

# What Do the Spiritual and Religious Traditions Offer the Practicing Psychologist?

Thomas G. Plante

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**Abstract** There has been a remarkable amount of interest in the relationship among spirituality, religion, psychology, and health of late. Contemporary interest in spirituality and religion is hot among not only the general population but among professionals in the mental and physical health disciplines. While most people believe in God and consider themselves to be spiritual, religious, or both, most mental health professionals have little if any training in this area. Psychologists can use spiritual and religious principles and tools to better serve their clients even if they do not share the same religious interests. The purpose of this article is to offer thirteen spiritual and religious tools common among all of the major religious traditions that can be used by contemporary professional psychologists in clinical practice to enhance the already high quality professional services that they provide. Examples of spiritually and religiously integrated treatment along with several ethical precautions are noted as well.

**Keywords** Spirituality · Religion · Psychological practice · Professional issues

There has been a great deal of interest in the relationship among religion, spirituality, psychology, and health in recent years with numerous books, journal articles, conferences, and workshops being offered for professional psychologists as well as for other health care professionals. Furthermore, most of the popular news weeklies have published cover stories on the subject of spirituality and health as well. Certainly, current interest in spirituality and religion is hot among not only the general public but also among health care professionals. It appears that professional psychology has rediscovered spirituality and religion with renewed interest in integrating this aspect of life into psychotherapy and other professional psychological services (Plante 2008).

Since 96% of Americans believe in God and 40% attend religious services on a weekly basis or more (e.g., Gallup and Lindsay 1999), spirituality and religion is certainly an

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T. G. Plante (✉)

Psychology Department, Santa Clara University, Alumni Science Hall, Room 203,  
Santa Clara, CA 95053-0333, USA  
e-mail: tplante@scu.edu

important aspect of life for many. Yet most psychologists have little if any training on spiritual and religious issues. Perhaps psychologists and other health care professionals could potentially use spiritual and religious principles to better serve their clients. There are a number of spiritual and religious tools that could be employed by psychologists in their professional work with clients regardless of the particular faith tradition (or lack of faith tradition) of either clients or psychologists. The purpose of this article is to articulate thirteen spiritual and religious tools from the best commonalities of all of the major religious and spiritual traditions that can be incorporated into professional psychological services. First, however, definitions of religions, spirituality, and the sacred are needed as well as some history regarding the often tumultuous relationship between religion and psychology.

### Definitions of religion, spirituality, and the sacred

While there are no universally agreed upon definitions of “spirituality” and “religion,” for the purposes of this article *religion* is defined as the organizational and community structure of the faith traditions that generally include attention to sacred scriptures, a doctrine that outlines the values and beliefs of the faith, and spiritual models to emulate. The major religious traditions of the world include Christianity, Judaism, Buddhism, Hinduism, Islam, Taoism, and Confucianism with each tradition including various branches often varying on a liberal to conservative continuum. In the USA, 85% of the population consider themselves to be Christian, 2% Jewish, and Hindu, Muslim, and Buddhist together account for 3% (Gallup and Lindsay 1999).

While religion is usually considered to be part of an established and organized faith community, many view themselves as being spiritual without identifying with any religious tradition or community. In fact, between 20 and 35% of Americans consider themselves to be “spiritual but not religious” (Fuller 2001). *Spirituality* is described as being attentive to what is sacred and connected to a concept, belief, or higher power greater than oneself. This connection could be to God (however defined), spiritual models (e.g., Jesus, Mohammad, Buddha), or to nature. Pargament (2007) defines spirituality as the search for the sacred. William James (1902/1936) defined spirituality in relational terms as “the feelings, acts and experiences of individual men in their solitude, as far as they apprehend themselves to stand in relation to whatever they may consider the divine” (p. 32).

*Sacred* refers to what is holy, divine, eternal, or meaningful (Thoresen 2007). Pargament (2007) defines sacred as “...concepts of God, the divine, and transcendent reality, as well as other aspects of life that take on divine character and significance by virtue of their association with or representation of divinity...at the heart of the sacred lies God, divine beings, or a transcendent reality” (pp. 32–33).

Pargament (2007) reports that psychologists tend to view spirituality among their clients as a good thing while religiousness is more likely considered a bad thing. For example, the negative press associated with church scandals such as the clergy sexual abuse situation in the Roman Catholic Church, the financial and sexual misdeeds of church leaders in the evangelical and mainline Protestant churches, and the violence conducted by some members of the Islamic tradition have all support the perspective that organized religion can be destructive and hypocritical. Many have struggled with religious guilt, tensions, and conflicts in their personal and family lives over the generations as well. For these and likely many other compelling reasons, some have abandoned religion but embrace spirituality.

## **Most Americans are religious, spiritual, or both**

The majority of people in America, and most everywhere else, would describe themselves as being spiritual, religious, or both. Most identify with a faith tradition and participate in spiritual or religious activities either alone or with a community at least weekly. This usually includes formalized services, religious holiday celebrations, personal or communal prayer and meditation, sacred scripture classes or study groups, and faith community sponsored charitable works. Only approximately 6% of Americans are *not* affiliated with a formalized and organized religious tradition (Gallup and Lindsay 1999). In recent years there has been a sizable increase in the number of Americans who are interested in increasing their spiritual growth and development from about 50% in the mid-1990s to over 80% by the beginning of the twenty-first century (Myers 2000). Therefore, religion and spirituality is an important and perhaps fast growing aspect of most American's lives and the vast majority are identified with a traditional religious community.

## **Most psychologists are not spiritual or religious**

Unlike most Americans, most psychologists do not describe themselves as being spiritual or religious. Only a third are affiliated with any religious community and half claim that religion is *not* important to them at all (Shafranske 2000). Most graduate or internship programs fail to offer any training on spirituality and religion with two-thirds of current internship training directors stating that they “*never* foresee religious/spiritual training being offered in their program” (Russell and Yarhouse 2006, p. 434). It is curious that psychologists are so out of step with the general population when it comes to religion and spirituality. There appears to be a disconnect between generally religious and spiritual clients seeking professional services about how to cope with various stressful and challenging life events from generally non-religious and non-spiritual psychologists.

## **Professional psychology has been antagonistic to religion and spirituality**

While many of our psychology forefathers (such as William James) were interested in religion (James 1890, 1902), most of professional and scientific psychology has not. Collins (1977) claims: “...psychology has never shown much interest in religion...apart from a few classic studies...the topic of religious behavior has been largely ignored by psychological writers” (p. 95). Perhaps many have been impacted by the views of Sigmund Freud, B.F. Skinner, John Watson, Albert Ellis among other influential leaders who have had mostly negative things to say about religion. For example, Freud referred to religion as an “obsessional neurosis” (Freud 1927/1961, p. 43) while Watson referred to it as a “bulwark of medievalism” (Watson 1924/1983, p. 1). Many of these and other important figures in psychology believed that religious interest was a sign of psychopathology and not of health.

Furthermore, psychology as both a clinical profession and an academic discipline prided itself on being a serious science and avoided religious or spiritual matters to emphasize an empirical approach to research and clinical practice. Perhaps psychology avoided religious and spiritual matters in an effort to be taken more seriously as a rigorous, scientific, and respected academic and applied discipline. Psychology, as a fairly new field, had to prove itself as a serious, scientific, and empirical field. It wanted to be

more closely associated with the “hard” sciences and with empiricism. In doing so, it tried to nurture the acceptance and prestige it needed to succeed and flourish as an independent discipline and profession.

These professional dynamics continue to exist. The emphasis on maintaining a scientific and secular profession still dominates much of the psychological scene. For example, the efforts to promote empirically supported and manualized treatments (Task Force on Promotion and Dissemination of Psychological Procedures 1995) is evidence for the focus on the science of contemporary clinical practice that often has little room for spiritual or religious matters. Techniques and interventions that are rooted in spiritual or religious foundations are often secularized to be more agreeable to psychologists. The recent popularity of positive psychology constructs such as the emphasis on forgiveness, gratitude, and compassion (Seligman et al. 2005) and the popularity of mindfulness-based stress reduction (Kabat-Zinn 1990, 2003) are good examples. Psychology seems to have taken principles and techniques from religious and spiritual traditions, secularized them, and repackaged them as modern empirically supported positive psychology related interventions.

### **A psychology and religion rapprochement?**

Something has changed in the relationship between professional psychology and religion in most recent years. Psychology has moved to first tolerate and perhaps maybe now even embrace spirituality and religion. Furthermore, health care science has recently used rigorous, state-of-the-art scientific methods to investigate critical issues in this area such as the influence of religious and spiritual behaviors and beliefs on mental and physical health outcomes (Koenig et al. 2001; Pargament 1997; Plante and Sharma 2001; Plante and Thoresen 2007). Large foundations such as the Templeton, Lilly, and Fetzer Foundations and government granting agencies such as the National Institute of Health (NIH) have also funded quality research projects on these topics during the past several years.

The American Psychological Association have also acknowledged and embraced the unfolding rapprochement between psychology and religion. For example, the National Multicultural Conference and Summit hosted by the American Psychological Association stated: “spirituality is a necessary condition for a psychology of human existence” and that “people are cultural and spiritual beings” (Sue et al. 1999, p. 1065). Furthermore, the newest version of the American Psychological Association’s ethics code now states: “Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, *religion* [emphasis mine], sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups” (American Psychological Association 2002, p. 4). Within the past decade, the American Psychological Association has published a dozen books on psychology and religion integration when previously they had none. An unfolding rapprochement between professional psychology and religion seems far along.

### **There are many benefits of religion and spirituality**

Most quality research on the psychological and physical benefits of religion and spirituality suggest that religion and spirituality is good for health and well-being (for example, see

reviews provided by Koenig et al. 2001; Pargament 1997; Plante and Sharma 2001; Plante and Thoresen 2007; Richards and Bergin 2005). Those who are engaged and active with religious and spiritual matters tend to be healthier, happier, have better habits, and more social support than those who are not. While religiousness can certainly be destructive and receives a lot of press attention when it is, the vast majority of research supports the view that religion and spirituality are good for mental and physical health. Religious and spiritual involvement is correlated with positive health behaviors such as less smoking, drinking alcohol, unsafe sexual activity, and more exercise and healthy eating. Religious and spiritual engagement helps people cope better with the stressors in their lives and is associated with better mental health functioning such as more optimism, compassion for self and others, forgiveness, and less anxiety and depression. Religious people are more likely to stay married than nonreligious people (Koenig et al. 2001; Plante and Thoresen 2007). In fact, a National Institute of Health panel concluded that “persuasive” evidence exists that religious and spiritual engagement is associated with lower all cause mortality with overall results suggesting a 25 to 30% reduction in risk of death. Remarkably, on average, spiritual and religious people can expect to live about 7 years longer than nonreligious and spiritual people. For the African American population, these figures are 14 years (see Miller and Thoresen 2003).

It is not surprising that many clients want their health care professionals (including psychologists) to respect, acknowledge, and integrate spirituality and religious principles into their professional work (Frick et al. 2006; McNichols and Feldman 2007; Shafranske 2001). In fact, two thirds of Americans prefer to collaborate with a mental health professional who maintains religious and spiritual beliefs and values when they are seeking services about serious problems (Lehman 1993). Additionally, the majority of psychotherapy clients wish to discuss spiritual and religious matters in psychotherapy (Rose et al. 2001). However, only a small fraction of psychotherapy clients feel comfortable discussing religious and spiritual issues in psychotherapy (Lindgren and Coursey 1995).

### **Perhaps professional psychology could learn a few things from religion and spirituality**

Much of professional psychotherapy is focused on helping clients achieve more productive strategies to cope with life stressors. Psychotherapy often addresses concerns about meaning, purpose, and lifestyle as well as issues related to coping with upsetting life events such as important losses, relationship conflicts, and disappointments in life. Since spiritual and religious traditions have offered wise advice about these and other topics for thousands of years, perhaps the professional psychological community might learn a few things from the collective wisdom of these traditions and then use these principles in their contemporary professional work. For example, topics such as the benefits of forgiveness, acceptance of self and others even with faults, the importance of ritual, community support, a focus on loving kindness, helping others, being part of something bigger than oneself, and the sacredness of life all have emerged from the great religious and spiritual wisdom traditions (Armstrong 2006; Smith 1991). While most of these topics have been secularized by professional psychology and removed from their spiritual and religious origins, using the wisdom from these traditions that have been fine-tuned over thousands of years could be helpful to contemporary psychologists and their clients.

## What do the religious and spiritual traditions offer the practicing psychologist?

Religious and spiritual tools such as volunteerism and charitable works, meditation, as well as ritual and community support can be effectively used in psychotherapeutic work. The purpose of the remaining part of this paper is to highlight the major and perhaps most useful spiritual and religious tools that can be found in all of the major religious and spiritual traditions and that can be applied to the types of problems and issues frequently seen in the office of professional psychologists. Adding these tools to our psychotherapeutic toolbox provides the professional with additional equipment in our attempt to help those who seek our psychological services (Plante 2008).

Even if a psychologist or mental health professional is not really interested in religion and spirituality themselves, there is much to learn and benefit from the great religious and spiritual wisdom traditions. The benefits of spirituality and religious values and wisdom can be used by people, both patients and professionals, who may or may not share similar religious traditions or interests. What can the great religious and spiritual traditions offer the professional mental health practitioner providing services in a secular environment? This section will focus on the commonalities from the great religious traditions that can be used by psychologists in contemporary practice. These spiritually-based topics and techniques can be useful for both the religiously oriented and those who have little interest in religion and spirituality.

Much of the research and practice that can be useful to psychologists regarding spirituality and religion integration can be best categorized in terms of *intrinsic* and *extrinsic* benefits. *Intrinsic* benefits are benefits for the self helping to make someone a better and more well adjusted person. This includes the focus on meditation, prayer, a sense of vocation and calling in life, being present and staying in the moment, the acceptance of self and others even with faults, maintaining ethical values and behavior, and feeling a part of something larger and greater than oneself. *Extrinsic* benefits involve advantages that are external to the self that benefit the person within community. These include the focus on forgiveness of others, putting others first, community benefits through volunteerism and charity, the benefits of ritual and community involvement, an emphasis on social justice, and the use of spiritual models to teach others how to live well and to cope better with the stressors of life. Each of these intrinsic and extrinsic benefits will be introduced below. After briefly describing each spiritual and religious tool, a clinical example of their use in psychotherapy will be provided (Table 1).

**Table 1** Thirteen spiritual and religious tools for your psychotherapeutic toolbox

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### Spiritual/religious tools

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Meditation

Prayer

Vocation, meaning, purpose, and calling in life

Acceptance of self and others (even with faults)

Ethical values and behaviors

Being part of something larger and greater than oneself

Forgiveness, gratitude, love, kindness, compassion

Volunteerism and charity

Ritual and community support

Social justice

Spiritual models

Bibliotherapy

Sacredness of life

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## Meditation

Quality research has demonstrated the many mental and physical health benefits of regular meditative practices (Shapiro and Walsh 2007; Walsh and Shapiro 2006). Mindfulness meditation is a good example of using a religiously-based practice from the Buddhist tradition that can be used as a secularized technique in contemporary psychotherapeutic environments. All of the religious and spiritual traditions offer contemplative and meditative practices and techniques (Goleman 1988; Walsh 1999). For example, the Jewish tradition offers Hassidic and Kabbalistic *dillug* and *tzeruf* approaches. Islam offers Sufism's *zikr* approach. The Hindu and Taoist traditions offer yogas while the Christian tradition offers Centering Prayer among others. While mindfulness meditation has had the most acceptance among health care professionals, other meditative practices can be incorporated into our work with much success and similar therapeutic outcomes. The common meditative principles of focused attention, being present in the moment, and taking the time and space to meditate regularly can be found in all of the different meditative approaches. Benefits of regular meditative practice include stress reduction, acceptance of self and others as well as improved coping, cognition, and relationships. Many physical benefits such as lower blood pressure and stress reactivity are common as well (Andresen 2000; Hayes 2005; Kabat-Zinn 1990, 2003; Linehan 1993; Shapiro and Walsh 2007; Walsh 1999).

*Aruna is an executive in the computer industry. While she generally enjoys her career, she experiences a lot of stress that results in frequent tension headaches, insomnia, and conflicts with her husband and three daughters. She learned mindfulness-based stress reduction at a company sponsored stress management training seminar and really responded to it after being skeptical at first. She states, "I thought that it was some New Age hocus focus but after I tried it I was amazed at the tension relief I experienced. Now, I can't imagine not using mindful meditation practices on a daily basis. I think my husband and daughters are especially grateful for it and have said so."*

## Prayer

Research also supports the health benefits of prayer, which can be defined in a number of ways but essentially is understood as being communication with the sacred. Ameling (2000) defines prayer as "a simple act of turning our minds and heart to the sacred" (p. 42). Religious and spiritual traditions encourage prayer but they differ in style and technique. Some traditions focus on ritualistic prayer that includes memorized statements to the divine while others encourage spontaneous conversations with God. Regardless of the faith community and tradition, prayer is an opportunity to communicate with the sacred and divine. Prayer has been found to result in a many health benefits including improved psychological functioning, a sense of well-being and meaning, and better stress reduction and coping (Krause 2003, 2004; Masters 2007).

*Abe has trouble sleeping at night and his doctor suggested a consultation with the sleep clinic since she was concerned that Abe was becoming overly dependent on prescription sleep medications. Through his work with a psychologist at the clinic, Abe tried to incorporate sleep hygiene techniques into his lifestyle by avoiding caffeine, alcohol, and developing bedtime rituals that were relaxing. As an active Catholic, he often recited the Our Father and Hail Mary prayers and began saying them as part of his sleep problem intervention. He says, "saying these prayers just relaxes me so much and I feel calm and even watched over by God. They help me fall asleep and better cope with my insomnia when I wake up in the middle of the night."*



## Vocation, meaning, purpose, and calling in life

Spirituality and religion offer people an opportunity to find and develop meaning, purpose, calling, and vocation in life (Dreher and Plante 2007). All of the religious faith traditions provide some answers to questions about what someone should do with their life with particular strategies for finding more meaning, purpose, and calling. Religion and spirituality allow people a framework for nurturing a sense of mission and vocation in life.

*Janelle is a born again Christian and attends a local Baptist church. During college she volunteered at an urban homeless shelter that focuses on the needs of families. She obtained her social work degree and now works at the shelter full time as a staff member. She states that she's on a mission to live the Gospel call to help "the least of my brothers and sisters." She sought psychotherapy in order to develop more "balance" to her life since her friends and family tell her that she's a workaholic. She claims, "I can understand why they think I work too hard but I love my job and feel that I'm helping to build the kingdom of God by taking the Gospel seriously and doing my part to make a better world for the poor and marginalized."*

## Acceptance of self and others (even with faults)

Many religious and spiritual traditions provide advice about the benefits of accepting ourselves and others. They offer strategies for redemption and acceptance from others and from the divine. Much of psychotherapy focuses on helping people accept what they cannot change and change what they can to improve the quality of their lives. The well known "serenity prayer" well articulates what traditional and secular psychotherapy tries to accomplish stating: "God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference."

*Thuy came to psychotherapy primarily for anger management concerns. She was chronically upset with others who did not meet her high expectations for behavior. Over time in psychotherapy, Thuy worked on living the serenity prayer by accepting the things she cannot change, changing the things that she could change, and having the insight to know the difference. She jokes, "I've never been very religious but I can't believe that the serenity prayer has become such an important part of my improvement. It just makes sense."*

## Ethical values and behaviors

The religious and spiritual wisdom traditions provide useful and time-tested guidelines for ethical living. The Jewish tradition, for example, offers detailed writings that specifically highlight how one should best manage ethical conflicts. Living more ethically, with or without religious involvement, is likely to have many psychotherapeutic benefits (Plante 2004). The ethical principles for psychologists and other mental health professionals include most of the same ethical guidelines offered by the religious and spiritual traditions. These include respect, responsibility, integrity, competence, and concern for others (RRICC, Plante 2004). Both professional mental health ethics codes and religious and spiritual traditions encourages people to be concerned about the welfare of others, to be honest and maintain integrity, to be respectful to everyone and to life, and so forth.

*Arjun prides himself on living ethically. While he does not consider himself especially religious, he credits his upbringing as a Hindu as being influential in helping him value ethics. He sought psychotherapy because he felt that his employer is "sleazy" stating that his boss and many co-workers "don't exactly break the law but they sure get close to it in*



*their business dealings.” He says that he does not like working for such an unethical company but it pays well such that he can support his large family. He maintains, “I’m grateful that I have a moral and ethical compass. So many people I interact with at my company really don’t.”*

### Being part of something larger and greater than oneself

Religion and spirituality often contributes to a sense of being part of something larger than ourselves. Religion offers a way to put life in perspective and speaks to issues that occurred long before us and long after our passing. It places our lives in context with the greater natural and perhaps supernatural world. We often need to feel part of something bigger than our current needs and desires (Pargament 2007). Some find this need fulfilled in secular communities such as in the military, associations with sports teams, companies, or universities. Furthermore, feeling part of something bigger than ourselves can help us better cope with the many challenges in life.

*Lori comes from a reform Jewish background and does not think of herself as being spiritual or religious. Yet, she attends all of the High Holy Day events, fasts on Yom Kippur, and loves the sense of community as well as the music and prayer in her temples. Lori says that she feels connected to something more important than herself saying, “Being part of a family of Jews dating back thousands of years makes me feel special and less isolated. Somehow it gives me a sense of community and of peace.”*

### Forgiveness, gratitude, love, kindness, and compassion

Religion and spirituality, at its best, encourages people to be forgiving, grateful, loving, kind, and compassionate. For example, research has demonstrated the many positive benefits of forgiveness (Koenig et al. 2001; Worthington et al. 2001). Forgiveness is an antidote to anger, hostility, and bitterness. Being able to let go of anger and of perceived slights by others can result in positive mental and physical effects (Worthington et al. 2001). Gratitude is defined as being thankful for what one has and the ability to appreciate daily events and experiences (Langston 1994). It involves “counting your blessings” and is encouraged within all of the major religious traditions (Armstrong 2006). Research indicates that those who tend to be grateful sleep better, are more optimistic, more energetic, and maintain better interpersonal relationships (e.g., Emmons and McCullough 2003). Finally, all of the major religious traditions encourage love, kindness, and compassion (Armstrong 2006) which also has many mental and physical health benefits (Snyder and Lopez 2007). Treating others as you wish to be treated, often referred to as the “golden rule,” is found and emphasized in all of the major religious traditions (Armstrong 2006).

*Gerry begins each day by praying, “Thank you God for giving me another day.” He tends to flow with whatever happens to him joking, “I keep my expectations pretty low. If I’m alive, it’s a good day for me.” Gerry gets strength from his spiritual and religious beliefs and practices. He works on forgiving others, treating everyone with loving kindness, and being grateful for whatever he has. When he gets upset about something or someone he reminds himself to “Let go and let God.”*

### Volunteerism and charity

All of the religious traditions support charitable works and volunteerism trying to make the world a better place. Research indicates that volunteer activities results in mental and

physical health benefits and reduces mortality risks as much as 40% (Oman and Thoresen 2003). Religion provides an organizational structure to support productive and helpful community engagement that usually emphasizes helping those in greatest need such as the poor and marginalized. Additionally, volunteerism can provide the volunteer with an enhanced sense of meaning, purpose, and calling, which can help keep their own troubles in better perspective. In several recent studies in our laboratory, college students participating in an alternative spring break involving an immersion project with a poor and marginalized group returned to campus with an enhanced sense of vocation and scored higher on general coping ability than comparison students who did not participate in the program (Plante et al., under review; Millse et al. 2007).

*Tyrone is retired. He never married, has no children, no siblings, and his parents are both deceased. He is isolated and depressed. Since he has lived frugally, he has extra money that he uses to support charitable organizations. He says, "I do it for me. I feel great to know that my money is helping others." He volunteers at several nonprofit agencies saying, "It gets me out of the house and I always feel better after I have helped others in some way. Actually, I feel selfish that my volunteerism probably does more for me than the people I'm serving."*

### Ritual and community support

Research has consistently found that mental and physical health benefits can be expected from social support (e.g., Berkman and Syme 1979). Religious activities offer community social networking and ritual activities shared with others who maintain similar values, beliefs, and traditions. Regular church service attendance, bible studies, holiday celebrations within family and faith communities each provide opportunities for social connection and support.

*Mei is a college student at a Catholic university. At noon each day she attends daily Mass. It is an important daily ritual and helps her cope with the stressors of managing exams, papers, relationships, and career uncertainties. She says, "I feel out of sorts if I don't go to Mass. I find it like brushing your teeth each morning. You just do it without even thinking about it. Mass calms me and helps me feel more at peace. There is something about the ritual and seeing a community of students, faculty, and staff every day coming together for noon Mass that makes me feel connected."*

### Social justice

All of the religious traditions support social justice activities to help the poor and marginalized of society and working to make the world a more humane and just place. Social justice engagement helps people to be less self-focused and develop a more productive community perspective on life. It is often hard to feel stressed by daily hassles when confronted with the problems of poverty, oppression, and violence experienced by so many in the world (Plante et al., under review; Mills et al. 2007).

*Lee works as a social worker for child protective services. She feels that her faith has led her to work with abused and battered children and their families. Although she grew up in the Episcopal Church, she became a Baptist as an adult following a born again experience. She has tried a variety of evangelical churches and currently attends a Seven Day Adventist church that she enjoys. She says that her faith focuses on social justice and feels that she can use her skills to do what she can to help abused children. Unlike most people she works with who typically quit after just a few years, she proudly states that she has worked in this area for 25 years. She says, "I could never do it without my faith and conviction that this is exactly where God wants me to be."*

## Spiritual models

Religious and spiritual models provide followers with exemplars to imitate (Oman and Thoresen 2003, 2007). The popular question, “What would Jesus Do?” is an excellent example. Religious models such as Jesus, Buddha, and Mohammad, as well as more contemporary models such as Gandhi, Mother Teresa, the Dalai Lama, Billy Graham, Martin Luther King, and even family and friends can become a template as to how to live a better life. Research has indicated that observational learning is a powerful way to learn new skills and behaviors (Bandura 1986, 2003). Having role models that demonstrate how to live can be a useful way to help motivate and inspire others to “go and do likewise” (Luke 10:37; Spohn 2000). Religious models are found in all faith and spiritual traditions.

*Marco was very close to his grandfather who was a mentor and model for him. Marco says, “It’s odd. He’s been dead for about 20 years and yet he feels very much alive to me. I can see how I model so much of who I am in the world from him. He was a wonderful fellow and a very spiritual and religious man. Perhaps he lives on through me.”*

## Bibliotherapy

Psychologists have used bibliotherapy for decades (Norcross 2006). They have encouraged their clients to read self-help and other books to augment their treatment. These materials could be used for psychoeducational purposes such as learning more about diagnosis, treatment, or other issues that are important in psychotherapy. They might also be used for motivational and inspirational purposes. For example, reading about how others managed their stressors successfully can provide a model and inspiration for clients to help them better cope with their troubles. Psychologists can utilize readily available spiritual and religious readings to help their clients in psychotherapy.

The religious and spiritual traditions encourage their members to read sacred scripture such as the Bible as well as other readings to help them improve their spiritual lives. Bible studies, sacred scripture commentaries, biographies of great religious leaders, saints, prophets, and others assist the reader to grow and deepen their faith and understanding of their spiritual and religious tradition. Many of these readings can be incorporated into psychological interventions as well.

Dat struggles with anxiety and guilt about religious matters. He tends to get anxious about the afterlife and struggles to understand his Pentecostal beliefs and sermons from his church pastor. Dat heard Karen Armstrong on National Public Radio talking about one of her new books on religion and was interested in learning more about it. With encouragement from his psychologist, Dat began reading about the history of religion with the help of Armstrong’s popular books. Over time, Dat developed a more informed and thoughtful understanding of his religious tradition and beliefs, which resulted in less anxiety and upset for him.

## Sacredness of life

The religious and spiritual traditions emphasize the belief that life is sacred and that the divine or something sacred lives within us all (Pargament 2007). This understanding that we are all important, sacred, a “child of God” has important implications for how we view ourselves and interact with others. The faith communities and traditions instruct that if we are all sacred, then everyone should be treated with great respect, kindness, love, and

compassion. Of course, this view has not always been followed through the centuries when members of religious groups lash out at others with violence. Psychologists can use this perspective of sacredness in their psychotherapeutic work and support their clients in finding ways to improve their self-esteem and interpersonal relationships.

Zoe has thoughts of suicide. Her self-esteem is low and she wonders if life is worth living. Her psychologist discussed the notion that life, including her own, is sacred. Zoe's religious community supports this view and she referred to a sermon she recently heard at church entitled, "God doesn't make junk." Zoe's therapist discussed with her the implications of experiencing herself as sacred and a child of God consistent with her religious beliefs and tradition. Following a number of months of intensive treatment, her mood improved and she claimed that this notion of sacredness was very useful to her. She says, "If God lives in me, I have to be worthy."

### **Three steps in the right direction: Mindful meditation, 12-step programs, and the eight point program for spiritual development**

Mindful-based meditation, 12-step programs, and the eight-point program for spiritual development are three excellent examples of spiritually- and religiously-based tools and principles being integrated into psychotherapeutic work by psychologists and other mental health professionals. These are briefly described below. There are many additional examples but for the purpose of illustration, only these three are highlighted here.

#### Mindful meditation

A good example of what the religious and spiritual traditions can offer psychologists in clinical practice even outside of the particular religious tradition that the tool came from is mindful meditation. Mindful meditation has become popular in psychology and health care with numerous workshops, books, and articles focusing on how this type of meditation can result in both physical and mental health benefits (Hayes 2005; Shapiro and Walsh 2007; Walsh and Shapiro 2006). While all of the religious traditions offer techniques for meditation, mindful meditation is most often associated with the Buddhist tradition and is the technique that has been the most successful at being integrated into secular mental and physical health care services. Psychologists such as Jon Kabat-Zinn from the University of Massachusetts Medical Center have helped to popularize mindful meditation and secularize it so that it is acceptable to people regardless of religious tradition or involvement (e.g., Kabat-Zinn 1990, 2003). It is a perfect example of how a religiously-based technique can be integrated into health care in a manner that is agreeable to people even if they have no particular religious or spiritual interests or affiliations. Professionals and clients do not seem to care that mindful meditation has its root in Buddhism. What they do care about is that they can use it to lower stress, improve their psychological and physical health, and ultimately enhance the quality of their lives. The remarkable success of mindfulness meditation in psychology and health care is a model for other helpful religious and spiritual tools from a variety of faith traditions.

#### Twelve-step programs

While 12-step programs such as Alcoholics Anonymous (AA) are peer rather than professionally managed and led (Alcoholics Anonymous World Service 1955, 1977), the

remarkable popularity as well as frequent use among psychologists as an important adjunct to professionally offered treatment suggest that 12-step programs and the philosophy behind them are another good example of the integration of spirituality and psychological treatment integration. In addition to AA, many other 12-step programs (e.g., Narcotics Anonymous, Gamblers Anonymous, Overeaters Anonymous) are available using the same core principles of intervention and recovery. It is clear that the program's philosophy uses a strong spiritual and religious foundation. In fact, about half of the 12 steps specifically refer to God or a higher power (e.g., step 3: "Made a decision to turn our will and our lives over to the care of God as we understood Him.").

### The eight point program

Like mindfulness-based meditation and 12-step programs, the Eight Point Program (EPP; Easwaran 1991/1978; Flinders et al. 2007) is a third good example of how to use spiritual and religious tools in psychological practice. The program was initially developed in the 1960s at the University of California, Berkeley and has been used in a variety of secular settings (Flinders et al. 2007; Oman et al. 2007, 2008). It highlights eight spiritual principles that are used to better manage stress, improve interpersonal relationships, and enhance psychological functioning and well-being. These include: passage meditation, mantram repetition, slowing down, one point attention, training the senses, putting others first, spiritual association or community, and inspirational reading. Clients learn how to integrate these principles into their lives and daily routines in order to achieve better psychological, physical, and interpersonal functioning. Research using the eight point program on healthcare workers, HIV/AIDS patients, college students, school teachers, and others have found it to be productive in improving overall psychological and physical functioning (Flinders et al. 2007; Oman et al. 2007). The EPP uses the collective wisdom of the spiritual and religious traditions and adapts these principles in psychotherapy for those who come from a variety of religious traditions or perhaps no religious tradition at all. The program can be applied to the devout as well as to the agnostic.

### Ethical precautions

There are several important ethical precautions that should be mentioned when integrating spirituality and religious tools into professional psychological practice. First, it is critical for psychologists to practice within their area of competence. Psychologists are usually not theologians or clergy and should not overstep their professional bounds. While a clinician who might be spiritual, religious or both may want to integrate their interests and beliefs into their psychotherapeutic work, it would be inappropriate and unethical to practice outside of one's area of expertise and licensure or to promote their particular spiritual and religious beliefs on their clients. Second, psychologists must avoid potential exploitive dual relationships especially when their clients could be members of their own religious community. Client referrals usually come from people that we know including fellow congregants in our own church communities. Unforeseen dual relationships and conflicts can easily occur. Finally, psychologists must avoid potential bias by supporting one faith tradition or belief system over another. Psychologists, like anyone else, likely maintain certain either positive or negative impressions about certain religious and spiritual traditions and groups. They might feel connected to people from similar religious backgrounds but maintain stereotypes about those from faith traditions that they know very little about.

Psychologists must also be aware of the diversity of beliefs and practices even within each religious tradition. Naturally, psychologists must closely adhere to the ethics code (American Psychological Association 2002) and secure appropriate consultation and training as needed.

## Conclusion

When we closely review the best of what the great religious and spiritual traditions offer we can find common tools that can be helpful to psychologists in their work with clients. I suggest that there are about a dozen religious and spiritual principles or tools that can be appropriately applied to professional psychological services. These include the benefits of (1) meditation, (2) prayer, (3) seeking a sense of vocation, meaning, purpose, and calling in life, (4) bibliotherapy including sacred scripture reading, (5) attending community services, ceremonies, and rituals, (6) volunteerism and charitable works and service, (7) ethical values and behavior with others, (8) approaching others with forgiveness, gratitude, love, kindness, and compassion, (9) social justice, (10) learning from spiritual models, (11) acceptance of self and others (even with faults), (12) being part of something larger than yourself, and (13) the sacredness of life. These tools can be useful to psychologists to have in their psychotherapeutic toolbox regardless of their interest or lack of interest in specific religious faith traditions. They may wish to use only some of the tools listed. Some are appropriate and helpful with particular clients while others are not. The tools hopefully add value to the already high quality professional services that are already being offered by psychologists in their professional work with clients.

Overall, the religious and spiritual wisdom traditions, at their very best, offer many tools to enhance psychological, physical, interpersonal, and community functioning. Of course, these religious traditions, at their worst, can be destructive. Regardless of one's religious or spiritual interests or lack thereof, these great wisdom traditions have had thousands of years to fine-tune their strategies for living. While psychology as an independent discipline has been conducting research and practice for only about 100 years, these great religious and spiritual communities and traditions have reflected and offered suggestions on life and living for thousands of years. Rather than ignore what these traditions offer, professional psychology should perhaps embrace them in a manner that makes sense for high quality, contemporary, and ethical professional practice.

## References

- Alcoholics Anonymous World Services (1955). *The story of how many thousands of men and women have recovered from alcoholism* (2nd ed.). New York: Author.
- Alcoholics Anonymous World Services (1977). *Alcoholics Anonymous: The twelve steps and twelve traditions* (3rd ed.). New York: Author.
- Ameling, A. (2000). Prayer: An ancient healing practice becomes new again. *Holistic Nursing Practice*, 14, 40–48.
- American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.
- Andresen, J. (2000). Meditation meets behavioral medicine. *Journal of Consciousness Studies*, 7, 17–74.
- Armstrong, K. (2006). *The great transformation: The beginning of our religious traditions*. New York: Anchor Books.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice Hall.



- Bandura, A. (2003). On the psychosocial impact and mechanisms of spiritual modeling. *The International Journal for the Psychology of Religion*, 13, 167–174.
- Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology*, 109, 186–204.
- Collins, G. R. (1977). *The rebuilding of psychology: An integration of psychology and Christianity*. Wheaton, IL: Tyndale House.
- Dreher, D. E., & Plante, T. G. (2007). The calling protocol: Promoting greater health, joy, and purpose in life. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 129–142). Westport, CT: PraegerGreenwood.
- Easwaran, E. (1991/1978). *Meditation: A simple eight-point program for translating spiritual ideals into daily life*. Tomales, CA: Nilgiri Press (full text: <http://www.easwaran.org>).
- Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: Experimental studies of gratitude and subjective well-being. *Journal of Personality and Social Psychology*, 84, 377–389.
- Flinders, T., Oman, D., & Flinders, C. L. (2007). The eight-point program of passage meditation - health effects of a comprehensive program. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 72–93). Westport, CT: Praeger/ Greenwood.
- Freud, S. (1961). *The future of an illusion*. In J. Strachey (Ed.), (Trans.). New York: Norton. (Original work published 1927 by Doubleday).
- Frick, E., Riedner, C., Fegg, M. J., Hauf, S., & Borasio, G. D. (2006). A clinical interview assessing cancer patient's spiritual needs and preferences. *European Journal of Cancer Care*, 15, 238–243.
- Fuller, R. C. (2001). *Spiritual but not religious*. New York: Oxford University Press.
- Gallup Jr., G., & Lindsay, D. M. (1999). *Surveying the religious landscape: Trends in U.S. beliefs*. Harrisburg, PA: Morehouse.
- Goleman, D. (1988). *The meditation mind*. Los Angeles: Tarcher.
- Hayes, S. C. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. Oakland, CA: New Harbinger.
- James, W. (1890). *Principles of psychology*. New York: Holt.
- James, W. (1902). *The varieties of religious experience*. Cambridge, MA: Harvard University Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Delacourte Press.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Research and Practice*, 10, 144–156.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford.
- Krause, N. (2003). Praying for others, financial strain, and physical health status in late life. *Journal for the Scientific Study of Religion*, 42, 377–391.
- Krause, N. (2004). Assessing the relationships among prayer expectancies, race, and self-esteem in late life. *Journal for the Scientific Study of Religion*, 43, 395–408.
- Langston, C. A. (1994). Capitalizing on and coping with daily-life events: Expressive responses to positive events. *Journal of Personality and Social Psychology*, 67, 1112–1125.
- Lehman, C. (1993, January 30). Faith-based counseling gains favor. *The Washington Post*, pp. B7–B8.
- Lindgren, K. N., & Coursey, R. D. (1995). Spirituality and mental illness: A two-part study. *Psychosocial Rehabilitation Journal*, 18, 93–111.
- Linehan, M. (1993). *Cognitive-behavior treatment of borderline personality disorder*. New York: Guilford.
- Masters, K. S. (2007). Prayer and health. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 11–24). Westport, CT: Praeger/Greenwood.
- McNichols, K. Z., & Feldman, D. B. (2007). Spirituality at the end of life: Issues and guidelines for care. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 191–206). Westport, CT: Praeger/Greenwood.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion and health: An emerging research field. *American Psychologist*, 58, 24–35.
- Mills, B. A., Bersamina, R. B., & Plante, T. G. (2007). The impact of college student immersion service learning trips on coping with stress and vocational identity. *The Journal for Civic Commitment*, 9th issue.
- Myers, D. (2000). *The American paradox: Spiritual hunger in a land of plenty*. New Haven, CT: Yale University Press.
- Norcross, J. C. (2006). Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice*, 37, 683–693.
- Oman, D., Shapiro, S., Thoresen, C. E., Flinders, T., Driskill, J. D., & Plante, T. G. (2007). A college course for learning from community-based and traditional spiritual models: A randomized evaluation. *Pastoral Psychology*, 55, 473–493.



- Oman, D., Shapiro, S. L., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Meditation lowers stress and supports forgiveness among college students: A randomized controlled trial. *Journal of American College Health* (in press).
- Oman, D., & Thoresen, C. E. (2003). Spiritual modeling: A key to spiritual and religious growth? *The International Journal for the Psychology of Religion*, 13, 149–165.
- Oman, D., & Thoresen, C. E. (2007). How does one learn to be spiritual? The neglected role of spiritual modeling in health. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels physical wellness* (pp. 39–56). Westport, CT: Praeger/Greenwood.
- Pargament, K. I. (1997). *The psychology of religious coping: Theory, research, practice*. New York: Guilford.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford.
- Plante, T. G. (2004). *Do the right thing: Living ethically in an unethical world*. Oakland, CA: New Harbinger.
- Plante, T. G. (2008). *Using spiritual and religious tools in psychotherapy*. Washington, DC: American Psychological Association (in press).
- Plante, T. G., & Sharma, N. (2001). Religious faith and mental health outcomes. In T. G. Plante & A. C. Sherman (Eds.), *Faith and health: Psychological perspectives* (pp. 240–261). New York: Guilford.
- Plante, T. G. & Thoresen, C. E. (Eds.) (2007). *Spirit, science and health: How the spiritual mind fuels the body*. Westport, CT: Praeger/Greenwood.
- Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy, Second edition*. Washington, DC: American Psychological Association.
- Rose, E. M., Westfeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counseling clients' beliefs and preferences. *Journal of Counseling Psychology*, 30, 118–134.
- Russell, S. R., & Yarhouse, M. A. (2006). Religion/Spirituality within APA-accredited psychology predoctoral internships. *Professional Psychology: Research and Practice*, 37, 430–436.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60, 410–421 (quote on p. 421).
- Shafranske, E. P. (2000). Religious involvement and professional practices of psychiatrists and other mental health professionals. *Psychiatric Annals*, 30, 525–532.
- Shafranske, E. P. (2001). The religious dimensions of patient care within rehabilitation medicine: The role of religious attitudes, beliefs, and professional practices. In T. G. Plante & A. C. Sherman (Eds.), *Faith and health: Psychological perspectives* (pp. 311–338). New York: Guilford.
- Shapiro, S. L., & Walsh, R. (2007). Meditation: Exploring the farther reaches. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 57–71). Westport, CT: Praeger/Greenwood.
- Smith, H. (1991). *The world's religions: Our great wisdom traditions*. San Francisco: Harper San Francisco.
- Snyder, C. R., & Lopez, S. J. (2007). *Positive psychology: The scientific and practical explorations of human strengths*. Thousand Oaks, CA: Sage.
- Spohn, W. C. (2000). *Go and do likewise: Jesus and ethics*. New York: Continuum.
- Sue, D. W., Bingham, R. P., Porche-Burke, L., & Vasquez, M. (1999). The diversification of psychology: A multicultural revolution. *American Psychologist*, 54, 1061–1069.
- Task Force on Promotion and Dissemination of Psychological Procedures (1995). Training in and dissemination of empirically validated psychological treatments: Report and recommendations. *Clinical Psychologist*, 48, 3–23.
- Thoresen, C. E. (2007). Spirituality, religion and health: What's the deal. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science and health: How the spiritual mind fuels the body* (pp. 3–10). Westport, CT: Praeger/Greenwood.
- Walsh, R. (1999). *Essential spirituality: The seven central practices*. New York: Wiley.
- Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and western psychology: A mutually enriching dialogue. *American Psychologist*, 61, 227–239.
- Watson, J. B. (1983). *Psychology from the standpoint of a behaviorist*. Dover, NH: Frances Pinter (original work published 1924).
- Worthington Jr., E. L., Berry, J., & Parrott, L. (2001). Unforgiveness, forgiveness, religion, and health. In T. G. Plante & A. C. Sherman (Eds.), *Faith and health: Psychological perspectives* (pp. 107–138). New York: Guilford.