
The writer of a text on spirituality in clinical practice faces a tremendous task. Readers want the text to be comprehensive—grand enough to have room for the majority of spiritual beliefs, yet specific enough to provide a framework to help each client that walks in the door. Understandably, no such text exists, however Sperry makes a very noble attempt.

Let me begin by stating Sperry's background because it sets the stage for what are the greatest strengths and the vulnerabilities in his work. He is a clinical professor of psychiatry at the Medical College of Wisconsin. His numerous publications and contributions to the field are evident in this work as the reader comes away impressed with the comprehensiveness of his knowledge base. Particularly helpful for the clinician are the chapters in Part II on Perspectives on the Spiritual Dimension. Included in these chapters are prevailing models of understanding spirituality including character, ethical, transpersonal, self-transcendence, object-relations, and conversion perspectives. The chapter on developmental models includes the Eriksonian psychosocial, Kohler's moral, Fowler's faith, Kegan's evolving self, Helminiak's integrational spirituality, Ken Wilbur's spiritual growth, and Keating's spiritual journey. While these sections are not lengthy, they do provide a beginning overview of material of which clinicians need to be aware. Obviously, by giving an overview, Sperry's work lacks the depth that a reader new to models of spirituality would need in order to develop a sense of mastery. This deficiency is most frustrating when Sperry summarizes the clinical insights that we can glean from each of these perspectives. Clinical illustrations would help clarify how to determine which model or models would offer therapeutic and perhaps spiritual mileage and in which circumstances. Most experienced clinicians recognize the limitations of a cookbook approach to psychotherapy, but what we long for are the windows into the mind and intuition of the clinician as he or she chooses a clinical direction. This “window” approach was most evident and effective in the work of Michael Basch. Beginning and experienced clinicians were “brought along for the ride” to benefit from the therapist's thoughtful and learned musings. This gap in Sperry's early chapters is the text's greatest weakness: no clinical illustrations are woven into the theoretical discussions to help us determine the utility of these numerous perspectives and models.

Perhaps to combat the early erudite discussions, Sperry offers brief clinical vignettes in Chapter 6 “spiritually-oriented interventions with individuals and couples.” However, no vignettes are used in the chapter on engagement and assessment, or in the chapter on how to incorporate a variety of spiritual practices. Again, numerous topics are covered without the depth that would be provided with applications to “real” clinical scenarios. The clinical illustrations would also do much to give the reader the sense that Sperry had been in the trenches and
knew the difficulties we all face in trying to walk the obscure line between making room for spirituality in our clients' lives, without trying to assume the role of a spiritual guide.

Most intriguing in Sperry's work are the personal accounts by clinicians included in chapter 8 on “incorporating the spiritual dimension in personal and professional life.” Sperry included narratives from well-established clinicians in the field of integrating spirituality in clinical practice such as P. Scott Richards, Edward Shafранske, and Everett Worthington. In these narratives each contributor represents a different theological background and offers a unique account of how they try to integrate spirituality in his or her life. I agree with Sperry that clinicians rarely “fess up” to how they try to accomplish this personally and professionally. However, I am always dismayed when there is no representation of clinical social workers, even though historically, we have considered the whole person-in-the-situation of clients, which often includes spirituality. Carlton Corbett’s book “The soul of psychotherapy” and Froma Walsh’s “Spiritual resources in family therapy” are recent works that come to mind.

Also, all of the developmental models chosen are written by men with only brief critiques that recognize women may differ in their development. Much has been written in feminist theology that could shed light on a different view of spirituality that may not be linearly based. In addition, the absence of any discussion on the influence of postmodernism on our clinical theories and on our understanding of what actually transpires between client and clinician is striking (other than a brief consideration of Kegan’s work on meaning-making activity). When we give up our belief that we can know the “truth” for our clients, we are free to choose with clients a framework that offers the most utility for their lives. Including postmodernism as a guiding philosophical framework might shed some light on how clinician’s choose from the cacophony of models available.

In short, it appears I have critiqued Sperry’s work for not accomplishing the impossible as I cautioned against in the beginning of this review; expecting one text to cover all we need to know about spirituality and psychotherapy with sufficient depth and still offer specificity. However, suffice it to say, Sperry’s work does offer a “cliff notes” version of some of the prevailing models and methods available. It would have enhanced the accessibility and usefulness of the text if there had been more personal and clinical material interspersed throughout, such as was included in the last chapter. The integration of the experiential with the intellectual would help empower clinicians and the clients we serve, in the struggle to reconcile spirituality and psychotherapy.

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Attachment theory is not just about infant-mother bonding anymore. This is clearly explicated in Pat Sable’s new book, Attachment and Adult Psychotherapy.