Religion and Spirituality in Psychotherapy: A Practice-Friendly Review of Research

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The role of religion and spirituality in psychotherapy has received growing attention in the last two decades, with a focus on understanding the ways that religion and spirituality relate to therapists, clients, and treatment methods. The authors reviewed recent empirical research on religion and spirituality in psychotherapy to inform practitioners about effective ways to incorporate the sacred into their clinical work. Three main areas are covered: religion/spirituality and therapists, religion/spirituality and clients, and religious/spiritual interventions. Research indicates that therapists are open to religious/spiritual issues, that clients want to discuss these matters in therapy, and that the use of religious/spiritual interventions for some clients can be an effective adjunct to traditional therapy interventions. © 2009 Wiley Periodicals, Inc. J Clin Psychol: In Session 65:131–146, 2009.

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Introduction

A movement within the mental health professions to understand and address the sacred has surfaced in recent years. This trend can be attributed to the following developments: research showing a positive relationship between religion and health; the majority of the general public in the United States identifying as religious or spiritual; and the ascendancy of multicultural counseling encouraging sensitivity to cultural diversity, which includes the religious and spiritual (Hage, Hopson, Siefel, Payton, & DeFanti, 2006). The practical question for clinicians is no longer *whether* to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are *when* and *how* to address the sacred. However, these are not easy questions to answer. In this article, we hope to assist practitioners in understanding

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the clinical implications of recent empirical studies on religion and spirituality in psychotherapy and begin to answer these questions.

Our Review of the Clinically Relevant Research

Differentiating between the terms *religious* and *spiritual* is difficult because they have overlapping meanings, and yet are recognized as distinct (Hage et al., 2006). In addition, researchers have not agreed upon a definition of these constructs (Richards & Bergin, 2005). The term *religious*, as it is most commonly understood, implies an affiliation with an institutionalized religion and affirmation of theological doctrine or dogma. The term *spiritual* most often refers to a connection to the transcendent which for some is disconnected from organized religion (Sperry & Shafranske, 2005). Accordingly, a person can be religious and spiritual, religious but not spiritual, spiritual but not religious, or neither religious nor spiritual (Worthington, Kurusu, McCullough, & Sandage, 1996). For our purposes, we use the term religious/spiritual when referring to both concepts. When either religious or spiritual appear alone it is to intentionally communicate that one concept is being discussed to the exclusion of the other.

We reviewed published, empirical studies that address therapists and religion/spirituality, clients and religion/spirituality, and religious/spiritual interventions. The review began with a search on PsychINFO for the root terms *spirit* or *relig* in either the title or the abstract. We crossed this search with the root terms *counsel*, *therap*, or *psychotherapy* in the title or the abstract. The search was limited to articles published between 1997 and 2007, in an effort to provide clinicians with a review of the most current research. For articles on this topic prior to 1997, the reader is referred to Worthington et al. (1996). Additional articles were obtained by reviewing the reference lists of articles found on PsychINFO. We did not intend for this review to be a comprehensive summary of psychotherapy and religion/spirituality, but rather we aimed for a concise synthesis of empirical research on the topic with practice implications. Therefore, the following types of articles were selected for inclusion in this review: meta-analyses, narrative reviews, and empirical articles that were particularly informative for clinicians.

Therapists and Religion/Spirituality

Many psychotherapists address the sacred in psychotherapy, but what, if anything, does this say about the religiosity and spirituality of practitioners themselves? Delaney, Miller, and Bisonó (2007) surveyed the religiosity and spirituality of 258 members of the American Psychological Association (APA) to make comparisons to both a sample of psychologists surveyed in 1985 (Bergin & Jensen, 1990) and a recent sample of the United States general public (see Table 1). Psychologists surveyed in the recent study were no less or more religious than those surveyed two decades ago. In addition, they remain much less religious than the population they serve. For example, 35% of psychologists compared to 72% of the public, agreed with the statement, "My whole approach to life is based on my religion." Similarly, 48% of psychologists compared to only 15% of the public indicated that religion was not very important in their life. Psychologists were also 5 times more likely than the public to deny belief in God, and of those individuals that reported having ever believed in God, 25% of psychologists compared to only 4% of the public reported that they no longer do.

Table 1
Summary Table of Research on Therapists and Religion/Spirituality in Therapy

Author (Year)	Topic	Participants	Major findings
Delaney, Miller, and Bisonó (2007)	Religiosity and spirituality among psychologists	Members of the American Psychological Association ($N = 258$)	Psychologists are much less religious than the clients they serve. However, the majority of psychologists believed religion to be beneficial (82%) rather than harmful (7%) to mental health.
Hage, Hopson, Siegel, Payton, and DeFanti (2006)	Multicultural training in religion/ spirituality	Training directors and program leaders in counselor education, clinical psychology, counseling psychology, marriage and family therapy, rehabilitation psychology, and psychiatry	Training directors and program leaders across disciplines reported that students receive minimal education and training in religious/spiritual diversity and interventions.
Johnson, Hayes, and Wade (2007)	Therapists discuss how they approach working with religious and spiritual clients	Psychotherapists experienced in working with spiritual problems in psychotherapy ($N = 12$)	A pluralistic approach to clients' spirituality was used by most therapists. They conceptualized spiritual problems as intertwined with other psychological and relational problems. Therapists noted that spiritual problems often emerged gradually over the course of therapy.
O'Connor and Vandenberg (2005)	Mental health professionals assessment of the pathognomonic significance of religious beliefs	Mental health practitioners ($N = 110$)	The further a religious belief was from mainstream religious beliefs (i.e., Christianity), the higher rating of pathology it was assigned.

By contrast, the majority of psychologists indicated that spirituality was either "very important" (52%) or "fairly important" (28%) to them. No comparison can be made to the 1985 sample of psychologists because no measures of spirituality were included in that survey. One possible explanation for the absence of such measures is that psychologists as a group tend to embrace spirituality more commonly today than they did in the mid-1980s. Whatever the reason, psychologists today are more likely to describe themselves as "spiritual but not religious" than the population they serve (Delaney et al., 2007). Still, it seems that most psychologists view the religiosity of their clients positively. Of the psychologists surveyed, the majority believed religion to be beneficial (82%) rather than harmful (7%) to mental health. That the majority of psychologists believe in the positive relationship between religiosity and mental health, however, does not mean that they necessarily have the knowledge and skill to work with religious clients effectively.

A recent analogue study illustrated that clinical judgment can be altered when practitioners are unfamiliar with the religious beliefs of a client (O'Connor & Vandenberg, 2005). After reading one of three vignettes depicting clients possessing

the beliefs associated with Catholicism, Mormonism, and Nation of Islam, mental health professionals ($N = 110$) rated the clients on a number of therapeutic dimensions including pathology of beliefs. Responding mental health professionals considered the beliefs associated with Catholicism to be significantly less pathological than beliefs associated with the less mainstream religions (Mormonism and Nation of Islam). The beliefs of Mormonism were considered to be significantly less pathological than the beliefs of the Nation of Islam, the least mainstream of the three religions in the United States. In other words, the further the religious belief was from mainstream religious beliefs (i.e., Christianity), the higher clinicians rated it in terms of psychotic pathology. In addition, both Catholic and Mormon beliefs were rated as significantly less pathological when they were identified with their respective traditions. However, the beliefs for Nation of Islam were rated as highly pathological regardless of whether they were described as part of the religion or not.

Clinicians' lack of familiarity with the less mainstream religions (e.g., Mormonism and Nation of Islam) may have been responsible for the discrepancy in ratings of psychotic pathology (O'Connor & Vandenberg, 2005). This may be particularly troubling because such unfamiliarity may be more the rule than the exception. Graduate students in clinical psychology, counselor education, counseling psychology, marriage and family therapy, and psychiatry receive minimal education and training in working with clients from diverse religious/spiritual backgrounds (Hage et al., 2006). For example, in a survey of training directors and program leaders, only 13% reported that their APA-accredited clinical psychology program offers a specific course in religion/spirituality and psychology; 17% reported that the topic is covered systematically; and 16% reported that their program does not address the topic at all (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). It is no wonder that clinicians may struggle to be open to and supportive of their clients' religiosity/spirituality when the client espouses a less familiar religious tradition.

Clinical Implications of Research on Therapists and Religion/Spirituality

One way for clinicians to enhance their ability to work effectively with religious/spiritual clients is to look to those who already do so. A recent qualitative study did so by asking 12 psychotherapists—who were nominated by their peers as therapists who were experienced in treating religious/spiritual problems—to describe how they approach, assess, and treat religious/spiritual problems (Johnson, Hayes, & Wade, 2007). These clinicians used a pluralistic approach to clients' religious/spiritual beliefs most often; that is, they appreciated diverse religious/spiritual paths and were careful not to impose their own values on their clients. These clinicians conceptualized religious/spiritual problems through several frameworks. For example, many used a developmental lens (e.g., Fowler's stages of faith; Fowler, 1981) or understood religious and spiritual issues as intertwined with other psychological and relational problems (Johnson et al., 2007). Most of these therapists noted that religious/spiritual problems often emerged gradually over the course of therapy. Once emerged, the clinicians used a number of techniques, many of which were explicitly spiritual interventions tailored to a client's personal spirituality (e.g., meditation, quoting scripture, and prayer). A common religious/spiritual intervention method, and perhaps, the most important in terms of facilitating discussion about such problems, was an explicit statement or discussion communicating openness to exploring religion/spirituality with the client.

In addition to learning from therapists experienced in addressing the sacred in psychotherapy, clinicians can become more self-aware to enhance their work with religious/spiritual clients (Bartoli, 2007). Awareness of one's own beliefs and biases regarding religion/spirituality will help therapists avoid imposing their own values on their clients. One method for exploring one's own spiritual ideas and values is to write a spiritual autobiography (Wiggins, 2008). In a spiritual autobiography, therapists can explore the education, experiences, and events that have led them to their present spirituality. Wiggins (2008) suggests using not only narrative prose to tell the story of one's spiritually and religious history, but also spiritual family genograms that chronicle the religious/spiritual beliefs, commitments, and experiences of one's extended family.

Summary of Research on Therapists and Religion/Spirituality

Based on the research we have reviewed, there are three main reasons that therapists may want to evaluate their own stance toward religion/spirituality. First, they are more inclined than their clients are to be "spiritual but not religious" (Delaney et al., 2007), and many clients will have religious or spiritual commitments. Second, despite the need for specific training, therapists are unlikely to receive encouragement to explore their own religious/spiritual beliefs and biases in graduate school (Hage et al., 2006). Third, they may make poorer clinical judgments regarding religious beliefs for which they are unfamiliar (O'Connor & Vandenberg, 2005).

Clients and Religion/Spirituality

Considerable research has also been conducted on clients and religion/spirituality. (For a summary of the articles reviewed in this section, see Table 2.) Over a decade ago, Worthington et al. (1996), in a review of empirical research on religion and psychotherapy, challenged researchers to move away from conducting analogue studies, which had been the most common type of research at that time, and focus their research on actual clients. One of the first studies to respond to this challenge examined beliefs and preferences of 74 clients at nine counseling agencies regarding discussion of religious/spiritual issues (Rose, Westefeld, & Ansley, 2001). Most of these clients believed that it was appropriate to discuss religious/spiritual concerns in therapy (63%) and indicated that they wanted to do so (55%). Comparatively, a minority of clients (18%) reported that they preferred not to discuss such topics in therapy. They listed several reasons, such as preferring to discuss them with clergy (4%) or believing they were not relevant to their presenting problem (11%).

It is also noteworthy that, unlike many previous studies on religion and psychotherapy that had focused primarily on Christians, participants in this study were religiously/spiritually diverse; 60% reported some religious affiliation and 40% reported no religious affiliation (compared to the 90% of the general public that reports a religious affiliation). Consequently, an important clinical implication of this study is that, even in a sample of clients who were not all religiously affiliated, most believed that it was appropriate and desirable to discuss religious/spiritual issues in therapy.

Religion and spirituality are of interest to therapists not only because the majority of clients prefer to discuss such topics, but also they may be a source of distress for many clients (Johnson & Hayes, 2003). In a survey of 2,754 clients at the counseling centers of public universities and private colleges across the United States, 20% reported a clinically significant level of distress related to religious/spiritual

Table 2
Summary Table of Research on Clients and Religion/Spirituality in Therapy

Author (Year)	Topic	Participants	Major findings
Belaire and Young (2002)	Conservative Christians' expectations of non-Christian counselors	Adults (ages 18–79) who were members of churches or religious student organizations in the mid-South region of the United States ($N = 100$)	Compared to the group of moderately conservative Christians, the group of highly conservative Christians had significantly higher expectations that a secular counselor would utilize explicitly religious interventions.
Johnson and Hayes (2003)	Prevalence and predictors of religious and spiritual concerns among clients	2,754 university and college students receiving help at their university counseling center	20% of the clinical sample reported a clinically relevant level of distress related to religious or spiritual concerns.
Knox, Catlin, Casper, and Schlosser (2005)	Clients' experiences discussing religion and spirituality in therapy	Adult clients in individual outpatient psychotherapy with non-religiously affiliated therapists ($N = 12$)	Religious/spiritual discussions were found to be most helpful when they were client-initiated. Helpful discussions arose gradually within the first year of therapy. Helpful discussions were facilitated when clients' perceived therapists as open, accepting, and safe.
Martinez, Smith, and Barlow (2007)	Client opinions and experiences with religious interventions	Mormon students receiving help at the counseling center of a large university sponsored by the Church of Jesus Christ of Latter-Day Saints ($N = 152$)	Clients rated the following religious interventions as both appropriate and helpful: referencing scriptural passages, teaching spiritual concepts, encouraging forgiveness, involving religious community resources, and conducting assessments of client spirituality.
Mayers, Leavey, Vallianatou, and Barker (2007)	Process of help-seeking and therapy among religious and spiritual clients	Clients with religious or spiritual in London ($N = 10$)	Prior to therapy, clients reported concerns that secular therapists would ignore or insensitively approach religious/spiritual beliefs. However, the majority of clients reported that their experience of receiving help from a secular therapist was positive.
Rose, Westefeld, and Ansley (2001)	Clients' beliefs and preferences for discussion of religious and spiritual concerns	Clients at nine counseling sites ($N = 74$). 60% reported some religious affiliation and 40% reported no religious affiliation	The majority of clients believed that it is appropriate to discuss religious concerns in therapy (63%) and indicated that religious or spiritual concerns were something that they would like to discuss in therapy (55%).

Table 2 (*Continued*)

Author (Year)	Topic	Participants	Major findings
Weld and Eriksen (2007)	Christian clients' preferences regarding prayer as a counseling intervention	Adult first-visit clients ($N = 165$) and therapists ($N = 32$) at three faith-based counseling agencies	Most clients felt that it was usually the therapist's responsibility to bring up the subject of prayer. Religious conservatives, individuals who had previously received help from a Christian counselor, and clients who were more prayerful in their personal life had the highest expectations for including prayer in counseling.

problems. Some examples of presenting concerns of a religious/spiritual nature included confusion about values and beliefs and thoughts of being punished for one's sins. These results suggest that at least some clients may come to therapy with religious/spiritual concerns and that therapists should routinely assess potential religious/spiritual problems and the history and health of a client's religious/spiritual beliefs (Johnson et al., 2007).

In this respect, it is important to understand what religious/spiritual clients expect from both secular and religious counselors prior to treatment. One study compared the expectations of 100 Christians with moderate and high levels of conservatism (Belaire & Young, 2002). Both moderately and highly conservative Christians reported an expectation that a secular counselor would respect their religious beliefs and hold an open attitude toward religion. However, compared to moderately conservative Christians, highly conservative Christians had significantly higher expectations that the secular counselor would use in-session religious interventions such as audible prayer and scripture references.

In addition to level of conservatism, prior experience with counseling also influenced participants' expectations of counseling with a secular therapist. Irrespective of level of conservatism, Christians with previous experience with secular counseling reported more favorable expectations for secular counseling than did participants with no prior experience. Even so, the majority of participants with and without previous experience with secular counseling reported a preference for a Christian counselor.

Similar results were found in another study that examined Christians' expectations of Christian counselors (Weld & Eriksen, 2007). This study, unlike the preceding one we reviewed, surveyed actual clients as they arrived for their first session at one of three faith-based counseling agencies. It specifically focused on Christian clients' preferences regarding in-session prayer as a counseling method. Participants were 165 adult clients (94.5% of which reported a religious affiliation). Eighty-two percent of the clients reported a desire for the therapist to audibly pray with them in-session. The majority felt that it was usually the therapist's responsibility to bring up the subject of prayer. This finding could be because the vast majority of clients in this study were Christians seeking help from therapists who advertised themselves as explicitly Christian counselors. Participants in this study who had the highest expectations for the inclusion of audible prayer in therapy were religious

conservatives, individuals who had previously received help from a Christian counselor, and clients who were more prayerful in their personal life. Conversely, males, younger clients, Catholics, and Christians who were more liberal tended to have lower expectations that their Christian counselor would include prayer in the therapy session.

It is helpful for clinicians to be aware of this preference among Christians seeking faith-based counseling. However, it is also helpful information for those therapists who might see conservative Christian clients in their secular practices as well. Assessing these clients' preferences helps to distinguish those who are interested in religious/spiritual interventions from those who are not. In a nonreligious practice setting the assessment might be even more important than in a religious setting. Some conservative religious individuals may come to a secular practice deliberately to avoid religious interventions, issues, or questions perhaps as a result of questioning their faith commitments. Others might come to a secular therapist as a result of more mundane reasons, such as insurance availability, convenience, or a strong referral from someone they trust. In these cases, the client may benefit from a religiously/spiritually integrated treatment approach.

Pretreatment expectations are important, but so too is the actual experience of psychotherapy (both secular and Christian) as reported by religious clients. One qualitative study explored the process of help-seeking and therapy by interviewing 10 clients in a secular setting (Mayers, Leavey, Vallianatou, & Baker, 2007). Eight participants identified themselves as religious. Two indicated that they were spiritual, but not religious. Participants reported that prior to beginning therapy they had been concerned that a secular therapist might ignore or insensitively approach their religious/spiritual beliefs. However, most of the 10 clients reported that receiving help from a secular therapist was a positive experience. Some went so far as to say that their faith was strengthened by the experience. Participants expressed mixed opinions about the importance of being matched with a therapist with similar religious/spiritual beliefs. Some felt that a mismatch allowed them to gain new insights, whereas others refrained from discussing religious/spiritual topics until they were certain that their therapist shared similar beliefs. Overall, clients reported that the therapeutic alliance was strongest when they felt that the therapist accepted and respected their beliefs. This finding parallels the desire clients have for therapists to respect their religious/spiritual beliefs reported in studies discussed later in this review (Knox, Catlin, Casper, & Schlosser, 2005; Wade, Worthington, & Vogel, 2007).

To examine religious clients' experiences with explicitly religious psychotherapy, Martinez, Smith, and Barlow (2007) surveyed 152 Mormon students who were clients at the counseling center of a large university sponsored by the Church of Jesus Christ of Latter-Day Saints (LDS). Clients expressed their opinions regarding the appropriateness and helpfulness of various religious interventions. The majority of participants considered out-of-session religious interventions more appropriate than in-session religious interventions, but in-session interventions were rated as more helpful. Clients reported that the following therapist religious interventions were both appropriate and helpful in session: references to scripture, teaching spiritual concepts, encouraging forgiveness, involving religious community resources, conducting assessments of client spirituality, and self-disclosure about religious/spiritual issues. For instance, a therapist might refer to scripture by either quoting a familiar verse or reminding the client of a familiar parable that relates to the problem being discussed. In addition, the therapist might explain a troublesome point of

scripture that the client is having difficulty understanding or is misapplying in a way that exacerbates the clinical problem. As another example, the therapist might teach spiritual concepts that the client has referred to or appears open to. A client might be interested in meditation or mindfulness as a stress reduction method, but the client might have little idea how to meditate consistent with his or her religion. Applying basic psychological practices (and concepts) in a way that is consistent with a client's religious or spiritual perspective is likely to increase the effectiveness of the intervention and further contribute to the client's trust and comfort in the therapy process.

Conversely, blessings by the therapist (laying-on of hands), therapist–client prayer, and encouragement to memorize scripture were considered inappropriate by these religious clients. Some clients explained that these interventions were inappropriate because a counselor should not act as an ecclesiastical leader. Many Mormons believe that religious functions should typically be provided by their religious leaders, whereas many Christians endorse the "priesthood of all believers," which encourages the laity to act as ministers to each other. Therefore, Christians seeking help from a Christian counselor might more easily accept in-session prayer and other types of explicitly religious interventions than would a Mormon client, whose therapist is not likely to be an ordained minister in the Mormon Church. This again underscores the necessity of a therapist knowing the client's beliefs and values rather than assuming that a religious/spiritual client is open to any religious/spiritual intervention.

Clinical Implications of Research on Clients and Religion/Spirituality

This and related studies highlight important therapist behaviors. First, therapists should carefully assess the opinions and needs of their clients regarding religious interventions and in most cases should seek informed consent. Many religious interventions, such as in-session prayer, will be favorably received by some clients and considered as inappropriate by other clients. Second, differences in theology or spiritual beliefs might have a considerable impact on what clients hope for, expect, and need in a counseling situation. Although it is helpful for therapists to be versed in some of the basic tenets of their clients' religions, it is not necessary for therapists to be experts in comparative religion. Instead, approaching religious/spiritual clients with an openness and willingness to engage the religious/spiritual conversation will help clients to feel comfortable expressing their needs. Then, if therapists feel comfortable meeting those particular needs (e.g., for in-session prayer) they can. If they do not, they are in a better position to explain why they cannot and facilitate a referral to someone (e.g., clergy or religiously focused therapist) who can.

Research has primarily sampled religious, rather than spiritual, clients. This pattern reflects an existing bias in the literature to focus on this population, but it also reflects the much higher proportion of religious individuals in the public. One qualitative study sampled a group with more spiritual diversity (Knox et al., 2005). Participants were six individuals who considered themselves either religious or spiritual, but did not identify with a particular religious or spiritual group, three Catholics, and three individuals with experiences in various religious/spiritual groups such as Buddhism, Hinduism, Judaism, paganism, and Unitarian Universalism. All clients were in individual outpatient psychotherapy with non-religiously affiliated therapists at the time of their interview.

Clients in this study did not typically identify religious/spiritual topics as their core problem, but rather such topics typically arose naturally and were related to the clients' presenting concerns. Clients were asked to reflect on specifically helpful and unhelpful discussions of religion/spirituality in therapy. Helpful discussions had often been initiated by clients and arose gradually within the first year of therapy, whereas unhelpful discussions were raised equally by clients and therapists and typically occurred early (e.g., first session). Helpful discussions were facilitated when clients' perceived therapists as open, accepting, and safe. Discussions became unhelpful when the client felt judged or perceived that the therapist was attempting to impose their beliefs. In the most fundamental way, spiritual clients desire the same thing from their psychotherapists as do religious clients: respect. If clinicians are to meet this desire they can (a) communicate that they are open to and supportive of discussing religious/spiritual concerns, (b) routinely assess for religiosity and spirituality, and (c) always gain consent before using religious/spiritual interventions.

Summary of Research on Clients and Religion/Spirituality

Research indicates that many clients are open to including the religious/spiritual in their therapy and many want their therapists to do so. Religious/spiritual concerns may be a significant source of distress for some clients as well. In addition, many clients expect their therapists to be open to their religious views and to respect their values and beliefs. One of the most direct and comprehensive ways that therapists can address these issues early in counseling is to include a religious/spiritual assessment. Such assessments can be formal (using standardized interview protocols and normed scales) or informal (using open-ended questions). Assessment of this sort might occur in the very beginning of therapy, as a part of the structured clinical intake interview, or it might emerge as a result of something a client says. For example, when a client shares within the first few sessions that she feels like her religious congregation provides her with much support, a therapist could easily follow up with questions about that support, that congregation, her religious beliefs, and how that has helped her in the past. This informal, spur-of-the-moment religious assessment can accomplish at least two things. First, it provides information about the client. Perhaps her religious congregation truly is a great source of support, maybe it is not. Delving further provides the therapist with useful information about strengths and liabilities the client brings to her work. Second, this assessment also communicates to the client that the therapist is open to discussing religious/spiritual material, is respectful of the client's religious values and beliefs, and will work with these concerns to the degree that they relate to the client's therapeutic goals.

Religious/Spiritual Interventions

It is unlikely that many clinicians would quibble with the need for a posture of respect and sensitivity highlighted above. Instead, the difficulties lie in the how and when to offer religious/spiritual interventions. What qualifies as a religious/spiritual intervention? Are they effective? Are they most effective when delivered by a religious clinician? We will address these questions in this section (see Table 3 for a summary of the articles reviewed).

There are at least three common views on defining religious/spiritual interventions (Worthington, 1986). One view defines religious/spiritual interventions as any secular techniques used to strengthen the faith of a religious/spiritual client. A second view

Table 3
Summary Table of Research on Religiously/Spiritually Tailored Interventions

Author (Year)	Topic	Participants	Major findings
Avants, Beitel, and Margolin (2005)	Spiritual self-schema (3-S) therapy for the treatment of addiction and HIV risk behavior	Cocaine- and opioid-dependent clients enrolled in a community-based methadone maintenance program ($N = 29$)	Clients responded "not me" to addict qualities significantly faster at posttreatment than they did at pretreatment, and faster "me" to spiritual qualities. A shift in self-schema from "addict self" to "spiritual self" was correlated with a decrease in drug use and other HIV risk behaviors.
Coelho, Canter, and Ernst (2007)	Evaluation of research on mindfulness-based cognitive therapy for depression		Results for patients with three or more previous episodes of depression were promising in that the number of individuals that relapsed within one year was statistically less for the group that received TAU plus MBCT (37%) as compared to the group that received TAU (66%).
Murray-Swank and Pargament (2005)	Spiritually integrated manualized intervention for sexual abuse: Solace for the Soul	Two female survivors of childhood sexual abuse	This intervention shows promise in fostering spiritual recovery from childhood sexual abuse. Both clients increased in positive religious coping, spiritual well-being, and positive images of God.
Richards, Berrett, Hardman, and Eggett (2006)	Effectiveness of a spiritual group intervention for eating disorder inpatients	Women suffering from anorexia, bulimia, or eating disorder NOS ($N = 122$)	Compared to clients treated in the cognitive and emotional support groups, clients in the spirituality group scored significantly lower on psychological disturbance and eating disorder symptoms and higher on spiritual well-being at the conclusion of treatment.
Smith, Bartz and Richards (2007)	Meta-analysis of 31 outcome studies of spiritual therapies conducted from 1984 to 2005	1,845 clients who were predominantly Christian or Muslim	Overall, spiritual approaches to psychotherapy are effective. Spiritual interventions in which the therapist taught the client spiritual concepts and related them to their situation were significantly more effective than those spiritual interventions that did not.
Wade, Worthington, and Vogel (2007)	Effectiveness of religiously tailored interventions in Christian therapy	Clients ($N = 220$) and their therapists ($N = 51$) in 6 Christian agencies and 1 secular agency across the United States	Congruence between therapists' interventions and their clients' religious commitment was related to closer therapeutic relationships and more beneficial outcomes.

Note. TAU = treatment as usual; MBCT = mindfulness-based cognitive therapy.

defines religious/spiritual interventions as secular techniques modified to include explicitly religious content (e.g., Christian cognitive therapy). A third view defines religious/spiritual interventions as an action or behavior derived from religious practice (e.g., blessings, reference to sacred texts, audible prayer). Here we focus on religious/spiritual interventions that fall into the second and third categories because these have received the bulk of the research attention.

In recent years, there has been a proliferation of religiously/spiritually integrated interventions used by clinicians to treat a range of psychological problems. A recent narrative review evaluated the preliminary research on mindfulness-based cognitive therapy for depression and reported promising results for prevention of relapse of depression for patients with three or more previous episodes of depression (Coelho, Canter, & Ernst, 2007). Another study on spiritual self-schema (3-S) therapy reported data that implies that this manualized treatment may help some drug-addicted individuals shift from the self-schema "addict self" to "spiritual self" (Avants, Beitel, & Margolin, 2005). Such a shift was correlated with a decrease in drug use and other HIV risk behaviors. Other examples of recent religious/spiritual interventions include a manualized intervention for sexual abuse victims (Murray-Swank & Pargament, 2005) and a spiritual group intervention for inpatients with eating disorders (Richards, Berrett, Hardman, & Eggett, 2006). In addition, many clinicians continue to implement explicitly religious interventions (e.g., prayer) and religiously/spiritually integrated interventions (e.g., Christian cognitive therapy).

The natural question is whether these interventions are effective. In many ways, outcome studies on the effectiveness of such interventions are still in their infancy (Richards et al., 2006). However, many strides have been made in the last decade. For example, in 1999, a meta-analytic review on the topic of religiously accommodative outcome studies included only five studies (McCullough, 1999). A recent meta-analytic review of outcomes of religious/spiritual interventions analyzed 31 studies (Smith, Bartz, & Richards, 2007). Clearly, the literature has expanded, but there is still much room for growth.

Smith and colleagues (2007) combined the data from 1,845 clients with various religious affiliations. Overall, the studies examined the effects of a variety of religious/spiritual interventions. No differences were found between individual therapy studies versus group therapy studies. Nor were differences found between studies of manualized treatments versus nonmanualized treatments. However, type of religious/spiritual intervention led to differences for two out of four types of such interventions. Studies involving interventions in which the therapist explicitly taught clients spiritual concepts and related the concepts to the clients' situations were more effective than those that did not. Conversely, studies involving interventions giving instruction in religious imagery or meditation were less effective than those studies that did not provide such instruction. Finally, studies involving client prayer and studies involving reading sacred texts were as effective as studies that did not include either of these interventions.

Overall, across the 31 studies religious/spiritual approaches to psychotherapy were effective. In addition, in the 16 studies in which a religious/spiritual intervention was compared to a secular intervention, the religious/spiritual interventions were more effective. Based on this observation, the authors argue that further investigation of the effectiveness of religious/spiritual interventions is certainly warranted. Similarly, these results should give clinicians reason to consider using such interventions in therapy with religious/spiritual clients (Smith, Bartz, & Richards, 2007).

Psychotherapists who are not religious or who practice a spirituality that differs greatly from that of the majority of their clients may feel uneasy with the

recommendation to use religious/spiritual interventions in treatment. One concern is whether clinicians with religious/spiritual beliefs that match the client's beliefs more effectively deliver such interventions. One study explored this concern by examining the relationships between therapist–client religious commitment similarity and the use of religious interventions with treatment outcome (Wade et al., 2007). Clients ($N = 220$) and their therapists ($N = 51$) from secular and Christian counseling agencies throughout the United States participated. In this study, congruence between the use of religious interventions and clients' religious commitment (using religious interventions with highly religious clients and not with nonreligious clients) was related to closer therapeutic relationships and more beneficial outcomes. However, client–therapist match on religious commitment did not predict closeness or client-rated change. The authors concluded that perhaps what matters most is not matching between client and therapist on religious commitment, but the client's perception that the therapist has an open and respectful posture toward religion/spirituality and is willing to use interventions that are congruent with the client's (and not necessarily the therapist's) religious commitments. These findings should give clinicians confidence that they can work effectively with religious/spiritual clients regardless of whether they personally hold religious/spiritual beliefs.

Clinical Implications of Research on Religious/Spiritual Interventions

Religious/spiritual interventions can be effective. Nonreligious therapists can even use some of these interventions effectively with their religious/spiritual clients. However, how does one do this in an authentic and client-sensitive way? At the foundation, clinicians can start with an openness toward their clients' religious/spiritual practices and worldviews. Therapists can show this openness by enquiring into the specifics of a client's religious/spiritual beliefs and into the ways the client sees religion/spirituality related to the presenting problems. Open-ended questions can be used, such as "I'm not overly familiar with that form of Buddhism (or Christianity, or Judaism), could you tell me more about it and your experience of it?" or "How do you see your faith relating to your most pressing concerns?"

For those with little exposure to a particular client's religion, more general techniques, ideas, or concepts might be utilized. For example, a therapist working with a devout Jew might talk generally about hope for the future and finding courage to persevere and then enquire how these ideas are expressed in the client's Judaism. In addition, clinicians can enquire into what religious/spiritual interventions the client might want to be included in their therapy. Many clients will be able to identify those religious/spiritual aspects that they feel strongly about and which they would like to include in their treatment.

Despite the research that can give general ideas from averages and summaries of client data, ultimately each client may respond to religious/spiritual interventions differently. For example, although many religious clients may be interested in religious/spiritual interventions, some religious individuals might not, believing that religion is better dealt with by clergy or other religion-ordained leaders. Conversely, with nonreligious clients, religious interventions are typically not appropriate. However, on an individual basis, some clients who do not have religious/spiritual commitments might want or need to talk through experiences with religion or present religious struggles. Therefore, in such situations, clinicians might

appropriately use more general religious/spiritual interventions, such as taking a religious history or referring to religious/spiritual concepts.

Summary of Research on Religious/Spiritual Interventions

Different forms of religious/spiritual interventions have been used by therapists and many of these interventions appear to be effective. The majority of religious/spiritual clients welcome most of the interventions examined by the existing research, and many, although not all, therapists see these as appropriate as well. The most researched interventions appear to be typical psychotherapy techniques that are integrated with a religious perspective (e.g., Christian CBT), mindfulness, prayer, and teaching religious/spiritual concepts. These interventions appear to help religiously oriented clients and can be effectively employed by therapists who themselves are not necessarily religious.

Summary

By way of conclusion and summary, we highlight here the predominant research-driven themes that are present in the literature that we reviewed and that can be readily transported to daily practice of psychotherapy.

1. Psychotherapists as a whole tend to identify less with religion and more with spirituality than the clients they serve. Therefore, it is important that they are deliberate about identifying their own attitudes and biases concerning religion to avoid imposing their values on clients.
2. Therapists usually receive little or no education and training in graduate school regarding religious/spiritual diversity. This may explain why many therapists lack confidence in their ability to work effectively with religious/spiritual clients. We thus advise therapists to seek out resources to become informed on this subject.
3. Many religious/spiritual clients want to talk about religious/spiritual matters in therapy, although this is not unanimous. Psychotherapists can routinely assess clients' treatment preferences in this regard.
4. Some clients desire that their therapist use religious/spiritual interventions in therapy sessions. For many religious/spiritual clients this can be done effectively by both religious and secular therapists.
5. Religious/spiritual issues are sometimes interrelated with the presenting problems for psychotherapy. Therefore, therapists should routinely assess for religious/spiritual history and concerns.
6. Religious/spiritual clients usually find religious/spiritual discussions in therapy to be most helpful when they are client-initiated and brought up gradually as opposed to early on (e.g., in the first session). This provides time for the therapeutic relationship to develop and for the client to develop trust in the therapist's acceptance of their religious/spiritual worldview.
7. Empirical evidence suggests that religious/spiritual interventions are often effective. For this reason, clinicians would do well to consider using them when appropriate.
8. The effectiveness of religious/spiritual interventions depends more on congruence with clients' religious commitment than congruence between therapist–client religious commitment. Consequently, such interventions can be delivered effectively by therapists of all religious/spiritual beliefs.

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