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Psychotherapy and Religious Values

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Beyond Mindfulness

Expanding Integration of Spirituality and Religion into Psychotherapy

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Abstract: Since the publication of Bergin’s classic 1980 paper “Psychotherapy and Religious Values” in the *Journal of Clinical and Consulting Psychology*, an enormous amount of quality research has been conducted on the integration of religious and spiritual values and perspectives into the psychotherapy endeavor. Numerous empirical studies, chapters, books, blogs, and specialty organizations have emerged in the past 35 years that have helped researchers and clinicians alike come to appreciate the value of religion and spirituality in the psychotherapeutic process. While so much has been accomplished in this area of integration, so much more needs to occur in order for the psychotherapeutic world to benefit from the wisdom of the great religious and spiritual traditions and values. While state-of-the-art quality research has and continues to demonstrate how religious and spiritual practices and values can be used effectively to enhance the benefits of behavioral and psychological interventions, too often the field either gets overly focused on particular and perhaps trendy areas of interest (e.g., mindfulness) or fails to appreciate and incorporate the research evidence supporting (or not supporting) the use of certain religiously or spiritually informed assessments and interventions. The purpose of this article is to reflect on where the field integrating religion, spirituality and psychotherapy has evolved through the present and where it still needs to go in the future. In doing so I hope to reflect on the call for integration that Bergin highlights in his classic 1980 paper.

Keywords: Spirituality, religion, psychotherapy, integration

The 1980 publication of Bergin’s important and groundbreaking “Psychotherapy and Religious Values” in the *Journal of Clinical and Consulting Psychology*¹ helped to start a growing trend and opportunity to more fully examine how religious and spiritual values have been incorporated into psychotherapy. Much progress has been made in the thirty-five years since this remarkable article. A great deal of research has well demonstrated that religious and spiritual practices and values can effectively enhance the benefits of psychotherapeutic interventions. Yet the field has become overly focused on certain areas of interest (e.g., mindfulness) without adequate attention to research of other religiously and spiritually informed interventions.

Foundations: Examining Context and Directions

Psychology has had an ambivalent relationship with religion and spirituality for decades. And perhaps American psychology has been especially ambivalent over the years and has often been antagonistic. For example, although most Americans report that they believe in God and are engaged in a religious tradition

1 Bergin, “Psychotherapy”, 95.

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1 and community,² “psychologists (are) more than twice as likely to claim no religion, three times more likely
 2 to describe religion as unimportant in their lives, and five times more likely to deny belief in God”³ than non-
 3 psychologists in America.⁴ Perhaps most remarkable and even troubling, two-thirds of psychology clinical
 4 internship training directors endorsed the statement that they “never foresee religious/spiritual training
 5 being offered in their program.”⁵ Training deficits in this area have continued to be well documented in
 6 recent years.⁶ Additionally, many of the most prominent forefathers and revered leaders in psychology
 7 (e.g., Sigmund Freud,⁷ B. F. Skinner, Albert Ellis,⁸ John Watson⁹) all repeatedly offered distain and highly
 8 unsupportive comments about religion and the relationship between psychology and religion. This state
 9 of affairs is especially curious since many surveys have found that the majority of Americans who seek
 10 out psychotherapy services report that they would like to discuss their spiritual and religious concerns
 11 with their therapists.¹⁰ In a nutshell, the general public has typically been interested in and supportive of
 12 religious and spiritual communities and traditions, while psychologists historically have been uninterested
 13 or even dismissive or disdainful of them.¹¹

14 However, in more recent years, more psychologists and mental health professionals in general have
 15 become engaged by the influences of religion and spirituality and have used tools from these great
 16 wisdom traditions in their professional clinical services.¹² Bergin’s 1980 paper was prophetic in that during
 17 subsequent years (perhaps especially around the new millennium and shortly thereafter) an explosion of
 18 research and interest in this area unfolded. Large and wealthy foundations such as the John Templeton
 19 Foundation, the Lilly Foundation, and the Pew Foundation began to fund research examining the physical
 20 and mental health benefits of spirituality and religious practices. Additionally, other major funding sources
 21 such as the Fetzer Institute and even government agencies such as the National Institute of Health (NIH)
 22 began supporting research that examined the relationship between religious and spiritual factors and both
 23 mental and physical health outcomes. All of this available funding and interest have proved useful and
 24 productive in assisting researchers to conduct and complete quality and state-of-the-art randomized trials
 25 and other impressive research methodological and statistical approaches to more closely and thoughtfully
 26 investigate the relationship of religious and spiritual practices with physical and mental health outcomes.

27 The results of this research have clearly demonstrated that appropriate engagement in religious and
 28 spiritual practices and communities can not only lead to better psychological health and well-being but
 29 can also improve physical health and even longevity.¹³ In fact, the National Institute of Health concluded
 30 after reviewing the literature that “pervasive” evidence exists that participating in religious and spiritual
 31 practices lowers all-cause mortality by 25-30 percent¹⁴ and that on average people who are engaged with
 32 religious and spiritual practices and communities can expect to live seven years longer than those who
 33 are not.¹⁵ The psychological benefits of spiritual and religious engagement are impressive as well, with
 34 numerous studies finding that well-being, depression, anxiety, substance abuse, relationship satisfaction,
 35 and so forth are all improved when individuals involve themselves with appropriate spiritual and religious
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39 ² Gallup, “The next American”; Gallup, “Surveying”.

40 ³ Delaney, “Religiosity”, 542.

41 ⁴ Shafranske, “Religious involvement”, 525; Smith, “Religious and spiritual”, 144.

42 ⁵ Russell, “Religion/Spirituality”, 434.

43 ⁶ Vogel, “Examining religion”, 158.

44 ⁷ Freud, “The future”.

45 ⁸ Ellis, “The case”.

46 ⁹ Watson, “Psychology”.

47 ¹⁰ Rose, “Spiritual issues”, 118.

48 ¹¹ Hage, “A closer look”, 303.

49 ¹² Land, “Spirituality, religion, and faith”; Miller, “Spirituality, religion, and health”, 24; Plante, “Faith and health”; Plante,
 50 “Spirit, science, and health”; Powell, “Religion and spirituality”.

51 ¹³ Hill, “Religious involvement”, 217; Marks, “Religion and bio-psycho-social”, 173; Masters, “Are there demonstrable”, 337.

¹⁴ Miller, “Spirituality, religion, and health”, 24.

¹⁵ Koenig, “Handbook”.

groups and practices¹⁶. While the precise mechanisms of these impressive relationships and findings are still being carefully investigated with ongoing research, positive relationships between spiritual and religious engagement and positive physical and mental health benefits are well established.

This research has led to a variety of ways that religious and spiritual practices can be appropriately and ethically integrated into psychotherapy within evidence-based models of assessment and intervention.¹⁷ For example, Plante¹⁸ outlines thirteen spiritual and religious tools that have evidence-based research support that can be used by mental health professionals and others to better serve their psychotherapy clients. These tools include engaging in prayer and meditation; practicing bibliotherapy; attending to issues related to meaning, purpose, and a sense of calling in life; engaging in rituals, charitable activities, and volunteerism; observing social justice; engaging in observational learning from highly regarded spiritual models; accepting self and others even with faults; focusing on forgiveness, gratitude, and compassion; attending to religiously inspired ethics; and highlighting the sacredness of life. Many of these tools have been endorsed by the new and more secular positive psychology movement. While stripping the religious and spiritual context of these tools and values to make them agreeable and palatable to all, much research and attention have focused on secular approaches to compassion, gratitude, meaning in life, and other qualities.¹⁹

Pargament²⁰ and others²¹ offer thoughtful and evidence-based approaches to psychotherapy informed by spirituality. Perhaps most impressive, the American Psychological Association recently published a multivolume handbook that provides the most updated research support along with clinical practice implications for religiously and spiritually based and informed psychotherapy.²² Thus thirty-five years after the publication of Bergin's classic paper, the field of spiritually and religiously informed psychotherapy has come a very long way and has evolved rapidly. There are now many high quality resources available for mental health professionals to enhance their psychotherapy skills and services with religiously and spiritually informed tools and to do so in an evidence-based, research-supported professional manner.

Applications: Acknowledging Trends and Needs

But too many psychologists still choose to ignore these important quality resources as well as the compelling research findings mentioned here in brief.²³ The discomfort with religion and spirituality is still palpable in psychology as it relates to traditional and often specifically western theistic religious communities and structures. As recently as a 2006 publication, over two-thirds of psychology internship directors stated that they *never* foresee offering training in religiously and spiritually focused psychotherapy²⁴. Most graduate students in psychology today still do not receive any training in spiritual and religious issues, even in their multicultural courses. Although graduate trainees now have mandated courses that include diversity and multicultural issues focused on race, ethnicity, gender, gender identity, sexual orientation, and so forth, these classes tend to ignore or pay lip service only to diversity and multiculturalism based on spiritual and religious identify and affiliations.²⁵ This is especially troubling since the American Psychological Association's Ethics Code²⁶ makes clear that psychologists must be culturally competent in this important

¹⁶ Hackney, "Religiosity and mental health", 43; Land, "Spirituality, religion, and faith"; Pardini, "Religious faith", 347; Plante, "Spiritual practices"; Plante, "Contemplative"; Plante, "Religion, spirituality"; Plante, "Psychology of compassion".

¹⁷ Richards, "Bringing spirituality", 169; Sanders, "Processes and outcomes", 180.

¹⁸ Plante, "Spiritual practices".

¹⁹ Emmons, "Counting blessings", 377; Keys, "Flourishing"; Plante, "Religion, spirituality"; Seligman, "Positive psychology progress", 410; Seligman, "Positive psychology", 5; Snyder, "Positive psychology".

²⁰ Pargament, "Spiritually integrated".

²¹ Frame, "Integrating religion"; Sanders, "Processes and outcomes", 180; Sperry, "Spirituality oriented".

²² Pargament, "APA Handbook".

²³ Plante, "Spiritual practices".

²⁴ Russell, "Religion/Spirituality", 434.

²⁵ Plante, "Spiritual practices".

²⁶ APA, "Ethical principles", 1060.

1 area as well as other areas of diversity, stating that “psychologists are aware of and respect cultural,
2 individual, and role differences, including those based on age, gender, gender identity, race, ethnicity,
3 culture, national origin, religion . . . and consider these factors when working with members of such
4 groups” (p. 1064).

5 However, a number of graduate training programs embedded within religiously affiliated universities
6 or professional schools (e.g., Wheaton, George Fox, Regent, Fuller, Biola, Rosemead, and Institute for the
7 Psychological Sciences) have engaged in thoughtful, evidence-based, and accredited doctoral training
8 that integrates religiously and spiritually informed research and practice. However, the training in these
9 programs represents a small fraction of all of the doctoral level training available for professional psychology.
10 Additionally, Christian counseling, which has been endorsed and supported by a subset of psychologists
11 and other licensed mental health professionals, typically offers their own specialty training programs and
12 curricula, most often in master’s level training programs. Most psychologists not trained within these
13 religiously affiliated institutions tend to gravitate towards interventions from the eastern traditions, most
14 commonly mindfulness meditation.²⁷

15 Mindfulness meditation has taken psychology by storm.²⁸ Numerous books, journal articles, workshops,
16 and seminars are offered for training clinicians to practice and offer mindfulness meditation to their
17 clients.²⁹ Presentations on mindfulness at the national conventions, including the American Psychological
18 Association’s annual convention, are always packed with overflowing audiences. In fact, a recent survey
19 polling leading experts in clinical psychology found that mindfulness was the number one clinical trend
20 in psychology both now and in the foreseeable future.³⁰ Recently the *American Psychologist*, the American
21 Psychological Association’s primer journal, offered a special issue focused on mindfulness (October 2015).
22 Numerous studies have found that mindfulness-based stress reduction and meditative practices, which
23 come from the Buddhist tradition, reduce anxiety, stress, and depression, and have helped many other
24 mental and physical health problems.³¹ Additionally, mindfulness has now been incorporated into a variety
25 of long standing treatment strategies such as dialectical behavior therapy for personality disorders³² and
26 cognitive behavioral psychotherapy in general.³³

27 Yet what psychologists and other mental health professionals fail to understand or appreciate is that
28 mindfulness is just one of countless meditative and contemplative practices offered among the varying
29 religious and spiritual traditions and that many other meditative practices have also received good empirical
30 support.³⁴ For example, mantram repetition,³⁵ centering prayer,³⁶ and transcendental meditation³⁷ are just
31 a few of the non-mindfulness-based meditative and contemplative approaches that have been thoughtfully
32 evaluated and found to have quality research support regarding their effectiveness in psychotherapy
33 environments. There are many others as well.³⁸

34 Yoga is another activity that is very popular in America that has been integrated into psychotherapy.³⁹

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37 **27** Barker, “Mindfulness”, 168; Langer, “Mindfulness”.

38 **28** Barker, “Mindfulness”, 168; Davidson, “Conceptual and methodological”, 581; Dimidjian, “Prospects”, 593; Khoury,
39 “Mindfulness based therapy”, 763; Langer, “Mindfulness”.

40 **29** Germer, “Mindfulness and psychotherapy”; Kabat-Zinn, “Full catastrophe”; Kabat-Zinn, “Wherever you go”; Kabat-Zinn,
41 “Mindfulness-based interventions”; Langer, “Mindfulness”.

42 **30** Norcross, “A Delphi poll”, 363.

43 **31** Barker, “Mindfulness”, 168; Hayes, “Get out of your mind”; Kabat-Zinn, “Full catastrophe”; Kabat-Zinn, “Wherever you go”;
44 Kabat-Zinn, “Mindfulness-based interventions”; Khoury, “Mindfulness based therapy”, 763; Shapiro, “Meditation”, 57; Walsh,
45 “The meeting”, 227.

46 **32** Linehan, “Cognitive-behavioral”.

47 **33** Haynes, “Mindfulness and acceptance”; Haynes, “Get out of your mind”.

48 **34** Oman, “Meditation lowers stress”, 569; Plante, “Contemplative practices”.

49 **35** Bormann, “Mantram or holy name”, 94; Bormann, “Effects of spiritual”, 359.

50 **36** Ferguson, “Centering prayer”, 60; Keating, “The heart of the world”; Merton, “Contemplation”.

51 **37** Hartz, “Spirituality and mental health”.

38 Easwaran, “Meditation”; Oman, “Holy name”, 5.

39 Hofmann, “The impact of Kundalini Yoga”, 81; Horovitz, “Yoga therapy”; Park, “Who practices yoga?”, 460; Rajesh, “Yoga
psychology”, 84.

1 Originating from the Hindu tradition in India, Yoga (meaning union) is a practice that involves physical
 2 postures, breathing, and both study and application of spiritual and philosophical principles that are
 3 outlined in the Yoga Sutras.⁴⁰ While there are many different kinds and styles of yoga, hatha yoga, which
 4 is especially popular in the United States, requires no particular set of beliefs or religious affiliation.
 5 Research has found that yoga practice is effective for reducing stress, arousal, anxiety, and depression and
 6 for improving well-being.⁴¹ As yoga has become increasingly popular in the United States, it has attracted
 7 interest in psychological research and clinical practice as well.⁴²

8 Regarding the question of acceptance of religion and spirituality as aspects of mainstream culturally
 9 competent psychotherapeutic care, non-theistic eastern approaches (particularly mindfulness and yoga)
 10 along with positive psychology have been enthusiastically embraced by the field of psychology, while
 11 theistic approaches, especially related to the western tradition, have found acceptance only in very
 12 specific religiously based universities and professional schools and in Christian counseling practiced in
 13 particular settings for a particular subset of professionals and clients. Psychology's general discomfort and
 14 ambivalence concerning organized religion, the theistic western traditions in particular, have led the field
 15 to generally ignore the research evidence and evolving best practices related to integration of spirituality
 16 and religion into culturally accepted psychotherapy.

18 Next Steps Moving Forward

21 As the field continues to evolve, it is critical for psychology to take a thoughtful and evidence-based
 22 approach that is objective and unbiased towards religious and spiritual approaches regardless of where
 23 these approaches originate: east or west. As clearly stated in the American Psychological Association's
 24 Ethics Code, we must be "aware of and respect . . . religion."⁴³ Efforts to do so must begin with quality
 25 training. Advances made in recent decades in multiculturalism⁴⁴ should thoughtfully include religion and
 26 spirituality alongside ethnicity, race, gender, gender identity, sexual orientation, and other elements of
 27 training for diversity and cultural competency. Both graduate and post-graduate training are necessary in
 28 order to achieve adequate cultural and professional competence related to religious and spiritual diversity.⁴⁵
 29 Training should involve the psychology of religion including some efforts towards training in comparative
 30 religions as well. Having adequate cultural competency means being religiously and spiritually literate to
 31 best serve diverse clients. Much has been written in these areas of focus,⁴⁶ and thus integrating this well
 32 established literature into psychological training during graduate and post-graduate training programs is
 33 merely an issue of the will to do so by the profession and training program directors.

34 Second, bias and prejudice related to religion and spirituality by psychologists or by others should not
 35 be tolerated, just as bias and prejudice associated with ethnicity, race, gender, sexual orientation, and so
 36 forth would not be tolerated. Changing the professional culture such that stereotyping based on gender,
 37 gender identity, sexual orientation, race, ethnicity and so forth is no longer tolerated has taken great
 38 effort and time. This is likely to be true of changing the culture to avoid prejudice, bias, and stereotyping
 39 of religious and spiritual diversity as well. Currently too many professionals, in both overt and indirect
 40 ways, will support and encourage eastern religious traditions and practices (e.g., mindfulness and yoga)
 41 within mainstream psychology and yet dismiss, disparage, or discourage western approaches and practices
 42 (e.g., church/temple/mosque attendance, deistic prayer and worship, sacred scripture reading and study,
 43 consultation with clerics). Progress towards more thoughtful evidence-based and integrative religious

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 45 ⁴⁰ Richards, "The path of Yoga", 143.

46 ⁴¹ Da Silva, "Yoga in the treatment", 6; Hofmann, "The impact of Kundalini Yoga", 81; Riley, "Hatha Yoga", 20.

47 ⁴² Hofmann, "The impact of Kundalini Yoga", 81; Horovitz, "Yoga therapy"; Park, "Who practices yoga?", 460; Rajesh, "Yoga
 48 psychology", 84.

49 ⁴³ APA, "Ethical principles", 1060.

50 ⁴⁴ APA, "Guidelines on multicultural", 377.

51 ⁴⁵ Brawer, "Training and education", 202.

⁴⁶ See Hood, "The psychology of religion" for a helpful yet scholarly introduction.

1 approaches from both east and west can be accomplished by multiple methods, including engagement with
2 appropriate high quality educational workshops, seminars, and professional writings about spirituality
3 and religious integration in psychotherapy. Efforts to do so have shown great gains in most recent years. For
4 example, new American Psychological Association journals, such as *Psychology of Religion and Spirituality*
5 as well as *Spirituality in Clinical Practice*, among others, have been received positively and have quickly
6 become venues for both empirical research and clinical best practices. And plenty of books are now
7 available for clinicians to learn about best practices in the field.⁴⁷

8 Third, we can learn from previous successes. The explosion of interest and research in mindfulness
9 (and yoga) offers a template for future research in other topic areas that integrate religion, spirituality, and
10 psychotherapy.⁴⁸ Numerous professionals from multidisciplinary backgrounds collaborated and consulted
11 with each other to develop and offer quality research and practice in mindfulness-based research and did
12 so very quickly. As the old adage says, “Where there is a will there is a way.” The interest and enthusiasm
13 regarding mindfulness has been palpable.⁴⁹ The numbers of resulting books, workshops, seminars,
14 podcasts, articles, and so forth that have become available during the past ten years in particular have
15 been striking. The fact that the *American Psychologist* recently offered a special issue (October 2015) on
16 mindfulness speaks volumes to the remarkable ability of this one particular spiritually and religiously
17 based approach to take the psychological profession by storm.

18 Research and clinical professionals engaged in other areas of spiritually and religiously integrated
19 psychotherapy could work collaboratively to conduct research and offer best practices among more
20 theistically based approaches. While this has already begun, many more efforts could be supported in
21 additional areas of research and clinical focus. These could include, for example, the health and mental
22 health benefits of centering and group prayer experiences; the use of religious and spiritual rituals in
23 treatment; involvement with bibliotherapy, such as Bible reading, as well as scripture-based meditative
24 practices, such as passage meditation; engagement in social justice and charitable work with, for example,
25 the poor and marginalized as an adjunct to psychotherapy; intentional integration of religious and spiritual
26 values, such as loving kindness, compassion, humility, and forgiveness into psychotherapy treatments;
27 along with other religious and spiritual tools mentioned earlier in this article and elsewhere. Quality
28 randomized trials as well as other sophisticated methodological approaches could be utilized to better
29 investigate the potential outcomes of these thoughtfully integrated treatments.

30 Fourth, multidisciplinary collaboration is a key to success. The professional psychological research
31 community must collaborate with both the professional clinical practice community and the clerical
32 community. Too often the lack of collaboration has led to poorly developed research projects, as well as to
33 overly simplified understanding of religious and spiritual practices and interventions. With some effort,
34 researchers can work closely and collaboratively with both clinicians and clerics to develop thoughtful
35 and sophisticated research projects to better ensure that high quality research is conducted, religious and
36 spiritual practices used are well reflective of those actually used in the real world of religion and spirituality,
37 and results are appropriately disseminated to both the professional and lay communities. Having clerical
38 collaborators and consultants on research teams and integrating their work into clinical protocols is an
39 important and perhaps vital step in developing the kinds of quality research projects that are thoughtful
40 and thus ultimately more valuable for the profession as well as for the public.

41 Preliminary research has found encouraging support for the use of the thirteen tools of psychotherapy
42 integration discussed earlier and elsewhere.⁵⁰ For example, we know that prayer, meditation, volunteerism,
43 bibliotherapy, and spiritual modeling, as well as focus on forgiveness and compassion etc., can be borrowed
44 from the great religious traditions and effectively used in psychotherapy for better clinical outcomes. For
45 example, much research has been conducted, even using evidence-based, manualized, and randomized
46 clinical trials, to demonstrate the benefits of religiously based forgiveness-focused psychotherapy with
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48 ⁴⁷ Pargament, “APA Handbook”; Plante, “Spiritual practices”; Sperry, “Spirituality oriented”.

49 ⁴⁸ Dimidjian, “Prospects”, 593.

50 ⁴⁹ Davidson, “Conceptual and methodological”, 581.

51 ⁵⁰ Plante, “Spiritual practices”.

multiple clinical populations.⁵¹ Additional research has been conducted examining the benefits of religiously inspired interventions and approaches⁵² focused on compassion or on gratitude interventions.⁵³ Use of religion-based strategies for effective decision making has also been applied to the clinical psychotherapy setting.⁵⁴

However, we now need to move toward a more nuanced approach to better understand what kinds of spiritual and religious tools, under what circumstances, and with which patient populations might be most effective. For example, while we think that using religious imagery of popular saints as role models, praying the rosary, attending Mass, and including confession and centering prayer techniques might be especially useful and beneficial among Roman Catholic patients, it is unclear if this is so, given the lack of quality randomized trials. Additionally, while we might assume that biblical scripture reading and Bible study reflection may be helpful to Bible-focused denominations, this assumption also requires adequate randomized trials. While we know that there are health and mental health benefits of forgiveness, compassion, and gratitude, it is unclear how the benefits from these values are connected specifically with religious and spiritual perspectives and traditions. Thus more careful and thoughtful research investigations are needed to answer how particular spiritual tools can be most effective for particular client populations under very particular clinical and religious situations.

Multiculturalism and cultural competence related to other areas of diversity (e.g., gender, sexual orientation, race, ethnicity) has made great progress in recent years and decades and can serve as a model or template for ways that diversity and multiculturalism related to religion and spirituality can follow.⁵⁵ We don't need to reinvent the wheel where quality efforts have already been made in other areas of research and clinical focus. If we follow this template and caution, Professor Bergin's 1980 call for integrating and reflecting on religious and spiritual values as appropriate and professional aspects of psychotherapy will be realized. Hopefully, it won't take another thirty-five years to see the fruits of these labors.

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⁵¹ Worthington, "Moving forward".

⁵² Plante, "The psychology of compassion".

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⁵⁴ Dreher, "Rediscovering the sense of calling", 129.

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