

Article

A Case Study Method for Integrating Spirituality and Narrative Therapy

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Abstract: Theological/spiritual reflection in psychotherapeutic practice has increased in recent years. Approaches for reflection and integration vary depending on the practitioner's spiritual and theological beliefs. The integrative approach utilized in this paper is derived from a phenomenological perspective of the author, who was schooled in pastoral theology and later family therapy. Considering the pastoral theologian Seward Hiltner's perspectival approach, this integrative approach creates a conversational method, integrating the client's concerns with specific narrative therapy interventions or practices and the theological/spiritual concepts of immanence–transcendence. Finally, this case study's methodology offers constructive questions that clinical practitioners can apply to specific psychotherapy approaches as well as theological concepts.

Keywords: spirituality; theological; perspectival; narrative therapy; narrative practice; re-authoring/re-storying; externalizing; immanence; transcendence

Since the 2000s, religion, spirituality, and, yes, the sacred have become increasingly connected with the practice of psychotherapy. Now, psychologists, social workers, mental health counselors, and family therapists perceive addressing spiritual concerns as an integral part of psychotherapy. Along with this understanding comes different approaches for integrating spirituality (Adams 1995; Anderson 2013; Brownell 2014; Townsend 2009).

A common approach toward integrating spirituality into psychotherapy is to identify themes of spirituality such as God and grace, when the client's spirituality is being analyzed. This issue's theme for incorporating the sacred into psychotherapy is addressed in previous psychotherapeutic approaches that do not employ a theological method (Çetintaş and Halil 2020; Hodge 2005; Holmberg et al. 2020; Miller et al. 2004; Pergament 2007). To complement these approaches, I present a theological/spiritual methodology that is both collaborative and conversational.

Here, collaborative and conversational refers to the functionality of this methodology and not the mere definitions of these words themselves. Hence, collaborative does not refer to a limited understanding of collaborative therapy. Rather, collaborative and conversational describe the ethos of postmodern therapy as opposed to either psychoanalytical or behavioral therapies.

The postmodern ethos implemented in this paper understands the role of therapy in developing the client's world where they are the expert. The postmodern therapist is indeed an expert in their role in the therapeutic process as well as postmodern interventions. However, the postmodern therapeutic process emphasizes the need for all therapists to enable the client to make meaning of their life stories rather than to engage in problem solving or working through past material (McDowell et al. 2022).

1. Methodological Considerations

A profession cognate to secular psychotherapy is pastoral theology/counseling, which has focused on the spiritual integration of psychotherapy for decades (Doehring 2015; Helse 2019; Townsend 2009). The theoretical approaches that are integrated into psychotherapy include psychodynamic, EFT, gestalt, cognitive behavioral, collaborative, narra-



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tive, and various other approaches. In fact, the theory itself does not matter as much as the method.

In pastoral theology, just as in other fields, different methodologies exist. Seward Hiltner, a pioneering pastoral theologian, created a method in the 1950s. His approach is called a perspectival approach (Hiltner 1958). In this approach, one understands that, at any time, there are multiple lenses for looking at clinical material.

This perspectival approach can apply the both/and understanding that is common in family therapy as opposed to an either/or perspective. This both/and approach understands that there are multiple ways to view a clinical context. Thus, working toward a single solution is not as important as is the client's understanding of multiple possibilities associated with life's challenges (Smith-Acuna 2010).

In a similar manner, narrative therapy understands that, at any time, multiple voices and stories exist. As the therapist works with the client, they must be able to entertain the client's many stories while working with the client as they decide what their preferred story is (White and Epston 1990). Then, in turn, the therapy proceeds to uncover superficial stories, determine which stories are worth delving deeper into, and then reauthoring the client's story. The result of this process is a richer meaning of the story that gives the client new hopes and dreams for their future.

As one creates a methodology that integrates spirituality into psychotherapy, the method employed in this paper uses a dialectical approach that is collaborative and conversational in nature. Instead of incorporating the spiritual narrative in any theory, in this case, the goal is to understand how both the spiritual aspect and the clinical aspect or psychotherapy both challenge and correct each other.¹

My understanding of narrative therapy is that spirituality can emerge out of stories quite naturally rather than as a result of imposing certain spiritual beliefs or values as other methodologies sometimes do (Coyle 2017). This is not to say that an approach that seeks to understand how God's grace functions in a person's life is not an appropriate method, but rather to understand that spirituality can emerge from what seems secular but has spiritual underpinnings.

This phenomenological perspective is illustrated by a composite clinical case based on one client, examined in my private practice, that is augmented by different aspects of other clinical cases.²

The value of using such an approach is that the case is imbued with beliefs, values, and emotions of a therapist and a client. These components critically contribute to deciphering the meaning of life stories, which is a central aspect of narrative therapy (Coyle 2014).

It is important to understand the value of a composite case study that can offer a broad foundation that can focus on multiple themes from multiple cases for the purpose of teaching others unique theoretical approaches (Yin 2003).

In Duffy's description of different kinds of case studies, the following are described: (1) scientific cases that are part of a clinical research case study project requiring prior IRB approval, (2) expository cases that are constructed as teaching exemplars to illustrate specific counseling or therapeutic points and that are not based on actual clinical case material, and (3) clinical case material based on actual case material in which the author has been the therapist. These different types of case studies are acknowledged by the American Association for Marriage and Family Therapy, the American Counseling Association, the American Psychiatric Association, and the American Psychological Association (Duffy 2011).

The case study in this article is a composite case study that is based on several actual cases to create a constructed case. Because it comes from multiple case, the need for permission is obviated (Duffy 2011).

Further, in choosing the composite case study, this article is in good company in a narrative vein. Michael White, in his last published book before his death, *Maps of Narrative Practice*, states in the front material of the book that all cases in the book was "composite case studies" (Duffy 2011; White 2007).

In this composite case study, I am informed by several clinical themes—everyday life impacted by abuse, responses to abuse focusing on anger, and a personal spiritual orientation. To this end, the composite case study is impacted by my clinical work with the following clients: Maxine, a 60 year old Latina living in a rural county whose mother abused her with resulting anger and depression; Jake, a 40 year old Caucasian male whose wife abused him multiple times after they both taught their Sunday School class; and Mary, a 20 year old African American college student whose father was an alcoholic who periodically abused her. She sought to find solace in her faith.

From these cases, I am focusing on Jasmine, and I will explicate her clinical challenges and the ways in which I responded to her. I will offer some interventions that a therapist could use in responding to Jasmine. These interventions will be based on a narrative approach that honors a perspectival lens of holding in tension the many stories that inhabit the client's life. It is her preferred story to develop that will be the focus of the therapy.

2. Case Study

Jasmine is a 28-year-old single Caucasian woman in a rural community who I saw as an individual client many years ago. The concern she presented was her explosive anger, which seemed to lack a clear cause. She scheduled an afternoon appointment at my office. As Jasmine entered my office, I noticed that she glanced around the room in an agitated manner. When she sat down, I introduced myself, emphasizing that I am an ordained minister in addition to being a licensed marriage and family therapist. I also added that my goal was to respect every client's spiritual perspective from non-religious to evangelical, mainline, and Catholic.

I began by focusing on Jasmine's initial concern of wanting to focus on her anger that was a problem in her work situation as well as personal relationships. My concern was also to tell her that I wanted to give her the option of deciding which of my questions might be helpful. This approach is in-keeping with narrative practice.

I asked her a Michael White question, "What can I most appreciate about you and your family?" Her response came slowly as she described her mother, a customer service representative; her father, a plumber; and her two younger brothers.

This kind of approach lays a foundation for the re-authoring of her story. The client is given an opportunity to share to the extent that she chooses. The therapist will take notes so that at later sessions, the initial story of the client's life and family can be discussed in the light of underlying stories that have not been developed (Coyle 2014).

Through her growing up years, she witnessed physical and emotional abuse of her mother by her father. During these times, Jasmine would run to her room and hide under the bed. When she was eight years old, her mother divorced her father. Jasmine and her older two brothers came to live with her mother. They saw their father regularly after the divorce. After Jasmine's tenth birthday, she only saw her father on some weekends, some holidays, and sporadically in the summer. By the time she was 14, Jasmine rarely saw her father.

I focused on Jasmine's story, which seemed to be a thin veil between her and anger. As she talked, Jasmine seemed calm. Yet, more and more of her story that shared seemed to be such a big challenge to her physically but also emotionally and spirituality.

In narrative therapy, the absent but implicit is a concept that explains something that is behind the words. The therapist then tentatively offers a possible story for the client to explore. This is carried out with great care.

Thus, I said, "Jasmine, I'm wondering if anger is with you many days. Can you say more about when anger became a big part of your life".

Jasmine then explored in great detail her relationship with anger, which began when she was a child and abused by her brothers. She said that in addition to anger, trauma became a part of her life. At this point, I wanted to both acknowledge her pain as well as use her trauma as a way to learn where she responded in some way.

Contrary to the notion of persons being a passive recipient of trauma, narrative practice maintains that people always respond actively to trauma (Denborough 2008). Hence, I gently began to thread the needle of pain into a potentially redemptive story. I asked Jasmine “So in what ways have you stood up to trauma?”. Another alternative response could be “What happens when anger walks in that room?”

Sometimes, narrative interventions can embody more than one intervention. With the interventions offered above, both the absent but implicit as well as externalizing are being practiced.

About that time, Jasmine’s brothers began physically abusing her. This abuse happened when her mother was at work. For years, Jasmine was afraid to tell her mother. Then, around the age of 16, Jasmine finally told her mother. Her mother asked Jasmine if she did anything to provoke them. Jasmine told her that she did not. At that time, she vowed never to tell her mother again. Her brothers’ abuse of her continued. Finally, at age 18, Jasmine ran off with her boyfriend to get married.

That relationship was also abusive. After four years of abuse, Jasmine divorced her husband. She got a job at an insurance agency and shared an apartment with a girlfriend from high school. Jasmine got promotions and soon worked her way up to being a suitor of the residential insurance department. Everything seemed to improve.

Then, one day, as Jasmine described it, she just ‘snapped’ and cursed a co-worker for no apparent reason. She was reprimanded by her supervisor. Finally, she was ordered to seek counseling for her angry outbursts. That is when Jasmine came to begin counseling with me.

As we talked, I asked Jasmine if anything helped her feel relief from the angry outbursts. She described how she recently had been going to church. Her mother took her and her brothers to church. However, since high school, Jasmine did not attend church. Until recently, Jasmine drank heavily and sought out promiscuous sexual relationships. As she recently attended church, Jasmine described her life as being calmer.

However, she described still feeling scared of anger. Jasmine described that she could not predict when anger would take her over. I asked her if she could describe sometimes when she was able to stand up to anger. Jasmine said that prayer helped her to “keep the Devil away”. I noticed that she seemed visibly calmer when she described prayer as being her “weapon”. In seeking to thicken the story, I asked her to describe any clues she experienced to alert her to anger’s sneaky attacks. This type of question illustrates externalizing, in which the therapist tries to separate the problem from the person.

I began to thicken the story of Jasmine’s relationship with anger. Her response to my question, “Does anger sneak upon you?”, was a thoughtful answer. Jasmine described her troubled connection with anger, and then her face brightened. She said that joining the church was a turning point in her life.

When Jasmine started attending church, she sought to find something that could go with her past the preaching and witnessing in the service. She began to read the Bible. However, it was prayer that sustained her.

Prayer carried her through the week. And, then Jasmine said that church was a “haven of rest.” I responded that “haven of rest” was a powerful statement. My question was “What enables you to be in that ‘haven of rest’?” With this question, as a narrative therapist, I was practicing a form of scaffolding. In scaffolding, the therapist posits a question that can enable the client to have some supports as they move to a more independent stance.

Another possible question here could be “Do you remember some other times in everyday life when ‘haven of rest’ was there?” This type of question is illustrative of re-authoring with the client. With this intervention, the therapist is encouraging the client to develop those undiscovered stories that speak to their everyday experiences rather than just cultural narratives that lift up a normative experience that culture says we are ‘supposed’ to embrace.

Jasmine paused. She said that she felt her cheeks flush and then, before she knew it, she lashed out at whoever was there. Then, anger drew louder and louder. As she talked in the sessions that followed, tears often accompanied her description of anger and how she felt defeated. We then began a conversation of how prayer could be a counter story to the dilemma that held her hostage.

As the sessions progressed, I focused on the various counter stories that emerged from conversations with her that could expand her unexplored life stories (Madigan 2018a). In turn, Jasmine was increasingly able to express her preferred story. Narrative practices that thickened Jasmine's preferred story included scaffolding and the absent but implicit.

3. Description of Narrative Practice in Case Study

3.1. *Re-Authoring or Re-Storying*

Overall, re-authoring or re-storying is the narrative practice of revising a client's life story so that its meaning is generative for the client. This process is also understood as thickening a story so there are multiple ways of seeing life through multiple meanings. As the client's story becomes re-authored, the therapist takes a de-centered and influential position in relation to that of the client in that process (Madigan 2019; White 2005, 2007).

Counter stories are the stories that make up this re-authoring process as the client tells the oppressive stories that cause distress (Madigan 2018b). As the therapist listens to the client's story, they are thinking all the time of what might be a story that stands against the oppressive story and offer a preferred story outcome. The therapist may tentatively propose a story possibility. This reaching out to the client is in-keeping with White's view of the therapist as "de-centered and influential" (White 2005).

3.2. *Externalizing*

Externalizing is a practice that became popular in narrative therapy's development (White 2005, 2007). It connects with the narrative mantra "The person is not the problem; the problem is the problem". With externalization, the problem is viewed as being separate from the person. Instead of the client internalizing the problem, the client is encouraged to model the stance of the journalist and step back from the problem. This gives the client the liminal space to take a no-blame view of how the problem affects the client and their relationships.

3.3. *Scaffolding*

Scaffolding utilizes the zone of proximate development of Lev Vygotsky, the Russian psychologist. In contrast to developmental theories such as those of Piaget and Erikson, scaffolding does not follow sequential stages of development. It instead sees individual development as following a mentor who is just a bit ahead of the student. Step by step, mentor and mentee walk forward as skills are developed. Practicing scaffolding means that the therapist supports the client through changes as the client moves forward with new skills and meanings of changing stories (White 2007).

3.4. *Absent but Implicit*

The absent but implicit is a narrative practice that requires the discernment of the therapist in expanding lines of questioning that are not explicitly stated by the client (Freedman 2012). For example, as Jasmine talked about the pain of the physical abuse from her brothers, nothing was verbally expressed about the anger she felt toward other people. Through questioning, I was able to query if Jasmine would like to discuss the consequences of physical abuse. She responded in a positive way. Thus, what was not expressed became an important part of the therapy to tentatively offer a discussion and then expand the story.

Jasmine's preferred story was to live her life in a way that offered her the freedom to not feel that anger was around every corner ready to pounce on her. In our sessions, she was able to talk about how attending church had offered her spiritual resources that she

did not have up to that point. Further, the practice of prayer emerged from church going, as she experienced for the first time a sense of God being with her throughout the day.

4. Description of Spirituality in the Case Study

Spirituality in Jasmine's world can be explored through the pairing of immanence and transcendence. Immanence is understood as the spiritual dimension of the everyday that may have glimmers of transcendence (Coyle 2022). One of the foundations of immanence is best described by Michael White, the co-developer of narrative therapy, White used a phrase once, 'exoticizing the everyday', to talk about the potential of everyday life to lift people to another level where they are able to understand the everyday to have unlimited potential for enriching their lives (White 2004).

Immanence in the spiritual sense differs from White's secular perspective (Hoyt and Combs 1996). Theologically understood, immanence focuses upon the utter creatureliness of human beings, their finitude, while connecting with their creative capacity that connects them to God. Thus, immanence is connected with earthly existence and raw earthliness (Coyle 2022).

Jasmine's life was connected with the raw earthliness of immanence. Immanence, for her, as described in the case study, brought with it pain, fear, and surprise. At the same time, the abuse she encountered pushed Jasmine to want to look toward the future for relief.

As she looked for relief, Jasmine saw her road taking her to church. Some people do indeed experience painful church experiences. But for Jasmine, she found church to be a 'safe haven' where she experiences relief from the ambushes of anger (Coyle 2014). This anger, in turn, broke relationships with people and trouble at work.

Immanence, for Jasmine, found a connection with transcendence. Through the glimmers of spiritual light, she gained the courage 'to fight the devil' so that her raw earthliness did not chain her to human finitude (Coyle 2014). Rather, these glimmers of immanence pointed her toward the possibility of transcendence.

Transcendence, understood in Jasmine's world, lifts us from sheer survival and drudgery to an experience of God Godself in the face of the world's limitations. While the spirituality of immanence remains always with human beings, transcendence may lift us for periods of time and then disappear momentarily.

It is in these periods of transcendence that we, as humans, are able to see God's face in the everyday. It is here where Jasmine was able to understand that her life, limited by childhood abuse, was able to involve God in a unique way powered by prayer. Through prayer, she was able to transcend her frail world with courage and hope. For Jasmine, experiencing transcendence thickened her story so that she was able to be less fearful and braver about the future.

Theologically, immanence and transcendence form a continuum for Jasmine as well as others to infuse spirituality in everyday experiences and in experiences that can diffuse oppression. Conversations between immanence and transcendence create a thickened spiritual story that can serve as a resource for Jasmine.

The case has now been described, the narrative practices described, and the spirituality described. It is now the time to present the case study methodology integrating spirituality and clinical practice.

5. Integrating Case, Clinical, and Spirituality

In this approach to integration, a foundational understanding is that a clinical theory and even a theological theory are neither blended together nor form a consensus for integration. Integration in this approach is understood as an approach akin to the perspectival approach in which multiple viewpoints are always present at any one time. At the same time, one or more viewpoints are focused upon at any one time. Then, in turn, that viewpoint has a conversation with another viewpoint (Hiltner 1958).

As one looks at the case of Jasmine, the clinical theme of anger emerges as a factor underpinning the violence she experiences and the loneliness she felt when others moved

away from her as she herself expressed anger. Moving forward, the following narrative practices were utilized: externalization, scaffolding, counter stories, re-authoring, and the absent but implicit. Finally, the following theological/spiritual themes were developed: immanence and transcendence. Looking at these three dimensions, the integrative approach is to begin with a clinical concern and then talk in conversation with therapeutic and theological perspectives. Let us begin.

Anger is a central concern in Jasmine's problem saturated story. It was the factor underpinning the violence she experienced as well as her own expression of anger, which resulted in her loneliness from others in her family and work life. Thus, let us look at anger's manifestation and the therapeutic and theological response to it.

Initially, the integrative conversation began with my positing of externalization of anger with Jasmine. I focused on anger and posed to the client "What happens when anger is in the room? How do you respond to anger?". As the client responded to the externalizing questions, we continued a conversation in which Jasmine understood that she herself is not the problem. She instead looks upon anger as the problem that robs her of life.

Narrative practice responds to anger. How, then, does separating Jasmine from her anger engage with spirituality? At this point, immanence lifts up the rawness of human life, where Jasmine feels trapped. Many times, there seems no way out. However, paired with immanence is transcendence, which gives humans a glimpse of future dreams.

As one integrates, anger is lessened through the promise and possibility of transcendence. Externalizing enables Jasmine to have space between her and anger. Transcendence can then encourage Jasmine to stand up to anger as she employs a spiritual gift of transcendence, which is prayer. Prayer for Jasmine becomes a transcendent perspective as she is able to look at her life through a different lens other than that of the earthliness of immanence.

Through this externalizing process, anger then becomes for Jasmine something that she definitely does not want to have in her life. At this point, re-authoring or re-storying becomes a process that undergirds the therapeutic process.

As the re-authoring proceeds, looking for the counter story becomes a more focused aspect of re-storying. The therapist can look for a counter story to the problem story by either tentatively offering a story or listening closely for a phrase from the client that could be developed into a preferred story.

Scaffolding then joins hands with re-authoring. The therapist moves just a bit ahead of the client as the client tries to move to a richer story. In the work with Jasmine, I did work with her to explore her preferred story of life without anger in a tentative way.

This tentative integrative process of scaffolding found a walking companion in paring both immanence/transcendences. Scaffolding from a secular process sometimes encourages people to reach for resources within themselves or from support such as family and community in order to reach the next steps.

There are times when, I believe, we as humans reach for all we can. However, sometimes, we do not have enough resources to thicken our stories and give us resilience. It is in these times that theological/spiritual resources offer humans a glimpse of transcendence.

Like for Jasmine, transcendence opens our eyes to realities that represent more than the earthly realities. Instead, we see realities of a spiritual nature. Jasmine expressed this sense of spirituality when she referred to church as her 'safe haven' (Coyle 2022). Here, she was able to rest and reach for something that was beyond her human existence—God.

Scaffolding strengthened Jasmine's road to future dreams through embracing the transcendence of God by connecting with God's people in church—those people who represent the immanence of everyday life. Here, neither immanence nor transcendence was enough by itself. It was their conversation about the Spirit that gave Jasmine the means to accept herself as a child of God but also a creature of God—the limitless and the limited.

At this point, however, the therapist needs to be aware of what is possible for the client like Jasmine to go further. The underutilized narrative practice of the absent but implicit

now comes full circle. This practice recognizes that us humans not aware of many skills that we have and that sometimes, we need another person to suggest possibilities for us.

For Jasmine, life had been organized around anger—being the brunt of it, embracing it, and avoiding it. This often left her to believe that only being aware of what was accessible in the here and now was all for which she could hope. As the therapy moved to the point where Jasmine felt safe, I, as the therapist, began to wonder whether or not there could be more for her.

Here, in this integration, is the point where the therapist wonders what else there is for the client. Even the transcendent can seem to humans too far away to touch. Here, the absent but implicit can offer a rail to hold on to. For Jasmine, implementing the absent but implicit encouraged her daily to take some time to reflect, to meditate and, yes, to pray.

As Jasmine and other clients like her connect here, multiple stories emerge—stories that are often hidden and not accessible to the client. By focusing on these undeveloped stories, they serve as a treasure trove where the problem-saturated stories are dissipated. The result is that these stories have a hopeful effect on the client (Coyle 2017).

The result for Jasmine in our final therapy sessions was not perfect. Her life still had many struggles. At times, she was very discouraged. Anger entered her life both from others and from within herself. However, instead of looking for a final solution to her challenges, Jasmine began to see that re-authoring or re-storying her life offered future hope. Here, she was able to see immanence and transcendence as being the theological/spiritual foundation that provided her life sustenance.

6. An Integrative Framework for Theology and Clinical Perspectives

In the case methodology laid out here, an example of how to integrate theological/spiritual viewpoints with a therapeutic approach is presented.

First, a case study was presented with the clinical themes that emerged. Then, narrative theory was utilized with specific practices that applied specifically to the case. As the narrative practices or interventions were identified, it was made clear how those practices served to deconstruct the clinical concerns of the client.

As clinical concerns and therapeutic approaches interacted, it gradually became clearer where the gaps in healing were occurring. At that point, a conversation began between the theological/spiritual pairing of immanence/transcendence. Immanence was understood as the spiritual connection of humans to everyday life, whereas transcendence was understood as the lifting of humans to experience the Spirit of God that pointed toward future dreams (Coyle 2022).

It is indeed quite possible to integrate the clinical concerns with a different therapeutic approach other than narrative practice. In the family therapy world, one could use emotionally focused therapy, cognitive behavioral therapy, or solution-focused therapy, for example. The therapist would identify what therapeutic interventions would be most helpful for the client's concerns.

At this point, the conversation between therapeutic theory and the theological/spiritual perspectives begins. The therapist could identify specific theological concepts such as forgiveness or grace. However, as a beginning stance, I suggest utilizing immanence/transcendence as a pairing that covers a broad spectrum.

Several questions emerge for the therapist to ask: (1) What therapeutic interventions might be most helpful in addressing the client's concerns? (2) What does immanence/transcendence say to therapeutic intervention? (3) How does the therapeutic intervention offer insights into the human obstacles to the theological/spiritual perspectives? (4) How does the therapist address the client's concerns with either a therapeutic or theological perspective? (5) What is needed by the client to have a meaningful life?

Such questions provide some resources for a therapist who yearns to understand the spirituality of each client's life. This conversational integrative approach encourages both therapist and client to understand the therapeutic process as a journey of transformation so that spirituality becomes an integral part of human healing. By emphasizing this process,

the Spirit of God becomes a comforting yet challenging reality of everyday life. To this end, a conversation between therapy and theology can engage both therapist and client in the quest for human meaning.

7. Summary

This spiritually integrated psychotherapy approach utilizes a phenomenological approach emphasizing the personhood of the therapist and the client as the expert, as meaning making is utilized through narrative therapy. Two theological/spiritual concepts of immanence/transcendence are discussed as ways in which clients can create meaning from joyful and painful stories that move them toward hope. Immanence and transcendence are not viewed as polarities of either/or but as factors that participate in the family therapy concept of both/and as a road to hope. Thus, immanence and transcendence can co-exist as clients in a narrative therapy frame understand their stories to be rooted in the past but living in the present with an eye toward the future in God's care.

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Conflicts of Interest: The author declares no conflict of interest.

Notes

- ¹ I personally believe that too little attention is paid to authors' personal experiences in peer-reviewed publications. Professional journals are filled with extensive research and worthy IRB projects. I hope that this phenomenological approach of my own personal experiences as a therapist trained in both theology and family therapy can, in a small way, contribute to spiritually integrated methodology in a unique way.
- ² The author was initially trained in pastoral counseling. From there, she has added a relational systemic approach from marriage and family therapy. The author is a licensed pastoral counselor and licensed marriage and family therapist.

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