**Psychotherapy and Religious Values**                                      **Open Access**

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# Psychotherapy and the Theological Virtues

**Abstract:** Several decades ago Bergin promoted the then-controversial idea of considering religious values in psychotherapy. Much has changed in the intervening years; psychotherapists now have numerous resources available to help them in considering religious and spiritual issues in psychotherapy. In addition to considering values, we suggest there is a place to consider religious virtues in psychotherapy. Virtues are distinct from values in that the former assume a telos (created purpose or end). Whereas values focus on who we are, virtues also focus on who we are becoming. Using the three primary values from the Christian religion— faith, hope, and love—we illustrate how a virtue-based psychotherapy might consider the person of the psychotherapist and the transformational process of psychotherapy. In each case we offer potential research questions, as Bergin did in his landmark publication.

**Keywords:** psychotherapy, religion, values, virtues

Much has changed in 35 years since Bergin's landmark and controversial article "Psychotherapy and Religious Values."[1] The American Psychological Association (APA) has since published a number of volumes considering the relationship of psychotherapy, religion, and spirituality, including some co-authored or co-edited by Bergin himself.[2] The APA psychotherapy video series includes several recordings showing how religion and spirituality can be considered in health service psychology, and two APA journals on the topic have been launched: *Psychology of Religion and Spirituality* and *Spirituality in Clinical Practice.* Moreover, a great deal of empirical research has demonstrated that religion does not detract from mental health, as was once assumed.[3] Indeed, many aspects of religion and spirituality promote both physical and emotional health.[4] In fact, the life expectancy for religiously committed individuals is substantially longer than for those without religious commitments, even after factoring in various behavioral and social mediating factors.[5]

Despite these laudable changes, some things have remained relatively constant since the time of Bergin's article in 1980. For example, psychologists remain much less religious than the general public.[6] Further, spiritual and religious diversity training is strikingly underemphasized in APA-accredited doctoral programs when compared with other forms of diversity training.[7]

Because of what hasn't changed since Bergin's landmark article, it is important to continue publishing special issues such as this one in which spirituality and religion are considered alongside health service

**1** Bergin, "Psychotherapy," 95-105.
**2** Richards and Bergin, "Handbook"; Richards and Bergin, "Casebook"; Richards and Bergin, "A Spiritual Strategy."
**3** Ellis, "Psychotherapy," 635-639.
**4** Miller and Thoresen, "Spirituality," 24-35.
**5** Hummer, Rogers, Nam, and Ellison, "Religious Involvement," 273-285.
**6** Delaney, Miller, and Bisono, "Religiosity," 96-106; McMinn, Hathaway, Woods, Snow, "What APA Leaders," 3-13.
**7** Vogel, McMinn, Peterson, and Gathercoal, "A Multidimensional Study," 158-167.

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psychology. Because of the changes that have occurred, it is now both fitting and possible to consider psychotherapy and values from a more nuanced perspective than was the case in previous decades.

## Values and Virtues

Bergin considered the place of values in psychotherapy, noting the differences between theistic, humanistic, and clinical pragmatist values. Those responding to Bergin tended to focus on the various values that he articulated as representative of each group, as did Bergin is his reply.[8]  We concur that values are substantially important in psychotherapy, and observe that a major values-based approach to psychotherapy has emerged since the time of Bergin's article—Acceptance and Commitment Therapy (ACT).[9] Though ACT is not a religious psychotherapy, there is a good deal of interest in ACT among religiously committed psychologists, in part because of the emphasis on values over symptom relief.[10] Values are enduring alternatives to decisions and life directions based on transient inner states, which tend to be quite volatile.

In addition to values, virtues are now a focus of attention. The various reasons for this include the burgeoning field of positive psychology, which is often considered a science of virtue. Peterson and Seligman noted that relatively few virtues have been identified by philosophers and religious leaders over the centuries.[11] Virtues are associated with particular character strengths, which can be studied scientifically along with situational themes.

Unfortunately, experience shows that a science of virtue can easily be swayed toward self-interest and lose the underlying commitment to studying virtue. For example, social scientists now know that forgiving an offender results in various health improvements related to blood pressure, heart rate, cholesterol, sleep, immune function, depression, anger, happiness, optimism, well-being, and even physical agility.[12] Similarly, increases in gratitude are causally related to more favorable life ratings, better coping, self-confidence, optimism, healthy exercise patterns, more sleep, and fewer visits to the physician.[13] As this information has become increasingly prominent, self-help books and smartphone applications are emerging to market such topics as forgiveness and gratitude as health behaviors. Thus a science of virtue has become more about self-improvement than virtue. Robert Emmons, one of the leading experts on the study of gratitude, has recently referred to these sources as "gratitude lite."[14] The difficulty in keeping virtue itself central to a science of virtue may reflect larger sociocultural factors.

Around the time of Bergin's 1980 article, an important and acclaimed book on the topic of virtue was published in the field of moral philosophy.[15] Alasdair MacIntyre argued that all moral philosophies are deeply embedded in a particular cultural milieu, making it impossible to fully understand a previous moral philosophy in the context of today's sociocultural context. He outlined the quandary of post-Enlightenment existence, explaining that we no longer understand the Aristotelian notion of virtue and all that it entails with regard to teleology. Understanding virtue requires three components: who we are, who we want to become, and how we go about becoming the person we want to become.[16] MacIntyre argued that Enlightenment philosophy resulted in a nearly total abandonment of teleology, which means we do not often envision the essential nature of what it means to be fully alive and fully human. Thus our reflections on who we want to become are often in the tepid form of behavioral goals or particular measurable outcomes rather than striving toward the essence of a fully functioning human person. Moreover, the Protestant reformation

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**8** Ellis, "Psychotherapy," 635-639; Walls, "Values," 640-641; Bergin, "Religious,",642-645.
**9** Hayes, Strosahl, and  Wilson, "ACT."
**10** Knabb, "Faith-based ACT"; Nieuwsma, Walser, and  Hayes, "ACT for Clergy"; Sisemore, "ACT: A Christian Translation."
**11** Peterson and  Seligman, "Character Strengths."
**12** Zheng, Fehr, Tai, Narayanan, and  Gelfand, "The Unburdening Effects," 431-438.
**13** Wood, Froh, and  Geraghty, "Gratitude," 890-905.
**14** Emmons, "Gratitude Works!" vi.
**15** MacIntyre, "After Virtue."
**16** Harrington and  Keenan, "Jesus and Virtue Ethics."

brought a rather profound distrust of human reason so that moral reasoning is no longer considered a pathway between who a person is and a who the person is to become. As a result, virtue has been reduced to only the first of the three components of an Aristotelian (or Thomistic) view of virtue: an understanding of who we currently are. We may create various moral imperatives to change or improve who we are, but none of them reach the criteria of a full-bodied virtue ethic. If we are to forgive or to be grateful, it is less about realizing some essential dimension of full humanity and more about a self-imposed goal to become as healthy and free as possible.

Though we recognize and accept MacIntyre's argument that a deep understanding of virtue cannot be fully accomplished in a post-Enlightenment era, in this article we attempt the ambitious task of exploring psychotherapy and religious virtues. This is somewhat more daunting than considering psychotherapy and religious values, as Bergin did more than three decades ago. Our effort here is to add nuance to the conversation that he started so brilliantly in 1980. Because virtue is embedded in sociocultural factors, and because it is such an ambitious task to consider it alongside psychotherapy, we have opted to look at virtue from just one religious system: Christianity.

Christian philosophers and theologians have long considered faith, hope, and love to be the three theological virtues. After briefly discussing these virtues, we explore them in the context of the person of the therapist and the transformational process of psychotherapy.

## The Theological Virtues

### Faith

Faith is considered the beginning of the Christian life. It creates and instills trust in a personal God and the promises that follow, while creating a place of rest and peace in the authority of God. Thomas Aquinas referred to faith expanding a biblical definition:

> [Faith is] a certain foretaste of that knowledge which is to make us happy in the life to come. The Apostle says in Hebrews 11:1 that faith is "the substance of things to be hoped for," as though implying that faith is already in some preliminary way, inaugurating in us the things that are to be hoped for, that is, future beatitude.[17]

To the Christian, faith reveals to humanity its proper end and puts one in relationship with Jesus. It is an intellectual assent to divine revelation that also includes making a choice to change the center of one's life from self-will to God's will. Faith creates a context to believe the mysteries of the Christian religion, those that are often seen as quite unbelievable by those outside of faith. In this, faith reveals hidden truths inaccessible by human reason alone, most notably the incarnation of God in the person of Jesus and the theological belief that God is a communion of three separate persons united in love. Some might view faith as a competitor to reason, but to the Christian, faith complements or even elevates human reason. Some theologians speak of faith as not opposed to reason but beyond it, making the leap of faith a leap in the direction of rational thought. Others emphasize the otherness of faith as a necessary move into the darkness where faith becomes the light.

In Christianity faith is a response to God's invitation of love offered through no merit of our own. It is receiving an initial movement of God through God's grace and mercy. Faith opens the way to community with other Christians, united through their relationship with God: One does not stand before God alone in faith but with all other Christians past, present, and future. Moreover, faith allows the Christian to move into the future with the belief that an all good, all powerful, and all knowing God will be there. Thus faith leads to hope.

Faith encompasses the seeds of both hope and love within it; thus all of the theological virtues are interrelated. With faith, hope can move into the heart and create strength to love.

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**17** Aquinas, "Light of Faith," 4-5.

## Hope

Hope gives the believer energy to persevere and remain confident in faith. The Catechism of the Catholic Church describes the virtue of hope,

> [Hope] responds to the aspiration to happiness which God has placed in the heart of every man [*sic*]; it takes up the hopes that inspire men's [*sic*] activities and purifies them so as to order them to the Kingdom of heaven; it keeps man from discouragement; it sustains him during times of abandonment; it opens up his heart in expectation of eternal beatitude. Buoyed up by hope, he is preserved from selfishness and led to the happiness that flows from charity.[18]

Having God as the object of Christian hope gives it a substance not innate in lesser forms of hope.  Only hope in God survives the transient nature of all created goods, and hope keeps the Christian from seeking only these lesser goods. With hope, the desire for money, power, and respect become disarranged and lose some of their luster. Rather than highlighting  success in this life, hope can facilitate detachment that provides space for higher goods, such as beauty, truth, and goodness.

There is an emotional side to hope that protects from cynicism and despair. Related to joy, it is intended to keep the Christian mind on a future life to come. While this is often criticized as wishful thinking, it is simply a truism that Christians are awaiting a time to come and must persevere. As Peter Kreeft wrote, "Hope is the forgotten virtue of our time because hope—real hope, the theological virtue of hope, as distinct from the vague sentiment of hopefulness, or optimism—means something scandalously transcendental, something offensively supernatural, to the modern mind."[19]

Unlike faith, hope has been the topic of a great deal of research in psychology.[20] Much of the early research on hope cast it as a cognitive process involving the expectancy of goal attainment,[21] but the later work on hope has emphasized multiple subsystems including spirituality, relational attachment, and optimism.[22] Similarly, a Christian view of hope is more than cognitive, finding deep meaning in spiritual expressions as well as in relationship with God. Hope necessarily transcends reason in this view, as expressed by the Apostle Paul in the New Testament of the Bible: "For in this hope we were saved. Now hope that is seen is not hope. For who hopes for what he sees? But if we hope for what we do not see, we wait for it with patience" (Romans 8:24-25).

## Love

Love is considered the highest virtue in Christianity because it unites humanity to God. Christians see love as the essence of God's nature, and consequently "the one who does not love does not know God, for God is love" (1 John 4:8). Love is often defined as the form or proper end of all the virtues, since all the other virtues lose something of their meaning without love. Some Christian theologians have even suggested that in heaven only love will remain of the virtues, because faith and hope will be unnecessary when we have the object to which they direct us.

The focal point of the virtue of Christian love is Jesus. The life, death, and resurrection of Jesus are an expression of God's love. The sacrificial form of love that Jesus embodies is an expression of the type of love God wills for all creation, so Jesus is a model and guide for Christians to emulate. The church is to be an instrument of Christ's love in the world, even if it has fallen short of this lofty goal many times throughout history.

The virtue of love goes beyond mere charity. Through faith and hope, Christian love is meant to reveal God's presence and to unite people in their fellowship with their creator, who loves them first. We see this love modeled in the New Testament book of Acts (2:44-45): "All who believed were together and had all

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**18**  Catholic Church, "Catechism," n. 1818.

**19**  Kreeft, "Fundamental," 176-177.

**20**  Larsen and  Stege, "Client Accounts," 45-54; Scioli, Ricci, Nyugen, and  Scioli, "Hope," 78-97; Snyder, "Hope Theory," 249.

**21**  See for example Synder, Irving, and Anderson, "Hope and Health, " 285-305.

**22**  Scioli et al., "Hope," 78-97.

things in common; and they sold their possessions and goods and distributed them to all, as any had need." The love of the church is not intended to remain within the boundaries of the church, but to extend to all people, for the virtue of love doesn't discriminate. Although this has not always been the case throughout Christian history, it is the aspirational goal for Christians. The self-emptying nature of Christian love distinguishes it from other forms of love, such as love for family or country. An example of Christian love is Mother Teresa, whose charitable acts were directed to all—Hindus, Muslims, and Christians equally.

## A Necessary Tension

In describing the place of the theological virtues in psychotherapy we face the tension that much of this conversation may seem pertinent only to psychotherapists who hold religious and spiritual values themselves, Christian values in particular. This focus contrasts with Bergin's article, which considered values in psychotherapy in a way that can apply to all psychotherapists, even those who are not personally committed to religion or spirituality. Perhaps this tension is one reason why values are more commonly discussed than virtues in relation to psychotherapy.

Though we cannot completely dispel this tension, we consider it important to consider several mitigating factors. First, though psychologists are less religious than the general public, many psychotherapists have personal religious beliefs, and some are Christians.[23] To illustrate, a number of distinctively Christian universities offer APA-accredited doctoral degrees in clinical psychology, and most of the students attending these programs do so, at least in part, because they are Christian.[24] For Christian psychotherapists it may prove especially helpful to consider resources in their own religious tradition, especially when those resources may help illuminate the nature and process of psychotherapy. The centuries-old interest in virtue may be one such resource.

Second, though this conversation may be most interesting to Christians, it is important to recognize that psychotherapists need not adhere to a particular belief system in order to gain understanding and wisdom from it. The theological virtues have had important roles in a number of social and humanitarian establishments. Without the virtue of love and the passion of those holding firm to this virtue, many of today's educational institutions, hospitals, and facilities for the underprivileged would simply not exist. One who does not hold Christian beliefs can still look appreciatively at the role of theological virtues as a positive social influence. We do not deny that religions, including Christianity, have also been used to justify a good deal of social mischief (and worse), but that is a different conversation that has less to do with virtue and more with self-justification and human depravity.

Third, just as Bergin ended his paper with research suggestions related to religious values, in the sections that follow we offer research suggestions related to the theological virtues. We intend our appeal to science to be the common denominator that holds various psychotherapists together regardless of their faith beliefs. As virtue was a language of another time, so science is the language of today. Even as we attempt to resurrect conversation on virtue as best we can, we also offer a contemporary conversation involving science.

# The Person of the Therapist

Therapist factors have long been studied in psychotherapy processes and outcome research, and the striking effects of the personal qualities of the psychotherapist have become increasingly clear. Duncan, a prominent scientist involved in psychotherapy outcome research, concluded, "The amount of variance . . . accounted for by therapist factors is about five to eight times more than that of model differences."[25] Much of this impact depends on the therapist's capacity to form a strong working alliance with the patient. Duncan concluded,

**23** Delaney, Miller, and Bisono, "Religiosity," 95-106.
**24** Johnson and McMinn, "Thirty Years," 83-96.
**25** Duncan, "The Person of the Therapist," 461.

> But what I bring to the therapeutic endeavor is that I am a true believer. I believe in the client, I believe in the power of relationship and psychotherapy as a vehicle for change, and I believe in myself, my ability to be present, fully immersed in the client and dedicated to making a difference. The odds for change when you combine a resourceful client, a strong alliance, and an authentic therapist who brings himself or herself to the show are worth betting on, certainly a cause for hope, and responsible for my unswerving faith in psychotherapy as a healing endeavor.[26]

Duncan's references to hope and faith are striking, placed in the endeavor of psychotherapy rather than in a transcendent being; also prominent is his strong implication of being a loving presence with his patients.

Duncan's perspective on the person of the therapist is offered without reference to religious values or virtues. While we agree with and affirm his perspectives, we also venture into the topic of virtue to consider how a Christian view of faith, hope, and love might affect the person of the psychotherapist. We then offer several research possibilities on the topic.

## Faith

Though enormous intellectual work is required to become a psychotherapist, the process of psychotherapy involves more than rationality. Faith positively impacts the person of the therapist by providing enlightenment that transcends reason alone. The psychotherapist of faith is accustomed to finding truth from extra-rational sources, and therefore may be quite adept at noticing and experiencing a degree of awe for the change processes in psychotherapy—processes that cannot be reduced to a purely rational description. Even therapists who do not utilize explicit spiritual or faith-based interventions may still be affected by the belief that a transcendent and benevolent being watches over and cares deeply about the psychotherapeutic process.

Faith affirms the uncovering of the anthropological truth of human teleology (created purpose or end). While obviously teleology has deep roots in historical philosophy, such as Plato and Aristotle, the key difference of Christian teleology is the grounding of telos in a personal and loving God. Psychotherapists who perceive this telos have a purpose to life that is not based solely on philosophical speculation or empirical science, but also on the belief they are created by a loving God and will continue growing into the fullness of that love. This subtle but profound difference helps the person of the psychotherapist to root the virtues such as love and humility in God's own being.

Further, the psychotherapist can conceptualize patients in light of certain universal truths of faith, such as each person being created in the image of God, existing in a fallen state, and remaining redeemable through grace. Whether or not the patient is aware of this belief is mostly irrelevant. The faith of the psychotherapist influences the work and instills the belief that change is always possible in light of the existence of a good and loving God. As a result, faith can be a motivating factor that keeps growth alive and prevents stagnation, with confidence and trust in the future regardless of doubt or fear. It could be said that Christian faith, which is based on accepting certain religious claims, leads to a more common faith in all people.

## Hope

From a foundation of faith, hope provides confidence that change and growth are possible. Hope is not blind, nor does it require an exact articulation of the future, yet it trusts in the unseen and allows a psychotherapist and patient to stay in the present moment with the ability to trust in an unrealized outcome. In this regard hope can tolerate pain and even join with the other in the midst of pain, all the while recognizing that change is possible. Hope creates a space for what can be in the midst of what currently is.

Those who choose to be psychotherapists choose to be people of hope. We routinely sit with those facing pain of various sorts, and in our sitting and working together we aspire to move people toward a better life. We do not find it surprising that hope is often recognized as a non-specific factor that contributes to success in psychotherapy.[27]

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26 Ibid., 468.
27 Miller, Duncan, and Hubble, "Escape from Babel"; Yalom and Leszcz, "Theory and Practice."

While hope is virtuous for all psychotherapists, it has particular nuances within religious traditions. From a Christian perspective, the telos of hope is represented in the person of Jesus, who endured various hardships including death by crucifixion. From this perspective, hope transcends personal comfort or attainment and focuses on personal transformation to become more like Jesus.

Another religious dimension of hope for the psychotherapist comes in the form of vocation or "calling." Being a psychotherapist is not merely a career choice, but a response to divine gifting and leading. This sense of calling helps provide inspiration and persistence in a challenging profession that continually involves confronting pain.

Hope can also be viewed as a spiritual practice or discipline. One does not merely stumble on hope by chance; an individual fosters hope by practice. For example, monotheistic religions teach prayer as a way to release one's problems to God. This act of releasing control to a benevolent higher power is a hopeful discipline, affirming that God desires and empowers change for good even during the most difficult times of life. Through this lens life looks less like tragedy and more like classical comedy, in which good ultimately triumphs after struggle.

## Love

Love is regarded as the highest of the theological virtues, and in psychotherapy it is reflected in the person of the psychotherapist. Love is simultaneous action and feeling. We may think of the warmth and the compassionate behaviors and feelings of a parent tending to a newborn. We may also know love as firm and protective, like the same parent admonishing a child for rushing into the street without looking. The ideal love is a careful holding of vulnerability and authenticity, not out of need, but from deep desire.

A psychotherapist who embodies a virtue of love chooses freely to pursue a relationship in order to cultivate in the patient love of self and others, and in some cases love of God.[28] The therapist embodies this virtue in a variety of ways, which include setting boundaries, engaging in a compassionate pursuit for authenticity, and allowing for self-sacrifice and resurrection through rupture and repair.

A healthy loving relationship involves boundaries. Consistency, confidentiality, routine, structure, and privacy are all aspects of the virtue of love in the psychotherapist. Boundaries help promote a deep sense of safety that allows patients to experience freedom in the psychotherapeutic relationship, to explore how they have lost their way in the quest for telos, and ultimately to pursue what it means to be fully alive and fully human.

In addition to boundaries, this pursuit of telos involves an authentic relationship. As Jesus often entered into authentic relationships with those battered and rejected by others, so also the psychotherapist enters fully into real relationships through warm listening, gentle inquiry, validating words, and tender silence. If boundaries make the relationship safe, it is an authentic relationship that promotes patience, kindness, and understanding.

Finally, as patients are drawn toward telos they will inevitably stumble and fall, and so will psychotherapists. Rupture is part of relationship, and in moments of rupture the person of the psychotherapist becomes essential to what happens next. Ideally, the psychotherapist acknowledges the messiness of existence, tolerates the patient's rage and sadness, and instead of meting out punishment meets the patient in humble love. In love, the therapist is resurrected to continue setting boundaries, pursuing an authentic relationship, and tolerating imperfection and rupture on the path toward growth and wholeness.

## Research Questions

Much research in recent decades has focused on evidence-based approaches in psychotherapy, both in terms of treatment protocols and treatment processes. Another possibility is to consider evidence-based psychotherapists. Might some psychotherapists have better outcomes than others regardless of the theoretical approach they employ? And if so, might these evidence-based psychotherapists differ from others

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**28** Benner, "Intensive Soul Care," 287-306.

in their understanding of virtue and the ideals to which they aspire in their personal and professional lives? Does personal religious faith have any bearing, positively or negatively, on a psychotherapist's outcome with patients representing a variety of beliefs? Though some initial evidence shows that approaches to psychotherapy based on religion are generally as efficacious as approaches that do not involve religion, no research to date has considered how the person of the psychotherapist might affect religious and spiritual interventions in psychotherapy.[29]

Although a good deal of research has been done on career satisfaction and self-care among psychotherapists, and another body of research has looked at psychotherapy outcomes and processes, it is striking how rarely these research areas overlap. We have much yet to learn about the processes and outcomes of psychotherapists who are more hopeful than other psychotherapists. We tend to assess hope as a patient variable in psychotherapy, but might the hope of the psychotherapist also affect the outcome of psychotherapy? Does belief in a benevolent God promote career persistence and satisfaction among psychotherapists? Again, it would be interesting to study religious and spiritual beliefs and practices as mediators of relationships between the psychotherapist's hope and psychotherapy outcomes.

Psychotherapists tend to avoid the word *love* when describing their work, perhaps because the word is so readily associated with sexuality, and sexual misconduct has been a persistent ethical problem. A promising area for research would be to distinguish between a genuine self-offering love that considers the other first and a self-seeking love that pursues personal gratification. To begin, this would pose interesting measurement challenges. Can self-offering love be distinguished from self-seeking love? If the measurement challenges prove successful, a variety of research questions related to psychotherapy could follow. Do psychotherapists characterized by self-offering love differ in process or outcome from other psychotherapists? Do their patients also develop a capacity for self-offering love? What other virtues are associated with self-offering love?

## The Transformational Process of Psychotherapy

Much of 21st century psychotherapy involves assessing, treating, and reassessing symptoms. In essence, this is the expectation we psychotherapists face with third-party payers: They reimburse for our services, and we demonstrate quick and effective outcomes in treatment. Most psychotherapists and many of their patients are likely to hope for and experience something more than symptom reduction. Psychotherapy often transforms patients, allowing them to understand and experience the world in new ways.

Castonguay and Hill attributed much of the transformation occurring in psychotherapy to corrective experiences, which they defined as "[experiences] in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way."[30] These corrective experiences are not routine events in every psychotherapy session, but when they occur they often have surprising and profound effects. Greenberg and Elliott noted that both intrapersonal and interpersonal corrective experiences are part of the transformation process in psychotherapy.[31] Patients learn to relate to both themselves and others in kinder and more hopeful ways.

These inner and outer transformations that occur in psychotherapy are almost certainly related to emotional, cognitive, and behavioral change, as is the focus of psychotherapy, but might there be more? For example, values are evident in contemporary ACT interventions, and in religious forms of ACT one would expect religious values to be considered. As one gains greater insight into freely chosen core values and moves courageously in those valued directions, one's relationship with self and others will certainly be transformed. As these valued directions become patterns and then habits, virtues might also be formed.

Not all psychotherapists see character formation as a reasonable psychotherapeutic goal, and those who do are likely to be practicing either a long-term relational or a spiritually oriented form of psychotherapy,

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**29** Hook, Worthington, Davis, Jennings, Gartner, and Hook, "Empirically Supported," 46-72.
**30** Castonguay and Hill, "Corrective Experiences," 5.
**31** Greenberg and Elliott, "Corrective Experiences," 85-101.

or both. The psychoanalytic tradition has long considered character change a likely outcome of effective long-term treatment. Similarly, religious traditions have utilized spiritual direction to help form a person's character, to move toward the telos. Benner has even suggested that spiritual direction can be blended with psychodynamic psychotherapy.[32] In these instances it might be helpful to consider virtue as a marker of change in the patient's life.

Though development of a virtue of religious faith may be limited to particular forms of psychotherapy,[33] generalized forms of the theological virtues considered here are ubiquitous in the transformational process of psychotherapy. We explore each of these virtues briefly in relation to transformation and then consider possible research questions related to virtue and transformation in psychotherapy.

## Transformational Processes

### Faith

Viewing psychotherapeutic change in the context of faith shapes the space so that the patient can experience firsthand and in human form an encounter with the healing presence of God. Even a brief therapeutic intervention can introduce the numinous into the therapeutic process and plant seeds of hope and love.

In some forms of psychotherapy the psychotherapist takes on a re-parenting role with the patient, essentially working to provide new and corrective emotional experiences that may have been absent or impaired in the patient's development. Because faith facilitates an ongoing relationship with God—an attachment—faith influences psychotherapists to draw upon their relationship with God rather than relying on their own flawed and limited relations with early caregivers. In this sense, psychotherapists who pursue faith alter the therapeutic space by recognizing their own need for attachment and approaching their work from a center of transcendent love.

Returning to the notion of teleology, character transformation finds a motivating force in recognizing the proper end and guiding principle of virtues. Faith serves to illuminate the truth of one's life within a larger context than those without faith might consider. When this happens, hope and love take on new importance and meaning. With faith, living out the virtues becomes less a forced task and more an expression of grateful response to the divine.

### Hope

Most patients begin psychotherapy for symptom reduction, and their initial experience of hope is likely related to feeling better. For those who persist in psychotherapy, the experience of hope may become more relational and less symptom focused as the psychotherapeutic process does its transforming work. If the patient is in a state of hopelessness, the therapeutic relationship can be a place where hope is loaned and borrowed, where the realities of pain are not deferred but rather held and accepted while the patient weaves a new thread of hope into his or her suffering. The transformational process of psychotherapy that allows for self-exploration fosters this hope. With time, the patient moves from borrowing hope to creating a sense of hope.

Hope in the numinous allows both patient and psychotherapist to seek meaning and purpose by assuming both are real. The patient moves from the short-term immediate gratification of temporary happiness to sustained joy, which in turn provides the courage to enter into past traumas and memories knowing that healing is attainable. Over time, hope becomes a virtue woven into the character of the patient and an inspiration and motivation for daily living. At least within the context of religiously informed psychotherapy, the virtue of hope allows the patient to trust that he or she is moving towards a telos where the fullness of one's life can be experienced and expressed in relationship to others.

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**32** Benner, "Intensive Soul Care," 287-306.
**33** McMinn, Staley, Webb, and Seegobin, "Just What Is," 391-397.

## Love

In positive psychology love is often considered to be somewhat synonymous with attachment.[34] There are good reasons for this association. For one, it connects love with a large and growing body of empirical research that relates to human development as well as personality theory. Also associating love and attachment allows for psychotherapeutic conversations about love, especially in the relational psychoanalytic tradition. The transforming effect of love begins as the patient experiences consistency, compassion, and genuine care from the psychotherapist and a transitional attachment is formed. For some patients this sort of loving, self-offering relationship may be a relatively novel experience. Ideally, as psychotherapy proceeds the patient internalizes love from the therapist and begins to test her or his own capacity to love. Patients begin to show compassion for their human failings and tolerate their imperfection. Those who have withdrawn themselves from relationships may then step slowly toward others in attachments that will ultimately be more permanent than the transitory psychotherapeutic attachment.

In addition to affirming the presumed association between love and attachment, we respectfully suggest that a teleological view of love is philosophically and theologically larger than attachment theory. The essence of Christian love is seen in self-offering, epitomized in the incarnational story where a loving God refuses to give up on wayward humanity  and instead comes to live among us to show us how to love and live well. A Christian teleology of love is always rooted in Jesus  and in a desire to emulate such a humble self-offering way of relating to others. Though this is captured to some extent in attachment theory (e.g., the humble self-offering given to children by loving parents), seeing this as a theological foundation for human relating goes well beyond traditional psychoanalytic theory. From a theological and teleological vantage point, when we cultivate in ourselves a virtue of love we learn to move toward our authentic selves, to live into our calling and purpose. The transformation is not only in becoming attached to another, but also in moving toward our full potential as self-offering beings, living in harmonious and meaningful community with one another.

This larger view of love affects how we might view transformation in psychotherapy. While we hope for our patients to find meaningful attachments during and after psychotherapy, we also hope for this larger transforming view of love to enter the patient's worldview as it has the psychotherapist's. Love then becomes a way of being that affects one's concern for neighbors, attitude toward living in a consumerist society, treatment of the environment, actions toward strangers, and so on. Love is certainly about attachments, but it is also a bigger construct that affects how one lives in the world.

## Research Possibilities

The transformation discussed in this section is about shifting a person's perspective. Rather than merely living inside a particular experience, this sort of transformation involves stepping back and seeing oneself in the context of something larger. In ACT this is referred to viewing self as context rather than self as content. This larger view does not necessarily require religious or spiritual beliefs, but might it be that some forms of religion and spirituality help promote this sort of psychological flexibility? Conversely, might some forms of religion and spirituality hinder psychological flexibility? To what extent do contemporary psychotherapists see transformation and character change as a reasonable outcome of psychotherapy? Is this related to psychotherapists' personal religious and spiritual beliefs, theoretical orientation, and degree of involvement with third-party payers?

Moreover, empirical evidence for the efficacy of religiously informed psychotherapy tends to be based on the same symptom-focused outcome measures used in traditional psychotherapy outcome research.[35] How reasonable and effective are these current assessment tools for measuring transformation and character change over time?

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34 Peterson and  Seligman, "Character Strengths."
35  Hook, Worthington, Davis, Jennings, Gartner, and Hook, "Empirically Supported," 46-72.

Finally, it may be wise to consider a timeworn model of psychotherapy effectiveness known as the tripartite model by which the effectiveness of psychotherapy is considered from three vantage points: the patient's, the psychotherapist's, and society's.[36] Except for legally mandated services, most contemporary psychotherapy pays relatively little attention to society's health as an outcome of psychotherapy, yet with much psychotherapy being funded through pooled insurance funds and some directly from government funds, it seems reasonable to consider the welfare of society as a legitimate outcome variable. This raises a host of empirical questions, such as how can contribution to social welfare be assessed in a psychotherapy patient? If it is successfully assessed, to what extent does virtue development contribute to socially-minded citizens? Do short-term and long-term psychotherapy differ in the benefits they offer to social welfare? If so, what are the policy implications for private and governmental health care programs?

## Conclusion

Considering religious virtues in the context of psychotherapy is ambitious, perhaps even audacious. But then again, Bergin's idea of considering religious values in psychotherapy was deemed audacious by many 35 years ago, and much good work has been accomplished in the intervening decades, in part because of Bergin's audacity. As values focus on who we are, virtues also focus on who we are becoming. The idea of virtue in psychotherapy is supported by centuries of thought in philosophy, theology, and pastoral care, much of which remains relevant in contemporary times. It is also consistent with the virtue-based science of positive psychology that has emerged over the past two decades. Moreover, the idea of promoting character change and virtue in psychotherapy is roughly consistent with some current theoretical trends, including ACT and relational psychodynamic approaches. We look forward to ongoing scholarly dialog about the possibilities that lie ahead.

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**36** Strupp and Hadley, "Tripartite Model," 187-196.

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