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Introduction to the Special Issue on Spirituality and Psychotherapy

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Abstract

Religion and spirituality have been topics of interest to psychologists since the inception of the field, and this special issue devoted to spirituality and psychotherapy reflects the maturation of decades of research. Psychotherapy clients would like to discuss religious or spiritual issues with therapists, but therapists feel poorly prepared to do so. This special issue hopefully represents a step towards bridging the needs of clients and the expertise of providers. The seven articles in this issue reflect the progress psychologists have made toward understanding religion and spirituality, and they represent state-of-the-art attempts at integrating these dimensions into treatment.

Keywords

spirituality; religiousness; psychotherapy; religion

This special issue of the *Journal of Clinical Psychology* is especially special. Even though religion and spirituality were topics of vital interest to William James and other figures who founded psychology, religion and spirituality were largely neglected as subjects of serious psychological attention for much of the 20th century. Why? In part because psychology as a discipline was eager to detach itself from its philosophical and religious roots in the effort to establish itself as a hard science; in part because of concerns about the potential confusion of religion and spirituality with spiritualism, mesmerism, and other pseudoscientific endeavors; and in part because proponents of the major clinical paradigms of the time, Freud and Skinner, tended to oversimplify and stereotype religion and spirituality (Coon, 2002; Wulff, 1997). The estrangement between psychology and religion as disciplines was paralleled by personal disenchantment with religion by many psychologists. Even today, psychologists continue to demonstrate less religiousness than the population as a whole (Shafranske, 2001).

Towards the latter part of the 20th century, this picture began to change as psychology entered a post positivistic era and began to explore other paradigms (e.g., positive psychology, Eastern psychology) that were more open to religion and spirituality. Scientific interest in spirituality and religion increased. For example, since the 1960s the number of scientific studies of spirituality within the health and social science literature quadrupled (Weaver, Pargament, Flannelly, & Oppenheimer, 2006). Along the way, conceptualizations of spirituality and religiousness have evolved. Spirituality is generally understood as the thoughts, feelings, and behaviors an individual engages in search of a relationship with the sacred; religiousness is generally defined as those spiritual thoughts, feelings, and behaviors that are specifically related to a formally organized and identifiable religion (see Zinnbauer & Pargament, 2005). Because for most persons the sacred refers to a higher power, God, or transcendent reality, spirituality and religiousness are often synonymous expressions.

Among the findings that have emerged from the literature, two have particularly important implications for clinical psychology. First, spirituality can be a potent resource to people who are experiencing problems. Empirical studies have consistently shown that many people turn to spirituality for strength and support during stressful times (Pargament, 1997). Moreover, specific spiritual beliefs and practices have been tied to improvements in health and well-being, even after controlling for the effects of demographic and traditional psychological and social variables. These studies suggest that spirituality may offer a distinctive way of understanding and dealing with life's most disturbing problems. Second, spirituality can be a source of problems. Researchers have identified particular spiritual risk factors for poorer physical and mental health, such as feelings of anger toward God, conflicts with congregation and clergy, and spiritual doubts and confusion (e.g., Exline & Rose, 2005). The emerging literature in the psychology of religion and spirituality underscores a key point: There is a spiritual dimension to human problems and solutions.

Thus, not only is addressing the spiritual dimension in psychological practice not farfetched, research clearly suggests that clients would like to be able to discuss religious or spiritual issues with their therapists, although these topics are not frequently broached in treatment (Rose, Westefeld, & Ansley, 2001). Unfortunately, therapists often feel unequipped to talk about spiritual matters, perhaps because they lack training in this area. In this vein, a survey of clinical training directors of programs in the United States and Canada revealed that only 13% of the programs offer a course in religion and spirituality (Brawer, Handal, Fabricatore, Roberts, Wajda-Johnson, 2002). Uncomfortable and ill-equipped to deal with spiritual issues in treatment, practitioners may simply change the subject when the topic comes up. Spirituality, however, cannot be completely disentangled from practice. Even presumably secular forms of therapy have been associated with changes in measures of spirituality (Tisdale et al., 1997). Thus, the critical question is not *whether* but *how* spirituality should be addressed in psychological practice.

There are good reasons then to consider the place of spirituality in clinical psychology. Promising steps have already been taken in this direction. Recently, a special issue of *Mental Health, Religion and Culture* was

devoted to spiritually integrated psychotherapy (Pargament & Tarakeshwar, 2005). Several empirical evaluations of the efficacy of manualized spiritually integrated treatments have been published with promising results (e.g., Avants, Beitel, & Margolin, 2005; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992; Richards, Berrett, Hardman, & Eggett, 2006; Tarakeshwar, Pearce, & Sikkema, 2005). In the last 10 years, a number of books have also appeared that describe how psychologists can address religious and spiritual issues from a variety of therapeutic perspectives (e.g., Griffith & Griffith, 2002; Nielsen, Johnson, & Ellis, 2001; Pargament, 2007; Richards & Bergin, 2005; Schreurs, 2002; Sperry & Shafranske, 2005). Significant as it is, this work is only a start. There is still much to learn about religion and spirituality and their place in psychological practice.

This special issue of the *Journal of Clinical Psychology* highlights some of the most recent progress psychologists have made toward understanding religion and spirituality, and integrating these dimensions more fully into treatment. The seven articles in this issue address a variety of topics, including:

- Basic research on links between religion/spirituality and health
- Applied research on religion/spirituality and health
- Development and evaluation of spiritually integrated therapy
- Special clinical issues associated with religion/spirituality and psychological practice

The study presented by Arnette, Mascaro, Santana, Davis, and Kaslow (pp. 909–924) presents the results of an investigation into factors predicting the emotional status of highly distressed African American women who are victims of interpersonal violence. Their results suggest that developing therapeutic interventions aimed at improving spirituality would not only be culturally relevant, but potentially efficacious. Huppert, Siev, and Kushner (pp. 925–941) also address the issue of cultural relevance in their treatise on developing exposure and response prevention treatment—the treatment of choice for obsessive–compulsive disorder—that would be acceptable to members of the Ultra-Orthodox Jewish community. Making such culturally sensitive adjustments to empirically supported treatments could enhance their effectiveness by enabling clients to accept and actively engage in the treatment.

A couple of articles explore integrations of spiritual and religious content into the practice of psychotherapy. Martinez, Smith, and Barlow (pp. 943–960) directly evaluated whether highly religious clients perceived specific religious-oriented therapeutic interventions as appropriate or helpful. They found that clients rated out-of-session interventions as more appropriate, but actually less helpful than in-session interventions. They also report opinions about the appropriateness of specific interventions, such as referencing scriptural passages and encouraging forgiveness (considered appropriate) or being blessed by the therapist (considered less appropriate). Gurney and Rogers (pp. 961–977) review the historical, often strained relationship between psychotherapy and religion or spirituality. They then develop a potential rapprochement between these perspectives from the standpoint of object relations theory and therapy, which is particularly ironic given that psychoanalytic authors were particularly critical of religious beliefs.

Two of these reports describe examinations of spiritually oriented interventions. Margolin and colleagues (pp. 979–999) report on the outcomes of a manual-guided intervention intended to decrease high-risk behavior among HIV-positive drug users. The therapy integrates cognitive psychology with Buddhist principles that promote a change in self-schema from one of potentially self-destructive behavior to a self-schema characterized by mindfulness, compassion, and an attitude of benevolence towards self and others. The results of their small pilot study suggest that the intervention may decrease impulsivity and associated drug use, while promoting healthier behaviors. Goldstein (pp. 1001–1019) evaluated an intervention intended to cultivate sacred moments. The results suggest that the intervention is associated with improved spiritual and psychological well-being and stress.

Finally, the article by Desrosiers and Miller (pp. 1021–1037) reports on the findings of a survey of 615 adolescents. The researchers found that relational spirituality was higher in girls than boys, and was linked to less depressive symptomatology among adolescent girls. Their findings suggest that relational spirituality may be a protective factor against depression in adolescent girls, and the authors discuss implications for treatment.

The articles of this special issue will hopefully prompt researchers and clinicians to examine more closely the important associations between clients' spiritual and religious beliefs and behaviors and their attitude toward, reaction to, and success in treatment. The articles demonstrate that attention to clients' religion and spirituality is essential to culturally sensitive care. Moreover, the articles suggest that religion and spirituality can be addressed and integrated successfully in the process of psychotherapy. Contrary to the views of some of our professional forerunners, religion and spirituality are not contrary to mental health and mature relationships, but are vital to the very being of most of our clients. Psychologists ignore the spiritual dimension of psychotherapy to the detriment of their field and their clients.

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