Attachment Theory and Religiosity: A Summary of Empirical Research With Implications for Counseling Christian Clients

Duane F. Reinert, Carla E. Edwards, and Rebecca R. Hendrix

The authors summarize the growing body of empirical research literature in the area of psychology of religion that has been guided by attachment theory and indicate implications for counseling, including practical suggestions for case conceptualization, possible spiritual interventions, and ethical guidelines for practice. Attachment theory provides a fertile framework whereby counselors may conceptualize the religious experiences of Christian clients whose spirituality involves the belief in and relationship with a personal God.

In recent years, there has been a growing interest in including the dimension of religion in the practice of counseling and psychology (Cashwell & Young, 2005; Miller, 1999; Miller & Thoresen, 2003; Richards & Bergin, 2005; Shafranske & Malony, 1996). There have been many reasons for this interest, including the ideal to be culturally sensitive to those seeking psychotherapy and counseling, a recognition that religion is cultural fact, and the growing body of empirical research concerning religion as a variable in mental health (Shafranske & Malony, 1996). Professional codes of ethics (e.g., American Counseling Association, 2005; American Psychological Association, 2002) also reinforce the importance of understanding this area by calling for practitioners to become competent in dealing with people from various cultural and religious backgrounds.

Attachment theory offers a promising framework for understanding religious dynamics relevant to the discussion of how to integrate religion into competent practice. The purpose of this article is to summarize the research that has been guided by attachment theory in the area of psychology of religion and to suggest implications for counseling. Although attachment dynamics can be found in any religion that assumes a personal God (see Kirkpatrick, 2005), we focus only on Christianity, primarily because most of the research participants in the studies we summarize identified themselves as Christians. We use a psychodynamic theoretical framework throughout this article because attachment theory grew out of this tradition and guided subsequent research. However, we recognize that the empirical findings could also be interpreted through other theoretical lenses. Also, although we focus on attachment dynamics, we do not intend to minimize the fact that there are many other psychological and social dynamics that are relevant in religion and spirituality and that counselors must also consider. However, we take this focused approach because we believe that results from the developing body of attach-
ment theory research are particularly relevant and can be applied practically in the therapeutic process. We offer some specific ideas that counselors might consider when counseling Christian clients. Finally, we suggest some possible interventions as well as ethical guidelines for clinicians.

**Brief Overview of Attachment Theory**

Bowlby (1969, 1973, 1979, 1980) and Ainsworth and colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) developed attachment theory as an outgrowth of their studies of children deprived of families, observations of mother–child dyads, and examinations of the behavioral responses of children to separation and reunion. Through their work, they recognized that then-current psychoanalytic theories were inadequate to explain how the bond between mother and child develops, functions, and influences personality (Ainsworth & Bowlby, 1991). Their work resulted in an updated version of psychoanalytic object-relations theory, compatible with current ethology and evolutionary theory, which was supported by empirical research and relevant to clinicians in the treatment of children and caretakers (Ainsworth & Bowlby, 1991).

There are several key features of attachment theory that are relevant as background to our discussion. An affectional bond forms in the typical caretaker–child relationship within the first several months of the child’s life (Bowlby, 1979) that cannot entirely be accounted for as a result of the child’s oral gratification when feeding at the breast (Ainsworth & Bowlby, 1991). According to Bowlby (1979), through the mother–child interaction, the child develops an internal working model (IWM) of both self and others, and these IWMs influence the quality of relationships throughout life. Initially, the attachment relationship primarily serves a survival function, keeping the child close to mother and safe from predators and other dangers (Bowlby, 1979); attachment behaviors, such as proximity seeking, are triggered by cues that signal danger, threats, or other stressors.

Ainsworth et al. (1978) observed mother–infant dyads in both field and laboratory settings and characterized attachment relationships as either secure or insecure. Some attachment relationships classified as insecure were observed to be anxious and ambivalent, while others were insecure avoidant (Ainsworth et al., 1978). A fourth category, disorganized-disoriented, was later added to classify children who had no coherent care-seeking strategy (Main & Solomon, 1986).

In the self-report empirical research (e.g., Kirkpatrick & Shaver, 1990, 1992) that we summarize in this article, secure relationships to an attachment figure are typically operationally defined as functioning at an optimal level, being perceived by the participant as warm, responsive, supportive, and comfortable. Anxious and ambivalent attachments are characterized by the participant’s being uncertain about the availability of the attachment figure, perceiving the person as inconsistent and alternately warm and cool, with the result that the participant may react by becoming anxious or clingy. In avoidant attachment, the participant is not confident of the availability or responsiveness of the attachment figure and even expects to be rebuffed when trying to get closer. The attachment figure may be experienced as distant, rejecting, indifferent, or uncaring.
During adolescence, the initial parental or caregiver attachment of early childhood may be supplemented or even supplanted by new attachments, but in most cases the original attachment pattern will perdure. Bowlby (1969) theorized that the influence of the attachment to mother or primary caretaker(s), through internalized IWMs, continues throughout the life cycle.

It should be noted, however, that not every relationship that forms later in life is an attachment relationship. Bowlby (1979) stated, "Attachment behaviour is directed towards one or a few specific individuals, usually in clear order of preference" (p. 130). Attachments subsequent to parental or caregiver attachment can be formed, for example, with a romantic partner, a close friend, a counselor, or even God (Kirkpatrick, 1992; Rowatt & Kirkpatrick, 2002), and these can influence, to some degree, one's IWMs and the quality of later relationships (Bowlby, 1969). Researchers have found that the attachment styles exhibited in relation to significant persons in one's life, although certainly related, are not equivalent (Klohnen, Weller, Luo, & Choe, 2005). Among college students, for example, peer attachment representations (i.e., romantic partner and friend) tend to be more strongly associated with parental (mother and father) representations than with any other relationship-specific models (Klohnen et al., 2005). Different attachment relationships may serve different attachment-related functions throughout the life cycle, and, therefore, various relationship-specific attachment styles may be profitably explored as they relate to religion.

Kirkpatrick (1992; Kirkpatrick & Shaver, 1990) proposed that in Christianity, God can be considered a secure attachment figure because God is generally considered by adherents to have all the characteristics of an ideal parent, such as being universally available, loving, and nurturing. Approaching religion from the attachment perspective allows for predictions to be made and tested as well as for the development of interventions for clients. In the following sections, we summarize two bodies of empirical research: first, those studies that were based on retrospective parent-child attachment models; second, those studies based on adult or romantic attachment models.

A Note on Research Limitations

We acknowledge that the research we summarize here has many limitations, including being subject to the same caveats associated with all self-report research. In addition, there may be selection bias that resulted from participants not being randomly selected but self-selected volunteers from churches or church-sponsored groups, university students, and adults from the general public who responded to newspaper ads. Some participants were asked to report on and to characterize past experiences, such as their memories of their relationship with parents in early childhood. Whether their memories were reliable or accurate is unknown. Also unknown is whether participants were subject to social desirability influences or any other factors that might affect reliable and valid reporting. Also, because of the nature of research scales and questions, some concepts were open to participants' individual interpretation; therefore, some of the results may lack
the specificity or exactness that we might prefer. For example, "relationship with God" can have different meanings among believers, but in the empirical research studies we discuss, there was a parallel drawn between items that tapped qualities of human relationships and those that assessed qualities of relationship with God. Interpretations are influenced by researchers’ own theological perspectives as well. Despite these limitations, this relatively recent and growing body of attachment theory research in the psychology of religion reveals some meaningful results that may prove to be clinically useful.

**Attachment to Parents and Religiosity**

Kirkpatrick (1992; Kirkpatrick & Shaver, 1990) proposed two hypotheses (correspondence and compensation) concerning the relationship of parental attachment and a person’s later relationship with God. Although initially proposed as rival hypotheses, Kirkpatrick (2005) later suggested that both are needed, but under different conditions, to explain the data.

The correspondence hypothesis suggests that the early parent–child attachment IWMs will be similarly reflected in a person’s subsequent attachments, including the attachment with God. Therefore, if parental attachments are secure, attachment with God will also be secure; if parental attachment is insecure, the relationship with God will similarly be tenuous. The compensation hypothesis suggests that a person’s relationship with God functions to meet affective needs created by inadequate or insecure attachment to parents. In this theory, God is a substitute attachment figure, providing the affected IWMs with the security and comfort the person lacks, as well as meeting other affective needs.

Subsequent research found that matters were more complex than Kirkpatrick (1992) first proposed. The correspondence hypothesis was supported among those participants who reported secure attachment to parents, but not among the insecurely attached (Granqvist, 2002; Kirkpatrick & Shaver, 1990). That is, studies indicated that those with secure attachments tended to be similar to their parents: They tended not to be religious if their parents were not religious or to hold and practice religious beliefs similar to those of their parents if the parents were religious. However, in studies with participants who were insecurely attached, the correspondence hypothesis did not hold up (Kirkpatrick & Shaver, 1990).

Granqvist (1998, 2002; Granqvist & Hagekull, 1999) found a remarkably similar pattern, but proposed a two-level correspondence approach to account for the data. At the first level of correspondence, socialization in early parent–child relationship accounts for later adult patterns of religiosity. In a secure bond, the child will usually adopt religious values and practices similar to those of the parents or will hold no religious values if the parents are nonbelievers. Insecure attachment, however, does not provide the necessary basis for such socialization. At the second level of correspondence, there is a mental model correspondence between self-and-other IWMs and God that affects whether God is viewed as punishing, forgiving, harsh, and/or caring.

In the compensation hypothesis, Kirkpatrick (1992; Kirkpatrick & Shaver, 1990) theorized that God may function as a surrogate attachment figure, par-
particularly among individuals whose parental attachments were inadequate. In support of this notion, Granqvist (2005) found that participants with an insecure attachment to parents tended to involve God in coping, and this was particularly the case for those whose parents were not very religious. Also in support of the compensation hypothesis, Kirkpatrick and Shaver (1990) found that 44% of the participants who identified themselves as having an avoidant attachment with their mother admitted to having a sudden religious conversion experience. This is consistent with Ullman’s (1982) finding that a significant percentage of people who have sudden, emotional religious conversions report unhappy childhoods and troubled relationships with parents. In their meta-analysis of studies on religious conversion and attachment, Granqvist and Kirkpatrick (2004) found that conversions that were gradual were related to relatively secure attachment histories and socialization-based religiosity, in keeping with correspondence theory, and that sudden conversions were associated with an insecure attachment history and emotionally based religiosity, consistent with the predictions of the compensation hypothesis.

A person’s early attachment history and the resultant IWMs not only influence how religiosity will function for the individual, but also have an effect on the person’s God concept and how he or she relates to God. Research with young children has indicated that parents and teachers have an impact on children’s concepts of God and sense of God’s closeness to and involvement with them (DeRoos, Miedema, & Iedema, 2001; Dickie et al., 1997; Eshleman, Dickie, Mersaco, Shepard, & Johnson, 1999). When parents are experienced as nurturing and powerful, especially when mother is powerful and father is nurturing, children perceive God as nurturing and powerful (Dickie et al., 1997). Kindergarten children whose relationships with teachers were marked by conflict had lower self-esteem than children who had close relationships with the teacher, and these same children experienced less loving God concepts (DeRoos et al., 2001). As children mature and gain some distance from parents, they begin to perceive God as being closer and more involved, especially in situations that require nurturing (Eshleman et al., 1999). Research with college students has indicated that attachment to parents, particularly mother, influences one’s concept of God (Dickie, Ajega, Kobyłak, & Nixon, 2006; Gnaulati & Heine, 1997; McDonald, Beck, Allison, & Norsworthy, 2005; Reinert, 2005). Experiencing parents as authoritarian and punishing resulted in perceptions of God being more punitive, more distant, and less nurturing (Dickie et al., 2006; McDonald et al., 2005).

In a report summarizing three innovative experiments designed to unconsciously trigger attachment behavior, Birgegard and Granqvist (2004) observed that when they stimulated abandonment feelings by subliminally suggesting that mother or God had left them, participants responded with proximity seeking, but did so in a way that depended on their attachment history. Participants with a more secure history turned to God for emotional comfort, whereas the insecure turned away from God. Birgegard and Granqvist concluded that God-IWMs and parental-IWMs overlap considerably, and they suggested that the compensation form of religiosity may have its limits. When abandonment threats are unconsciously stimulated, partici-
pants with an insecure history are not able to count on God for security to the same degree as do those with a secure history.

**Adult Attachment and Religiosity**

Several studies (Byrd & Boe, 2001; Eurelings-Bontekoe, Hekman-Van Steeg, & Verschuur, 2005; Granqvist & Hagekull, 2000; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992) examined adult attachment style and found that the adults in secure relationships tended to have higher levels of religiosity. Participants with secure adult attachments tended to report having more positive images of God (i.e., more loving, less distant, less controlling) as well as a greater closeness to God, than did those with insecure attachments (Eurelings-Bontekoe et al., 2005; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992). Individuals with secure and those with avoidant attachment styles (both of which have positive self-representations) tended to have positive feelings toward God, independent of stress level, whereas those with preoccupied and fearful attachment styles were particularly prone to experiencing negative feelings toward God, especially if they were under considerable psychological distress (Eurelings-Bontekoe et al., 2005). The anxiously attached adults reported more experiential and more emotional religious experiences, such as finding a new relationship with God, having a born-again experience, and experiencing glossolalia (speaking in tongues; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992). Adults who had avoidant romantic attachments were more likely to identify themselves as religiously agnostic (Kirkpatrick & Shaver, 1992).

Longitudinal and cross-sectional research using Bartholomew and Horowitz’s (1991) Adult Romantic Attachment Model (a four-category model: secure, having positive IWMs of both self and others; anxious, having a negative model of self, positive model of others; dismissing avoidant, positive model of self, negative other; and fearful avoidant, negative IWMs of both self and others) has shed considerable light on understanding the relationship between adult attachment style and religious change or conversion. In reviewing research on religious change, Granqvist (2003) noted consistent support for the notion that if adults with secure attachments reported having any religious changes at all, the changes were usually more gradual and tended not to be precipitated by distress. Adults who had positive models of self, characteristic of the secure attachment style, tended to have more stability in their religiosity. Given that securely attached individuals have positive IWMs of both self and others, these findings are in line with previous research that positive images of God are correlated with self-esteem (Benson & Spilka, 1973).

For individuals who have a history of insecure adult attachment, God may serve as a substitute attachment figure compensating for past deficits in key relationships and, presumably, the resultant insecure IWMs (Kirkpatrick, 1998). For example, those with a more negative model of self, characteristic of anxious/ambivalent adult attachment, have been found to be more likely to experience religious changes over time (Kirkpatrick, 1997), especially if
they are also involved in stressful experiences (Granqvist, 2002; Granqvist & Hagekull, 2003). In addition, individuals who have insecure romantic attachment will be more likely to experience increased religiousness in response to a separation (Granqvist & Hagekull, 2003). Granqvist and Hagekull (2003) concluded that their research findings suggest that some who had been insecurely attached and who had used religion to mitigate emotional distress may have moved to a more secure stance as a function of their new relationship with God or some reparative aspect of religiosity.

Attachment theory may shed some light on the relationship between affect regulation and religion. Granqvist and Hagekull (2000), for example, found that participants who were single, as compared with those with romantic partners, tended to be more religiously active, experienced more religious change, and reported a more emotionally based religiosity. This suggests that relationship with God may function as a substitute attachment providing some of the emotional benefits that lovers find in romantic attachments (Granqvist & Hagekull, 2000). In contrast, forming a new romantic relationship tends to result in decreased religiosity (Granqvist & Hagekull, 2003), indicating that a newly formed secure adult attachment may lessen the tendency to meet attachment needs through religious means.

Both individuals’ religiosity and how they express their faith in prayer may well be influenced by their attachment style. Byrd and Boe (2001) reported, for example, that avoidant individuals generally tended to engage in less prayer than did others, especially contemplative and meditative styles of prayer (i.e., styles associated with closeness and intimacy with God). Anxious individuals, those who worry about being abandoned, tended to engage in more help-seeking prayer than those who were not anxious. Granqvist and Hagekull (2001) found that New Age spiritual orientation tended to be related to emotionally based (as opposed to socialization-based) religiosity, to insecure parental attachment style, and, to a lesser degree, to a dismissing avoidant adult attachment style. Overall, these findings imply that attachment style has an influence on how religiosity is expressed and that aspects of religion may well be understood to function in response to needs triggered in the attachment system.

**Implications for Counseling Interventions**

Attachment theory holds great promise for helping mental health clinicians consider various ways that religiosity is expressed in response to attachment dynamics, at least for adults who embrace religious systems that include a belief in a personal God, such as Christianity. The theory may, in turn, hold some clues as to what interventions related to clients’ religion might be appropriate in the context of counseling and psychotherapy, particularly when clients are favorably disposed to this type of intervention. It is particularly salient for counselors to attend to attachment-related dynamics in the therapeutic process because, according to Bowlby (1979), attachment dynamics are typically triggered when a person is in distress, ill, or afraid. In Bowlby’s (1979) view, the role of the therapeutic relationship is to provide a secure relationship for
clients and to help them make adjustments in their IWMs and develop more coherent and healthy models of self and others (Shaver & Clark, 1994).

Precisely because attachment dynamics influence an individual’s experience of self and others, we believe that the mental health clinician should pay close attention to these dynamics. We recommend that for any presenting problem, not just for matters that explicitly deal with religious issues, the clinician give serious consideration to assessing for and attending to the possible clinical utility of any of the aforementioned religious attachment issues, particularly among those clients who place a substantial value on the religious aspects of their life.

Among the first things that we recommend for counselors is self-knowledge, an awareness of their own attachment style as reflected in their childhood, adult, and God relationships. Counselors would benefit from a realistic sense of their own tendencies either toward anxious attachment (dependency needs, needs for affection and affirmation, and the like) or avoidance (fears, tendencies to withdraw). Such self-awareness could be a great asset in the therapeutic relationship because it is out of this stance that the counselor approaches relationships and will effect change in the client’s IWMs. The client’s initial IWMs of self and others are formed within the first months of life and tend to be stable once formed, but can be modified to a degree by subsequent attachment relationships (Bowlby, 1979). Therefore, the client–counselor relationship not only sets the stage in the counseling process for the initial assessment, but sustains the therapeutic efforts through the subsequent working stage and the termination phase. To the degree that the counselor–client relationship develops into an attachment relationship, it will also enhance the client’s ability to alter negative IWMs and to form adaptive IWMs to facilitate healthier relationships.

Harper and Gill (2005) suggested that the ethical counselor recognizes the importance of assessing the religiosity and spirituality of the client and understands key spiritual assessment concepts. In the initial assessment phase of the counseling process, the counselor should note the quality and characteristics of the client’s early parental relationships as well as the quality of any subsequent attachment relationships, including the relationship with God, because each relationship has the potential to influence the client’s IWMs. An understanding of attachment style can assist the clinician in understanding the client’s self-esteem, dependency needs, and levels of anxiety or avoidance in key relationships. Among the potentially relevant data are the client’s self-reported experiences of the maternal and paternal relationships, the history of key romantic relationships, and the history of religious experiences and relationship with God.

Information from the spiritual and religious assessment might also either corroborate or call into question the client’s reports concerning key relationships. For example, as the data in the preceding review of empirical studies suggested, a counselor could hypothesize that a client has had a rather secure attachment history if the client has experienced a rather stable religious path that substantially reflects the religious approach into which the parents socialized the client. A counselor might conclude that the client is likely to have
an insecure attachment dynamic if the reported religious history includes experiences such as religious conversion, affectively charged religious experiences, or seeking religious experiences or approaches that are quite different from those of the parents. In the assessment phase of the counseling process, religious and spiritual data can be gathered for functional reasons (such as case conceptualization) similar to those for which one might gather family, educational, legal, or relational histories. It should be noted that we are recommending including spiritual and religious assessment as a component of general practice, not only when religious issues are the focus of treatment.

Among the things to consider in the working phase of the counseling process is that there is an interaction in the counseling relationship between the attachment style of the therapist and that of the client, emphasizing again how important it is for counselors to assess not only the client’s attachment dynamic, but also their own. Although research on the client–counselor dyad has generally indicated that good matches in the areas of religion and philosophy of life produce more satisfying process and results, research has also indicated that dissimilarity in the area of interpersonal security is related to therapeutic improvements (Beutler, Pollack, & Jobe, 1978). In the early stage of the counseling relationship, a complementary interpersonal style of relating between therapist and client promotes and strengthens the therapeutic alliance; during the working phase, noncomplementary styles may be therapeutically indicated (Bernier & Dozier, 2002). The counselor who initially matches and mirrors the client’s interpersonal style may need to deliberately adjust his or her approach during the working stage to promote a healthy adaptation of the client’s IWMs, which results in more satisfying relationships with others and God.

To implement this process in the therapeutic alliance, counseling strategies may need to be modified when working with clients who have different attachment styles. For example, a therapist might encourage a dependent client who has an emotionally safe and comfortable relationship with God to move toward greater autonomy by deliberately being slightly less available in the therapeutic relationship. During the time that the therapist is being slightly less available, he or she could encourage the client to engage in his or her familiar religious practices and lean more on God to compensate affectively for the therapist’s withdrawal; doing so may promote the use of the client’s attachment to God as a coping mechanism. When working with a client who is a believer, the counselor might discuss the option of turning to God and participating at a higher level in some religious practices as a means to manage his or her uncomfortable feelings as the counselor deliberately withdraws. In this way, the client’s attachment relationship with God is used by the counselor to promote the client’s greater autonomy and self-confidence in coping with life difficulties and emotional distress. If God is truly functioning as an attachment figure for a client (not just an entity the client believes in but one with whom the client has a strong existential or affective bond), it could be expected that the client would find in that relationship a secure base and safe haven from which to deal with his or her world, particularly under stressful conditions.
As another contrasting example, clients with an avoidant attachment style may be challenged to move from a fearful and distant way of relating by experiencing the therapist’s warm and affectively expressive style consistently over time in the counseling alliance. If the client is religiously inclined, the counselor could suggest the possibility of engaging in religious practices that foster more secure and safe closeness to God. Among the options could be engaging in affective forms of prayer, such as meditating on certain warm or “tender” passages from Scripture (see Garzon, 2005, for examples of using scripture in therapy). The counselor should sensitively and carefully structure this activity with the client because this recommendation will undoubtedly be difficult for the avoidant client to implement because it goes against the individual’s preferred approach to relating. Yet, an image of a consistently available and predictable God may help the avoidant client to bridge the trust gap and overcome the interpersonal difficulties he or she has with others.

In the working stage of the counseling process, understanding the client’s style of attachment to God is important when the counselor is trying to integrate into the therapeutic process the possibilities for coping that are related to this attachment. Because of the nature and function of attachment relationships, the counselor should take care to discern, for example, whether a client’s report of anger at God or disappointment with God is a sign of whether the relationship with God is, in this circumstance, an asset or a hindrance to coping. It is possible that a client will report negative feelings toward God while simultaneously experiencing that relationship as a secure base. This suggestion is based on Woodhouse, Schlosser, Crook, Ligiero, and Gelso’s (2003) finding that clients in secure attachment relationships with their therapists have reported more negative, rather than positive, transference as well as a greater overall amount of transference. This is in line with Bowlby’s (1988) thought that clients are able to explore more difficult material and express more negative emotions precisely when the therapist provides a secure base for voicing and exploring painful material. We expect that a similar dynamic would occur in a relationship with God.

When considering clients’ conceptualization of God, it might be helpful for the counselor to bear in mind that research has shown that a client’s image of God is affected at least to some degree by the nature of his or her personality and also his or her current psychopathology (Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002). On the other hand, whether or not religious issues are explicitly addressed, the therapeutic process tends to improve clients’ image of God over time (Cheston, Piedmont, Eanes, & Lavin, 2003; Tisdale et al., 1997). This suggests that there may be an interaction between clients’ IWMs and their conceptualization of God and that their approach to religion might be constructively tapped in the therapeutic process.

Finally, in the termination phase of the therapeutic process, particularly in the case of long-term therapy, the counselor should consider the client’s level of attachment to the counselor and the resultant affective bonding. To help the client transition from the close supportive bond to greater independence from the counselor, the counselor might encourage the client to
connect with his or her religious community for fellowship and support, as well as to engage in the more personal and familiar relationship with God. Helping the client to make use of such resources, if the client is so inclined, might aid the counselor to effectively plan aftercare and ensure that the client continues to enjoy the ongoing support that he or she might need. To accomplish this goal, the therapist should be familiar with the community’s religious resources to match particular clients’ needs.

**Ethical Implications of Religious Interventions**

Because research on spiritual and religious interventions in counseling is still in its infancy, a note of caution is in order. As in any area of therapeutic practice, practitioners should be sensitive to the ethical implications of their interventions (see Steen, Engels, & Thweatt, 2006). Benner (2002) explained that including the religiosity of the client in the helping process is not a new phenomenon and can be useful in counseling and psychotherapy if it is implemented in an ethical and helpful way, that is, thoughtfully, cautiously, and with supervision (McMinn & McRay, 1997). Several articles and books provide ethical guidelines for practitioners (e.g., Miller, 1999; Tan, 2003).

Although aspects of spiritual direction, pastoral counseling, Christian psychotherapy, and secular psychotherapy that integrate the religiosity of the client tend to overlap considerably, they are quite different areas of practice. Articulating the similarities and differences among these various disciplines is beyond the scope of this article, but it is important to understand the differences among these fields and to remain within one’s own discipline and area of competence if religious matters are to be included in an ethical way in counseling and psychotherapy (Moon, 1994; Moon, Willis, Bailey, & Kwasny, 1993).

Counselors should specifically be aware of the potential for dual relationships and avoid usurping the role of religious authority. Counseling and psychotherapy are not substitutes for organized religion or religious community (Richards & Bergin, 2005; Tan, 1994). Tan’s (2003) guidelines for ethical practice involving religious psychotherapy are of importance to clinicians and specify several areas of concern: (a) imposing therapist beliefs on the client, (b) focusing too much on religious goals rather than on the goals of therapy, (c) integrating spiritual guidance into therapy without appropriate knowledge or training, (d) misusing or abusing spiritual resources like prayer and Scripture as a means of avoiding important therapy issues, (e) failing to refer to religious authority when necessary, and (f) relying on religious intervention and failing to refer serious problems to appropriate professionals. Tan (2003) also discussed the implications of charging a fee for spiritual intervention that may be obtained free of charge through a religious community and the importance of using empirically supported intervention in counseling and psychotherapy.

Richards and Bergin (2005) have provided recommendations for dealing with these ethical issues: (a) seek education, training, and supervision when integrating spirituality into counseling; (b) avoid dual relationships with clients and collaborate with religious authority; (c) never impose religious
values on clients; and (d) respect church–state boundaries in government-supported agencies. Malony and Moon (1997) recommended more research in this field; training for educators as well as practitioners; courses devoted to the integration of spirituality in counseling and therapy; personal psychotherapy and spiritual direction for practitioners; multicultural course work to address spirituality and religion across cultures; and education related to the boundaries between spiritual direction, religion, pastoral counseling, Christian counseling, and secular psychotherapy.

**Conclusion**

Attachment theory suggests that early attachments affect IWMs of self and others, which in turn affect later relationships, including one’s relationship with God. Attachments developed in childhood and reflected in adult relationship styles may provide the basis for understanding aspects of religious beliefs, approaches to spirituality, and the relationship with God in adulthood. Attachment theory provides a foundation for conceptualizing client problems in terms of early attachment relationships and current attachments to others and to God. Therapists can build on the foundations of established theory and research to competently and ethically integrate religiosity into their sessions with clients. We recommended possible ways to use attachment theory in the early, middle, and termination stages of the counseling process. If counselors are aware of the attachment dynamics in both their clients and themselves, they have the potential ability to guide their clients in the use religious resources more effectively in the process of growth, coping, and healing.

**References**


