

Strategies for Prayer in the Hope Focused Approach

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The impact of religious faith and practices on family life and couples has been studied broadly. Although theorists have made clinical assertions about the therapeutic benefits of prayer (Butler, Stout & Gardner, 2002; Fincham, Beach, Lambert, Stillman, & Braithwaite, 2008; Heck, 2006; Koenig & Pritchett, 1998), the impact of prayer alone has been largely neglected (Robinson, 1994; Butler et al., 2002). The purpose of this paper is to examine relevant research and provide guidelines for the use of prayer in the HOPE-focused approach to couples therapy.

In-Session Prayer by the Therapist and Couple

For Christians, prayer is a method of worship and a way to bring concerns directly to God. McMinn (1996) describes it as “an important element of spiritual and psychological health” (p. 76). However, prayer can be misused both in religious practice and therapy. The use of prayer in session is a controversial topic that requires an educated and intentional approach by clinicians. The degree of potential psychological harm increases as prayer is used more openly in session (McMinn, 1996; Magaletta & Brawer, 1998). Open prayer includes the therapist praying for the client in session and encouraging the client to pray silently or aloud during session (Sperry, 2001). Ethical considerations for the use of these techniques will be described in the context of both occasional in-session prayer and routine in-session prayer.

The use of prayer during session by the therapist has both benefits and risks. Sperry (2001) describes a number of potential benefits for clients including: a sense of comfort and hope, perceived care and commitment from the therapist, challenges to the client’s sense of loneliness or seclusion, and trust-building in the therapeutic relationship. On the other hand, prayer may put the therapist at risk of neglecting certain ethical aspirations outlined by the American Psychological Association’s General Principles. Principle A asks therapists to be alert to factors that may “lead to misuse of their influence” (American Psychological Association, 2002, p. 3). Therapists must be careful not to impose personal beliefs on the client through the use of prayer (Sperry, 2001). Clients may also confuse the role of professional therapist and religious leader (Weld, 2007) which may lead to expectations of a cure or transference from negative experiences with parents or religious authorities from the past. Such prayer-induced transference may adversely affect the therapeutic relationship (Koenig and Pritchett, 1998). As therapists who work to “do no harm” (APA, 2002, p. 3), it is important to be aware of prayer’s impact on therapeutic goals. Some clients use prayer as a way to avoid addressing therapeutic issues and goals (Hindson, Ohlschlager, & Clinton, 2002).

Principle E asks that psychologists be aware of individual, cultural, and role differences of the client in order to eliminate the effect of personal biases on their work (APA, 2002). It is important to gain a thorough spiritual or religious history and be able to identify the importance of spirituality or religion to the client before engaging in prayer (Weld, 2007). Researchers have proposed that prayer may be more effective in couples with an intrinsic religious faith rather than an extrinsic faith (Fincham, et al., 2008). Sperry (2001) proposes a number of screening questions to assess the importance of spirituality in a

client or couple's life. The chapter on assessing spiritual in couples in this manual more completely reviews tips for spiritual assessments.

After gathering necessary background information, the following indications are recommended to determine the ethicality of the use of overt prayer by the therapist during the session. Koenig and Pritchett (1998) propose, (1) the clients describes religion as a method in which problems are coped with, (2) the clients and therapist are preferably from the same general religious background, (3) the clients either ask for prayer or do not hesitate to confirm their interest in prayer when they are asked permission by the therapist to pray, (4) the clients display enough psychological stability and ego strength that a boundary disturbance does not appear to be an issue, and (5) the situation suggests prayer would be appropriate for therapeutic goals.

It is necessary to ask the clients if they are comfortable with prayer after a careful evaluation of the couples' suitability for the use of prayer. It is very important that the couple is given permission to decline the use of prayer without the risk of disappointing the therapist or feeling uncomfortable. Suggested phrasing of the question is, "Some of my patients find comfort in prayer, others do not. Would my praying with you over this situation be helpful to you, or do you feel that it would not be particularly helpful?" (p. 333). The couple's comfort should be openly discussed during the session in a non-directive way.

In the event that the previously mentioned indications are substantially met, Koenig and Pritchett (1998) suggest that the client prays rather than the therapist. During such a prayer, it is recommended that the therapist listen quietly and offer a supportive "Amen" at the close of the prayer. If the therapist prays, it is better that the prayer be "general, supportive, affirming, and hopeful (e.g., prayer for strength and support; prayer for a sense of being loved and cared for; and prayer for successful resolution of a specific problem that the patient wishes to be resolved)" (p. 333). Brief prayer by the therapist is recommended, preferably lasting less than one minute. In addition, the therapist should check with clients after the prayer or during the next session to process their feelings about the prayer.

The routine use of in-session prayer is not recommended for all clients. McMinn (1996) says "routine in-session prayer introduces significant risks and minimal benefits to the counseling relationship," (p. 79) and that situational prayer involves less risk. Koenig & Pritchett (1998) similarly suggest that prayer by the therapist be avoided unless an unexpected stressor calls for such. Situational prayer may be beneficial in the event of the death of a loved one, a personal disappointment, an illness that is not in the client's control, or an isolated stressor.

Couple Joint Prayers Outside of Sessions

Recent research on the effectiveness of couple prayer outside of session has measured marital satisfaction and other factors (Butler, Gardner, & Bird, 1998; Butler, et al., 2002; Fincham et al., 2008; Heck, 2006). Studies conducted by Heck (2006) and Fincham, et al. (2008) were designed to measure the effects of prayer for one's partner on relationship satisfaction. Both studies found significant results supporting the positive impact of couple prayer. Heck (2006) concluded that marital satisfaction increased when spouses regularly prayed for their significant others. Fincham, et al. (2008) provided the first research on couple petitionary prayer in which one asks for God's help for the partner's well being using one's own language. Fincham and colleagues surveyed both married and unmarried couple

members and found that couple members who pray for their partner had greater relationship satisfaction. The results indicated that praying for one's partner and/or with one's partner had more of an impact on relationship satisfaction than prayer in general.

Butler et al. (2002) conducted research designed to measure the impact of prayer on couple conflict. Results showed that negativity, contempt, hostility and emotional reactivity toward one's partner decreased with prayer while empathy for partner and more of a self-change focus than a partner-change focus increased. Most couples utilized prayer when in times of serious conflict, which serves as an intervention to conflict, whereas regular prayer facilitates conflict prevention. Butler et al. proposed that those who pray regularly are reminded of their commitment to God and react to that remembrance throughout the day. Interestingly, Butler and colleagues' (1998) found that couple prayer creates a couple-Deity triangle which influences couple communication, specifically during conflict.

Prayer was associated with many benefits for couples, specifically emotional softening and conflict resolution (Butler et al., 2002). Individuals reported they were more able to overcome their own viewpoints in order to see their partner's perspectives through the use of prayer. They acknowledged that feelings of aggression and resentment within the marriage were incompatible with God's hopes for the marriage. In order to confidently approach God through prayer, couples felt as if they needed to surrender their hostility and contempt for their spouses. As a result of prayer, spouses desired to understand the relationship through God's perspective. This led them to adopt a more objective understanding of the conflict, take responsibility for one's contribution to the conflict, and show more empathy for one's partner. According to Pargament (2007), "prayer helped the couples place their conflicts in the context of their spiritual commitments and accountability to something larger than themselves (p. 255)."

While several positive outcomes were related to couple prayer, some couples used prayer as a means of avoiding conflict. They reported sometimes deferring to prayer in order to evade discussion about the conflict. Still other spouses "teamed up" with God against their partners, asking God to change their partners or turned to God as a "substitute" spouse to meet all of their emotional needs at the expense of the marital relationship (Butler et al, 1998; Butler et al., 2002). While these types of interaction are not preferred, they signify the existence of a couple-Deity triangle and inform therapists of the possible outcomes of prayer.

Pargament et al. (1988) had previously proposed a classification of this couple-Deity triangulation in religious coping styles. The deferring style characterizes people who relinquish their responsibilities regarding conflict resolution and problem-solving to God. The collaborative style characterizes those who work as partners with God to problem-solve. One study (Fox, Blanton, & Morris, 1997, as cited in Butler et al., 2002) indicated that people who implement a collaborative coping style were found to possess higher levels of marital satisfaction, although there are potential benefits for both types as compared to those that don't pray.

Implications and Cautions of Couple Prayer

These findings are especially relevant to the HOPE focused approach, which encourages religious couples to use their faith in the repair or improvement work they are doing in their marriage. Clients are encouraged to problem-solve together as partners committed to their marriage covenant. One essential

implication of these studies is the need for therapists to understand each client's perception of God and His influence on their marriage.

Research supports the need for religious/spiritual assessment before engaging in therapist-led prayer or assigning couple prayer at home. Through the assessment process, the therapist should be aware of the couple-Deity triangle and the typologies proposed by Pargament and colleagues (1988). If partners exhibit a deferring coping style, it may need to be addressed as an adjunct to therapy. In the case that prayer is appropriate for a couple, prayer homework can be assigned as a conflict-focused intervention or a preventative measure.

Therapists are cautioned to follow guidelines when explaining prayer to couples. They should not expect or communicate that prayer is a cure to couple conflict or that success is contingent upon a couple's level of faith. Prayer should be tailored to the couples' individual experiences with prayer. In addition, the impact of prayer should be evaluated regularly.

Teaching Clients About Prayer

Prayer homework with couples may be helpful for religious clients. Examples of such homework are journaling and writing prayers. In order for clients to implement prayer in their marriage, many need instruction on how to pray. Decker (2001) proposes a model based on behavioral marriage counseling for teaching couples to pray together. He suggests that this model be used after the couple's initial conflict has declined and each partner is becoming more open to one another. Instructions for prayer are split into three parts.

First, the couple is asked to "thank God for something specific about his or her mate" (p. 134). This fulfills the biblical admonition to pray thanksgiving and also increases positive interactions.

Second, each couple member is asked to "pray for something specific that is important to his or her mate" (p. 135). This encourages each couple member to be sensitive to his or her partner's life.

Lastly, each person is asked to "pray to change something specific about himself or herself that he or she knows is important to the mate" (p. 135). This facilitates reconciliation as it demonstrates that the partner is willing to change. Decker's model promotes couple choice and responsibility.

Brown (2003) encourages each person to reflect on one's prayer preferences in order to understand one's individual prayer style and adopt prayer practices specific to that style. Many times, Christians have the expectation that all people should pray in the same manner. However, McMinn (1994) proposes that therapists should tailor prayer to the client's unique issues, struggles, and needs.

The following illustration will highlight the above points on the use of prayer:

Case Vignette for Prayer

James and Sally have been married for eight years. They started participating in couples therapy two months ago because their youngest child was leaving home and they were having frequent disagreements about how to handle this event. During the therapist's initial screening, James and Sally indicated that they consider religion an important part of their life. James said that his religious beliefs are important because they provide a moral compass and Sally described her beliefs as important because she knows God will never leave her side no matter how bad things get. They attend a local Presbyterian Church every Sunday. Both couple members indicated that they feel distant from each other and they would like spiritual intimacy to be addressed in therapy. The therapist explained that faith can be a strength for a couple. If they would like therapy to include prayer or nurture other religious practices, the therapist would like to know which specific practices they would like to use. The couple said they were not sure which religious practices they would be comfortable using and said that they were not used to praying out loud. The therapist assessed the couple and determined that religion is moderately important in their lives, the therapist was Pentecostal and therefore not from the same background as the clients, and the clients were reluctant about the use of prayer in session.

Over the past two months, the couple has displayed greater trust in the relationship and has less frequent disagreements about their daughter leaving home. The therapist asked the couple if they are interested in praying out loud together at home to increase their spiritual and emotional intimacy. The therapist was careful to word the question in a non-directive way saying, "Some of my clients find comfort in prayer, others do not. Would my teaching you a way to pray together at home be helpful to you, or do you feel that it would not be particularly helpful?" The couple agreed that it would be helpful and they were both interested in learning how to pray together at home. The therapist gave the couple and handout outlining Decker's model for couple prayer and went over the use of prayer with the clients. The clients were encouraged to pray together at home two times in the next week.

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