesting the importance of a therapeutic stance of curiosity, learning, and respectful openness to new perspectives in navigating areas of diversity (Mosher et al., 2017).

Humility and critical self-reflection about actively working to dismantle systems of power and oppression and their impact on clients' lives require capacities for healthy relational selfhood and emotion regulation practices. Differentiation of self (DoS; Kerr & Bowen, 1988) is one systemic construct that involves such relational and regulation capacities and has been positively associated with both intercultural competence and social justice commitment in training contexts (Sandage & Harden, 2011; Sandage & Jankowski, 2013). DoS is sometimes misunderstood as representing autonomy or individualism but is better conceptualized as the ability to relate effectively across differences while maintaining solid self-other awareness. This relational, intersubjective understanding of DoS is consistent with nuanced attention to differences without the need to polarize phenomena or people into good/bad binaries. Relational spiritualities grounded in DoS can facilitate empathy and tolerance for those who approach the sacred or ultimate meaning in different ways, including among differently believing family members. In contrast, low DoS and high triangulation can characterize families and SR communities where anxiety about difference tends to close off spiritual seeking (Heiden-Rootes et al., 2010). These findings speak to the importance of integrating emotion regulation and relational flexibility into clinical diversity training efforts to help clinicians become more truly systemic in their approach.

Justice-Seeking Spirituality, Hope, and Well-Being.

Perry and Rolland (2009) connect justice-seeking spirituality with the “generation of hope and well-being” among activists (p. 380). Our research with trainees has supported this theorized connection between hope and social justice commitment, which is also found in the works of social philosophers (e.g., Martin Luther King, Jr., Paulo Freire, Cornel West) (Sandage, Crabtree, & Schweer, 2014; Sandage & Morgan, 2014). However, we should not be naïve about the kind of hope that effectively sustains a long-term commitment to social justice advocacy in the face of deeply entrenched realities of racism, sexism, homophobia, transphobia, and other forms of systemic oppression. Social justice work invariably entails a wide array of stressors that challenge personal and organizational resilience. For oppressed individuals and families working for their own rights and equitable treatment, the violence, deprivations, and indignities of oppression generate distinct forms of traumatic stress (Carter, 2007). For those historically advantaged by systemic oppression, engaging in social justice work demands the ability “to manage emotional tension, tolerate ambiguity, differentiate one’s sense of self from oppressive social forces, and make meaning out of the struggle” (Sandage & Morgan, 2014, p. 559). Those from privileged social locations need more than positive thinking, which is too often a thin defense against underlying guilt and fragility among Whites and other dominant group members.

West (2004) has described a “mature hope” (p. 216) that includes realism about suffering and painful systemic realities integrated with courage to keep working to change those realities.

For many social justice movements, including the Civil Rights Movement in the U.S., spiritual and religious traditions have provided resources for psychological stamina, hope, and well-being in the face of discouraging activist work. Spiritual orientations and relational processes that welcome and appreciate ambiguity and difference, and sustain a sense of meaningful and liberating relationship to the sacred in the face of dogma or exclusivity, can contribute to fierce determination that fuels hope. Those who value SR can often find narratives and practices that promote seeing oneself as collaborating with the sacred to create a more just, loving, and equitable society. To be clear, therapists and other helping professionals can value justice and diversity without SR commitments. However, in a time when spirituality and religion are frequently invoked in ways that instigate violence to diversity and justice, we want to invite awareness of research that supports the fact that commitments to social justice and intercultural competence are consistent with mature forms of relational spirituality in most traditions. We invite clinicians to continue the formative traditions of systemic therapies in cultivating relational dynamics that foster equity and justice, while uprooting structures that perpetuate oppression.

REFERENCES

- Ammerman, N. T. (2020). Rethinking religion: Toward a practice approach. *American Journal of Sociology*, *126*(1), 6-51.
- Aponte, H. J., & Kissil, K. (Eds.). (2016). *The person of the therapist training model: Mastering the use of self*. Routledge.
- Bell, C. A., Sandage, S. J., Morgan, T. D., & Hauge, D. J. (2017). Relational spirituality, humility, and commitments to social justice and intercultural competence. *The Journal of Psychology and Christianity*, *36*(3), 210-221.
- Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy, H. S. E., & Worthington, E. L., Jr. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, *74*, 1938–1951.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13-105.
- Cashwell, C. S., Bentley, P. B., & Yarborough, J. P. (2007). The only way out is through: The peril of spiritual bypass. *Counseling and Values*, *51*(2), 139-148.
- Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues. *Journal of Counseling and Development*, *85*, 24-29.
- Granqvist, P. (2020). *Attachment in religion and spirituality: A wider view*. Guilford.
- Heiden-Rootes, K. M., Jankowski, P. J., & Sandage, S. J. (2010). Bowen family systems theory and spirituality: Exploring the relationships between triangulation and religious questing. *Contemporary Family Therapy*, *32*(2), 89-101.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. W. W. Norton.

- Lipka, M., & Gecewicz, C. (2017). *More Americans now say they're spiritual but not religious*. PEW Research Center. <https://www.pewresearch.org/fact-tank/2017/09/06/more-americans-now-say-theyre-spiritual-but-not-religious/>
- Long, J. K., & Kort, D. (2016). Multidirectional partiality. In G. R. Weeks, S. T. Fife, & C. M. Peterson (Eds.), *Techniques for the couple therapist: Essential interventions from the experts*. (pp. 73–75). Routledge/Taylor & Francis Group.
- Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221–233.
- Pargament, K. I., & Exline, J. J. (in press). Religious and spiritual struggles and mental health: Implications for clinical practice. In A. Moreira-Almeida & B. P. Mosquero (Eds.), *Spirituality and mental health across cultures*. Oxford University Press.
- Perry, A.D.V., & Rolland, J.S. (2009). The therapeutic benefits of justice-seeking spirituality: Empowerment, healing, and hope. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed.) (pp. 379-396). New York, NY: Guilford.
- Powell, J. A. (2012). *Racing to justice: Transforming our conceptions of self and other to build an inclusive society*. Indiana University Press.
- Rosmarin, D. H., & Koenig, H. G. (Eds.). (2020). *Handbook of spirituality, religion, and mental health*. Academic Press.
- Sandage, S. J., Crabtree, S., & Schweer, M. (2014). Differentiation of self and social justice commitment mediated by hope. *Journal of Counseling and Development*, 92, 67-74.
- Sandage, S. J., & Harden, M. G. (2011). Relational spirituality, differentiation of self, and virtue as predictors of intercultural development. *Mental Health, Religion & Culture*, 14(8), 819-838.
- Sandage, S. J., & Jankowski, P. J. (2013). Spirituality, social justice, and intercultural competence: Mediator effects for differentiation of self. *International Journal of Intercultural Relations*, 37, 366-374.
- Sandage, S. J., Jankowski, P. J., Paine, D. R., Exline, J. J., Ruffing, E. G., Rupert, D., Stavros, G. S., & Bronstein, M. (2020). Testing a relational spirituality model of psychotherapy clients' preferences and functioning. *Journal of Spirituality in Mental Health*, DOI: 10.1080/19349637.2020.1791781
- Sandage, S. J., Li, J., Jankowski, P. J., Frank, C., & Beilby, M. (2015). Spiritual predictors of change in intercultural competence in a multicultural counseling course. *Journal of Psychology and Christianity*, 34, 168-178.
- Sandage, S. J., & Morgan, J. (2014). Hope and positive religious coping as predictors of social justice commitment. *Mental Health, Religion & Culture*, 17, 557–567.
- Sandage, S. J., Rupert, D., Stavros, G. S., & Devor, N. G. (2020). *Relational spirituality in psychotherapy: Healing suffering and promoting growth*. American Psychological Association.
- Vieten, C., & Scammell, S. (2015). *Spiritual and religious competencies in clinical practice: Guidelines for psychotherapists and mental health professionals*. New Harbinger.

Walsh, F. (Ed.). (2009). *Spiritual resources in family therapy* (2nd ed.). Guilford.

West, C. (2004). *Democracy matters: Winning the fight against imperialism*. Penguin Books.