



Invited Article

From Research to Practice: Three Waves in the Evolution of the Psychology of Religion and Spirituality

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Abstract

This paper examines three broad waves in the evolution of the psychology of religion and spirituality over the past 50 years toward a field that integrates theory, research, and practice. In the first wave, researchers attempted to demonstrate the interconnectedness of religion with various aspects of human functioning. However, this research was largely correlational, relied on global measures of religiousness, and failed to identify what it is about religious life that may affect behavior. In the second wave, researchers began to integrate religious research into mainstream psychological theories and examine religious life in more of its richness and complexity. The field experienced a dramatic upsurge in study in part due to the rise of interest in the construct of spirituality. The second wave produced findings that were ripe for application. In the third wave, researchers and practitioners are currently designing and evaluating ways religious and spiritual resources, problems, and struggles can be integrated into clinical practice. The paper concludes by considering some of the challenges that will need to be addressed as the psychology of religion and spirituality evolves further toward an empirically-based applied field.

Keywords:

History • religion • spirituality • spiritually integrated psychotherapy • evidence-based practice

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Over the last 50 years, the psychology of religion and spirituality has been evolving as a field from one that focuses on theory and research to one that integrates theory, research, and practice. Taking a “birds-eye” view of the field over this period of time, this paper describes three broad waves that have marked this important transformation. The last 50 years also coincide with the span of my own career in the field as a clinical psychologist of religion and spirituality. In this paper I will take advantage of this coincidence by not only describing the three broad waves of change, but also by sharing some of my own reflections and experiences as someone involved in this evolution over almost fifty years. The paper will conclude by considering some of the challenges and possibilities for the psychology of religion and spirituality as it continues to evolve. From the outset, I must acknowledge the Western bias of this paper. Although I have tried to broaden my understanding by working with people from diverse faiths and cultures, I have remained embedded in Western culture over the course of my career. To what degree my perspective applies to other cultures and contexts is an open question. Fortunately, as you will see, the field has begun to expand to encompass religions and cultures across the globe.

Some History

To put this paper into a larger historical perspective, it's important to remember that the founding figures in the field of psychology in the late 19th and early 20th centuries, such as William James, G. Stanley Hall, and James Leuba, were fascinated by religious phenomena and their implications for human functioning. However, in its effort to establish itself as a scientific field, subsequent figures did all they could to distance themselves from anything hinting of religion, superstition, or magic. And several leaders were quite outspoken about their anti-religious views. Freud (1927/1961), for example, was clear in his belief that religion was delusional, developed to defend the individual against the terrors of living in the world. Freud instead argued for the head-on confrontation with reality. Similarly, B. F. Skinner (1971), the founder of behaviorism, saw God as an “explanatory fiction” (p. 201) and, in his fictional vision of a utopian community, *Walden Two* (1948), wrote that “Religious faith becomes irrelevant when the fears which nourish it are allayed and hopes fulfilled – here on earth” (p. 165).

In part, as a result of this anti-religious sentiment, the psychology of religion experienced a period of dormancy in the second quarter of the 20th century. However, some hints of change could be detected in the middle of the century. Some psychologists took issue with the field's antagonism and disregard of all things religious. For instance, ego psychologist, Erich Fromm (1950), distinguished a healthier humanistic form of religion from a destructive authoritarian religion. Gordon Allport (1950) contrasted an intrinsic religious orientation in which people

live by their religions from an extrinsic religious orientation in which people use (or misuse) their religion as instrumental tools to advance their own personal or social needs. And a positive mental health movement emerged in the 1950's that offered alternatives to dark conceptions of human nature rooted in psychodynamic and behavioral perspectives (e.g., Jahoda, 1958). These innovations set the stage for a first wave of religious study in the third quarter of the 20th century.

Wave I: Demonstrating a Connection between Religion and Human Functioning

In the first wave in the evolution of the field, researchers attempted to demonstrate empirically that there was a significant connection between religion and human functioning. This marked an important beginning, but the studies were limited in important ways. First, these studies were almost all correlational and, as a result, could not offer much insight into the potential impact of religion on aspects of human behavior, such as health and prejudice (Warren, 1977). Did religion have a direct effect on health? Was religion itself shaped by health? These significant questions could not be answered by this research.

Second, with some important exceptions, such as work on religious orientations (e.g., Allport & Ross, 1967), the research in Wave 1 relied on global measures of religiousness, such as religious denomination, frequency of congregational attendance, and frequency of prayer. Knowing that a general measure of religiousness was tied to mental health did not tell us what it is about religion that may make a difference. After all, people can pray in many ways; they can attend a congregation for many reasons; and they can affiliate with a religious group as the result of any number of factors. By relying on global measures of religiousness, it seemed as though researchers were tiptoeing around religion, as if they did not want to get too caught up in it.

The question remained then how can we explain the religion and health connection? What is it about religion that makes a difference? Theories that dealt with the question were largely reductionistic. It really wasn't about religion at all, they suggested. Instead, religion's effects were explained in terms of presumably more basic psychological and social functions. The three major explanations were the view of Freud (1930/1961) that religion serves the purposes of anxiety reduction and impulse control; the perspective of Durkheim (1915) that religion is largely a source of social connectedness and identity; and the argument of Geertz (1966) that religion at its core is designed to make meaning of what may seem incomprehensible.

As valuable as each of these explanations was, none fully considered the possibility that religion might serve a distinctive function in people's lives; these explanations seemed to be more a way of explaining religion away than accounting for its potentially special role in human affairs (see Pargament, 2002).

A final limitation of Wave 1 research was that it had little to say to practitioners. For instance, early in my career, I experienced a disconnect between my research and my practice as a clinical psychologist. Four days a week I worked at my university as an academic clinical psychologist, and one day a week I saw clients in a practice. But my academic researcher colleagues didn't know anything about my clinical side (at conferences they told me that they assumed I was a social or personality psychologist). And my practitioner colleagues had no knowledge of my research in the psychology of religion.

The reality was that my clinical work had little to do with my research. This disconnect was in part due to the fact that I was doing Wave 1 level research in the 1970's. For example, one of my studies examined the relationship between general measures of religiousness and measures of mental health (e.g., Pargament, Steele, & Tyler, 1979). In fact, my findings did not have direct relevance to clinical work with specific clients facing specific problems.

In spite of the limitations of Wave 1 research, it did serve a valuable purpose. It demonstrated that religion, even measured globally, was indeed connected with different aspects of human functioning. Harold Koenig documented these links in his *Handbook of Religion and Health*, first published in 2001 (Koenig, McCullough, & Larson, 2001). In over 1200 studies, he found that religious measures, largely global, were tied to many dimensions of health and well-being.

This fundamental fact was surprising to many people, but difficult to refute, and helped to convince some formerly skeptical scientists and practitioners of the importance of religion to health and well-being. These findings helped set the stage for a second wave of research starting in the 1970's as researchers began to move closer to religious life and consider what its key ingredients might be.

Wave II: Examining the Key Ingredients of Religious and Spiritual Life

I experienced this second wave myself. In 1975, when I first began my work in this area, I could stay current in the field by going to the library once a semester for a day and leisurely reviewing journal articles. That's all it took. But in the fourth quarter of the century, research in the area of religion increased. One indication was the increase in the number of PsychInfo searches under the keyword "religion" from 1960 to 2000 (Weaver et al., 2006). This figure was not fully informative, however; what was driving the increase in empirical study was attention to a newer concept in the field "spirituality". PsychInfo searches for research that made use of this term increased at an even more rapid rate than did research on religion. I will have more to say more about the introduction of spirituality into the psychology of religion shortly.

Here I want to stress that in this second wave of study researchers began to get off their tiptoes and take a closer look at religious life. And as researchers moved closer, religion came into sharper focus as a rich, complex, multidimensional process. Here's how Ralph Hood and his colleagues put it (2009). "Religion may encompass the supernatural, the non-natural, theism, deism, atheism, monotheism, polytheism, and both finite and infinite deities: it may also include practices, beliefs, and rituals that almost defy circumscription and definition" (Hood, Hill, & Spilka, 2009, p. 7).

To understand a phenomenon as rich and complex as religion, we needed to broaden and deepen the way religion was conceptualized. In the second wave studies of the latter part of the 20th century, we saw efforts to bring and integrate mainstream theory into the psychology of religion. Religious values, beliefs, practices, and experiences were examined and interwoven within the context of theories of attachment, emotions, coping, motivation, cognition, evolution, and terror management (e.g., Emmons, 1999; Kirkpatrick, 2005; Pargament, 1997).

New measures were also needed to tap into the varieties of religious experience and expression. And so, measures of religiousness dramatically expanded as illustrated by the very full volume edited by Hill and Hood (1999) on *Measures of Religiosity*. These included measures of religious attitudes, faith development, religious beliefs, mystical experience, and religious coping to name a few.

In getting closer to religious life and, in keeping with Allport and Fromm, researchers also generally rejected the anti-religious perspectives that had been commonplace in the first half of the 20th century. Instead, religion was seen as double-sided -- it could serve as a valuable resource, but it could also be harmful at times. This closer-up analysis of religious life was proving fruitful. One example comes from my own Wave 2 research. Over the years, my colleagues and I identified a variety of ways people facing major life crises drew on their religion to cope (Pargament et al., 1998). These included appraising life stressors from a benevolent religious framework, looking to God for connection and support, involvement in transition rituals. We also identified negative religious coping methods (what we now call religious and spiritual struggles) including struggles with the divine, with the demonic, with moral issues, with religious doubts, and with other people over spiritual matters. These religious coping methods often predicted adjustment to stressors more strongly than Wave 1 global religious measures, such as how often you go to church and whether you believe in God. And positive and negative ways of religious coping had very different implications for health and well-being (Pargament, 1997).

As researchers drew closer to religion, the research questions themselves began to get more complex. In a target article for *Psychological Inquiry* in 2002, I noted that the field had gone beyond simple questions of whether religion was good or bad

for you to a more complex (and admittedly drier) question: “How helpful or harmful are particular religious (and spiritual) expressions for particular people dealing with particular situations in particular social contexts according to particular criteria of helpfulness and harmfulness” (Pargament, 2002, p. 178).

Wave 2 research looking into these more complex questions became more sophisticated and continues today. Newman and his colleagues offer a nice illustration in a recently published study (Newman, Nezelek, & Thrash, 2023). In three studies, 350 participants complete measures once a day for two weeks. The questions tapped into daily events, emotions, and well-being. They also measured four types of prayer: adoration, confession, thanksgiving, and supplication. They reported a rich set of findings, some understandable and some more surprising. For example, prayers of thanksgiving and adoration were more common on days with more positive events. Prayers of supplication were more common on days with more negative events and lower well-being. Using lagged analyses, they found complex relationships between the types of prayer and well-being the next day. For instance, prayers of thanksgiving and adoration were tied to reports of lower well-being the next day. Furthermore, each type of prayer was predicted by different nonreligious emotional states. For instance, supplication was predicted by envy, confession by guilt, and adoration by awe. By taking a closer look at the way different types of prayer operate in the day-to-day lives of people, the researchers contributed important knowledge about the dynamic interplay between prayer, life events and well-being.

The Emergence of Spirituality

Perhaps, the most striking development in the latter part of the 20th century, one that stimulated second wave research, was the emergence of the term “spirituality.” To understand how this took place, it is important to take a bit of a tangent here and talk about how the terms religiousness and spirituality themselves evolved (for more complete discussion see Zinnbauer & Pargament, 1999; Pargament et al., 2013).

Traditionally or classically, scholars in the field focused largely on the term religion or religiousness. Religiousness was used to refer to a variety of beliefs, practices, and experiences that had some connection to the superhuman or divine and religious institutions. Spirituality was not often discussed in the field until the latter part of the twentieth century. Instead, phenomenon that were spiritual in nature, such as mysticism, were considered within the broader concept of religion. When the term spirituality was used prior to 50 years ago, it had a very different connotation than today. It referred to spiritualism, séances, the occult, and something a bit off center.

However, by virtue of its focus on traditional beliefs, practices, and institutions, some people in the field began to express the feeling that something seemed to be missing in

the ways religion was conceptualized and experienced. There was a sense that religion, as traditionally understood and practiced (e.g., congregational attendance, prayer, ritual practice, doctrinal beliefs), was not capturing the heart and soul of what religion is about. Where were the virtues? Where was the *mysterium tremendum*? Where were the feelings of uplift, and awe? Where was the yearning for something sacred, transcendent, or greater than ourselves? Not only that, how could we acknowledge and appreciate all of the alternate ways religion was expressing itself: Eastern and other non-Western, indigenous, feminist, earth-based, ecological, nontraditional practices (e.g., meditation, yoga, astrology, 12-step programs), and broader understandings of what people hold sacred – from the environment, work, and the arts to loving relationships, the virtues, and our ultimate purposes in living. These new expressions reflected a deep hunger for a revitalization, an injection of new spirit into our understanding of religious life. In some ways, the contemporary emphasis on spirituality could be understood as the latest in a historical set of religious revitalization movements.

At the same time, phenomenon that were once seen as religious in character began to be pulled out from beneath the traditional religious umbrella. This may have been a reflection at the time of the growing distrust of institutions of all kinds in the United States – military, family, educational, and religious. We were starting to go “*Bowling Alone*” as sociologist Robert Putnam (2000) put it in a popular book. In any case, as early as the 1960’s, Abraham Maslow (1964) argued that there were many so-called religious phenomena that were not the exclusive property of religious institutions. He said that there is nothing inherently religious about: “the holy; humility; gratitude and oblation; thanksgiving; awe before the *mysterium tremendum*; the sense of the divine; the ineffable; the sense of littleness before mystery; the quality of exaltedness and sublimity; the awareness of the limitations of powerlessness; the impulse to surrender and to kneel; a sense of fusion with the whole of the universe; and even the experience of heaven and hell” (Maslow, 1964, p. 54).

The introduction of spirituality into the psychology of religion (now the psychology of religion and spirituality) in one sense broadened the field, opening it up to new phenomenon of interest – new groups, new practices, new beliefs. In another sense, it deepened the field by zeroing in on the heart and soul of spirituality, and what it means to be human. These included:

- The most basic motivation underlying spirituality, the yearning for a relationship with something sacred;
- Core emotions such as feelings of awe and uplift;
- Core experiences such as the sense of transcendence and sacred moments; and
- Core human capacities, such as the capacity for virtue and goodness.

The shift in the meanings of religion and spirituality was not without some problems though. Perhaps the biggest was the polarization of the terms. Within the field, spirituality was increasingly seen as individual, oriented to experience and emotion, broad in character, and basically, good. Religion, in contrast, was increasingly viewed as institutional, oriented to dogma and ritual, narrow in character, and, bad.

By detaching itself from its religious roots, spirituality broadened its appeal to more people. People who might have been afraid to learn more about new practices or explore spiritual alternatives were reminded that “you don’t have to be religious to meditate” and “you don’t have to be religious to be spiritual.” However, the reality is that religion and spirituality are not totally independent phenomena. After all, spirituality is the most essential function of religious institutions. No other institution has as its most basic function helping people find and strengthen a connection with something sacred. And it is important to add, at least in the United States people have not necessarily disconnected religion and spirituality. In fact, in a survey administered in 1997, when given the forced choice question, most people saw themselves as both spiritual and religious rather than spiritual or religious alone (Zinnbauer et al., 1997). So the distinction between religion and spirituality can be overdrawn.

To take the point one step further, when spirituality disconnected itself from religion, it may have left something important behind. A study by Amy Wachholtz and me offers a clear illustration (Wachholtz & Pargament, 2005). Noting that writings on meditation by psychologists often stressed that practitioners do not have to be religious to gain benefits from meditation, we wondered whether, in disconnecting the practice from its religious roots, some of its power had been diminished. We proposed a simple but powerful study. We tested whether an explicitly spiritual mantra-based meditation might prove to be more helpful than secularized forms of meditation to people experiencing one form of pain, vascular headaches. Eighty-three college students suffering from chronic headaches were randomly assigned to one of four treatment groups: spiritual meditation to a phrase such as “God is peace, God is joy”, an internal secular meditation to a phrase such as “(I am content, I am joyful)”, an external secular meditation (“Sand is soft, Grass is green”), and progressive muscle relaxation. The participants were instructed in their meditative technique and practiced it 20 minutes per day for 4 weeks. They then completed measures of a number of outcomes, including frequency of headaches and pain tolerance.

Headache sufferers in the spiritual meditation group experienced a much sharper drop in the frequency of headaches over a one-month period than those in the other three groups. Those in the spiritual meditation group also became twice as tolerant of pain in the pain suppressor task in which we measured how long they could keep their hands in ice water. A later study showed that those in the spiritual meditation group

made less use of analgesics to control their pain (Wachholtz, Malone, & Pargament, 2017) – a noteworthy result given the problems of overmedication and drug addiction among those dealing with chronic pain.

It is important to remember that the only difference between the spiritual meditation and the other two meditation groups was the phrase they were meditating on. This was an important study. The findings suggested that the spiritual element of meditation magnifies the effects of the meditation. It also showed that a spiritual practice could be accessed in a comparatively simple and straightforward way in clinical contexts. The study also suggested a critical ingredient in the practice of meditation may be lost when it is disconnected from religion.

Overall, in spite of the problems of polarization, the second wave in the psychology of religion and spirituality has triggered a dramatic increase in research and knowledge about these topics. In fact, the publication outlets when I first started in the field – the *Journal for the Scientific Study of Religion* and the *Review of Religious Research* – were insufficient to disseminate all of this emerging information. In the response to the rise of empirical study, a number of new journals started up in the second wave: *Psychology of Religion and Spirituality*; *Archive for the Psychology of Religion*; and two journals with an international, multicultural focus, *The International Journal for the Psychology of Religion*; *Mental Health, Religion, and Culture*. The latter two journals signaled an expansion of the field to encompass non-Western cultures and contexts. For example, researchers began to study religious and spiritual coping among people from non-Christian faiths, including Buddhism (Falb & Pargament, 2013), Islam (Abu Raiya et al., 2015); Judaism (Rosmarin et al., 2009), and Hinduism (Tarakeshwar et al., 2003). And studies of religious and spiritual coping emerged in non-Western countries, such as Iran (Mohammadzadah & Najafi, 2018), India (Grover & Dua, 2019), Brazil (Esperandio et al., 2018), and Turkey, Morocco, and Surinam (Braam et al., 2010). Gone was the possibility of staying current with the field by visiting the library and reviewing the literature one day a semester.

The second wave of work did more than increase our understanding of religion and spirituality and its key ingredients. The findings had implications for practice – for helping people in trouble and for improving peoples' lives. If, for example, turning to religion and spirituality as resources was helpful to many people in times of crisis, why not encourage people to draw on their religious and spiritual resources? If spiritual struggles increase the risk for psychological problems, why not address these struggles in psychotherapy? If experiences of transcendence foster greater wellbeing, why not explore ways to foster transcendence among those interested? If the virtues such as gratitude and forgiveness are linked to a more satisfying and meaningful life,

why not try to promote them? Personally, I found that as my own research became more practically relevant, I became more able to talk about it with my clients in clinical practice, and more able to share stories drawn from my clinical practice in my publications and presentations. Today, we're seeing the emergence of a third wave, one in which research and practice are integrated in the field.

Wave III: The Integration of Research and Practice

The idea of addressing religion and spirituality in psychological treatment is relatively new. We have already spoken about one reason why this might be the case -- the anti-religious bias that marked leading figures in the field. Another reason was the lack of an empirically-based and practically relevant body of knowledge that could guide effective psychological practice.

The findings from Wave 2 research began to fill this gap in knowledge. They pointed to specific resources that could be cultivated in peoples' lives. They also suggested ways that religion and spirituality might make matters worse. But more generally, they made the point that religion and spirituality are vital parts of being human and contribute to health and well-being in a variety of ways. In short, this wave produced a body of knowledge that was ripe for application.

By the later part of the 20th century, we began to see signs of movement toward integration. Bergin's seminal article in 1980 in the premier journal of clinical psychology, *Journal of Consulting and Clinical Psychology*, challenged the anti-religious bias in the field by introducing many readers to the empirical literature that showed how religion often had positive implications for mental health (Bergin, 1980). Propst conducted perhaps the first clinical trial on the effectiveness of religiously integrated psychotherapy leading to her 1988 book, *Psychotherapy in a Religious Framework* (Propst, 1988). In 1996, Shafranske edited an evidence-based volume pulling together the initial efforts to bring religion into the clinical practice of psychology (Shafranske, 1996).

Today, there is a compelling evidence-based rationale for integrating religion and spirituality into psychological practice. Consider the following streams of evidence. Most clients have religious and spiritual resources and/or experience spiritual struggles (Pargament & Exline, 2022). Surveys show most clients would like to be able to talk about religious and spiritual issues in therapy (e.g., Rose, Westefeld, & Ansley, 2001). Meta-analytic research has shown that therapies that integrate religion and spirituality are at least as effective as non-integrated treatments in reducing distress (Captari et al., 2018). In some cases, religiously and spiritually integrated therapies have outperformed their counterparts, especially when religious and spiritual outcomes of therapy are considered. For example, Richards et al.,

(2006) studied women with eating disorders in an inpatient setting and compared the effectiveness of a spirituality group with a cognitive behavioral group and emotional support group. While all three groups showed positive changes over the course of treatment, the spiritual group manifested significantly more improvement in eating attitudes and spiritual well-being, and significant greater reductions in symptom distress, social role conflict, and relational distress.

This evidence has fueled a third wave of the psychology of religion and spirituality and an expansion of the field from a basic discipline to one that brings together theory, research, and application. There are a number of indicators of this exciting transformation. In the first decade of the new millennium I was approached by the American Psychological Association and asked to contribute an edited handbook on the psychology of religion and spirituality to their larger series of handbooks in psychology. My co-editors, Julie Exline, Annette Mahoney, Ed Shafranske, and James Jones, and I believed that we could not do justice to the field in only one volume, so the American Psychological Association agreed to let us publish two volumes with the overarching theme of integration of theory, research, and practice. The first volume focused on empirical research with an eye toward the practical implications of these studies (Pargament, Exline, & Jones, 2013). The second volume focused on evidence-based applications in the field (Pargament, Mahoney, & Shafranske, 2013). Several chapters in the second volume documented the role of spirituality in evidence-based care with a full range of problems, including anxiety, depression, addictions, several mental disorder, acute and chronic illness, eating disorders, and sexual trauma. Other chapters dealt with positive psychology interventions involving gratitude, forgiveness, and hope. Still other chapters went beyond the traditional clinical context to consider the place of religion and spirituality in educational settings, the workplace, the military, and the larger community.

The third wave in the evolution of the psychology of religion and spirituality is continuing to build. A number of recent books have offered evidence-based approaches to religion and spirituality for practitioners, such as the *Handbook on Spiritually Integrated Psychotherapy* (Richards, Allen, & Judd, 2023). New journals that address the integration of research and practice have also emerged in the United States, *Spirituality in Clinical Practice* and in other countries such as Turkey, *Spiritual Psychology and Counseling Journal*. More specifically, several exciting practice directions that build on an empirical base deserve highlighting:

The integration of religion and spirituality into clinical assessment. A variety of religious and spiritual tools have been developed that can be a part of clinical practice (see Pargament, 2007). For example, Exline and her colleagues (2014) developed and validated a 26-item measure that assesses six types of religious and spiritual struggle: struggles with the divine, with the demonic, with religious doubts, with

other people, with moral issues, and with questions of ultimate meaning.

Accessing religious and spiritual resources in therapy. As with other resources, people who experience mental health problems may lose touch with their religious and spiritual resources that have proven helpful to them in the past. With the encouragement of practitioners, clients may be able to enhance their mental health by tapping into any number of spiritual resources: prayer, meditation, bibliotherapy, community services and rituals, volunteerism and charity, and the practice of virtues and ethics, social justice efforts, and learning from spiritual models (Plante, 2009).

Spiritually integrated interventions for people facing religious and spiritual struggles. Building on the growing number of studies on religious and spiritual struggles and their links to health and well-being, spiritually sensitive interventions have been developed to help people dealing with struggles (Pargament & Exline, 2022). For example, “Winding Road” is a six-week group-based counseling program designed to help spiritual strugglers find support for and work through their struggles. The program involves activities such as sharing spiritual struggles with each other, writing and sharing a spiritual autobiography, writing a group lament to God, and visualizing and received counsel from one’s ideal older spiritual self (Dworsky et al., 2013). The program was effective in reducing spiritual struggles, alleviating distress from these struggles, developing better self-control, and feeling less stigma as a result of the struggles.

Tailoring spiritually integrated therapies to particular therapeutic modalities and religious traditions. Efforts are underway to integrate religious and spiritual resources and issues into established therapeutic orientations, such as CBT, ACT, RET, and psychodynamically oriented therapies. Likewise, practitioners have extended spiritually integrated therapies to reach diverse religious communities, including members of African American, Latino/Latina, Asian American, and Native American churches and spiritual traditions (Richards & Bergin, 2000). Researchers are testing the effectiveness of these approaches. Pearce et al. (2015), for example, has tailored a religious-CBT program for work with Muslim, Buddhist, Hindu, and Jewish clients. In one study of chronically ill patients dealing with major depression, religious-CBT proved to be equally effective to conventional CBT (Koenig et al., 2015).

Spiritually integrated therapies for individuals facing intractable conditions. Spiritually integrated therapies may of special value to those who confront intractable conditions that point to their frailty and finitude. One example comes from Spiritual Self-Schema Therapy (3-S). This approach is based on cognitive psychology and Buddhist principles and is designed to help treatment resistant heroin users deactivate their addict self-schema and activate their spiritual self-schema. In a set of controlled trials, Margolin et al. (2007) demonstrated the effectiveness of 3-S therapy

by declines in the frequency of their use of illegal drugs, improvements in reaction times to spiritual self-schema terms, and by significant and sustained reductions in drug use as measured by drug-free urine tests.

Spiritually integrated therapies outside of traditional clinical contexts. Evolutions are also taking place in clinical treatment and, in line with these developments, a few researchers have begun to test non-traditional approaches to spiritually integrated treatments. For instance, Rosmarin et al. (2010) implemented a novel, spiritually integrated internet-based treatment for subclinical anxiety among individuals in the Jewish community. The entire program as well as the completion of the pre, post, and follow-up measures was conducted online. The two-week program drew on classic Jewish sources to facilitate trust in God among participants. Participants in the spiritually integrated treatment showed greater improvements overall than those in the progressive muscle relaxation and waiting list control groups in their levels of stress, worry, and spiritual well-being. This kind of program and research method seems particularly well-suited to people who may be unable to access outpatient mental health services.

Spiritually integrated therapies for the religiously disengaged. Within Western cultures, the percentage of people who are not religiously affiliated has increased over the past few decades (Woodhead, 2017). Some of these individuals, however, may see themselves as “spiritual but not religious,” and spiritually sensitive interventions can prove beneficial to them. For example, Murray-Swank (2003) developed a spiritually integrated approach to treating women who had experienced sexual abuse and, in some cases, clergy sexual abuse. Even though these women came from a variety of religious backgrounds, many of them could no longer count on support from their religious institutions or from their former beliefs in a protective male divine figure. Murray-Swank addressed their spiritual injuries in part by drawing on non-gender based and non-threatening ways of envisioning God. In this vein, she developed a reflective spiritual meditation for clients: “Picture God as a waterfall within you. . . pouring down cool, refreshing water. . . the waters of love, healing, restoration throughout your body. . . renewing, refreshing, restoring” (2003, p. 232). Over the course of the program, women reported significant improvements in their mental health (Murray-Swank & Pargament, 2005).

Future Directions and Challenges

We are just entering this third wave of integration, and certainly, questions far outnumber answers. As we move further toward the integration of science and practice in the field, we will need to make progress in several areas.

First, more randomized clinical trials are needed to test the effectiveness of spiritually integrated treatments. Of special importance will be tests of the value-added benefit of religious and spiritually integrated treatments over traditional secular treatments and whether these effects vary as a function of the religious and spiritual orientations of clients.

Second, we need to design and evaluate treatments adapted to specific religious groups, specific psychological problems, and people from diverse cultures. Of special importance will be studies of individuals who represent non-Western religions and cultures. Although promising starts have been made in this direction, considerably more research is needed (e.g., Chida et al., 2016; Kurum-Yildirim, 2023; Yilmazturk, 2023).

Third, focused studies are needed to pinpoint and test the impact of specific religious and spiritual resources on clients in treatment. Particular attention will be necessary to learn more about how these resources vary across religious traditions and culture as well as their distinctive effects. How, for example, does the practice of Ramadan impact the mental health and well-being of Muslims? What effect does the observance of the Sabbath have on groups that regular practice this day of rest (e.g., 7th Day Adventist, Orthodox Jews)?

Fourth, given the prevalence and power of religious and spiritual struggles, researchers and practitioners should join forces in developing and evaluating interventions that can foster the mental health of strugglers. Intervention studies that focus on other religious and spiritual problems, such as spiritual bypass (Cashwell et al., 2007), religiously-based abuse, and religious extremism are also needed.

Finally, moving further beyond the focus on traditional mental health care, studies are needed that examine how religion and spirituality might be accessed to enhance the effectiveness of prevention-oriented programs, the health and well-being of couples and families (e.g., Fincham et al., 2010), and communities as a whole.

The future of the field is bright, but it is also challenging. Consider a few of these challenges. As the field continues to evolve from basic research to applied research, practitioners will have to grapple with the complexities of religion and spirituality. An ability to tolerate ambiguity may be a prerequisite for people entering the psychology of religion and spirituality, for the central questions in the field continue to shift beyond the simple to the more complex and challenging.

Because this area of work is likely to be so complex, researchers and practitioners in this field should challenge themselves to collaborate with others in pluralistic, multi-disciplinary teams. Few, if any, among us have all of the tools and resources that are needed to be effective in this area of research and application. However, through respectful collaboration with others inside and outside of our own disciplines, including clerics and religious leaders, we can address our own biases and limitations, multiply our own resources, and support each other in the process.

Finally, there is a clear and compelling need for more training of researchers and practitioners. Most mental health professionals lack knowledge about religion and spirituality. This should not be surprising given that only a small minority of graduate

students in the mental health fields have ever taken a course in the area of religion and spirituality (e.g., Saunders et al., 2014). Unsure how to address this topic, many mental health professionals may simply avoid religious and spiritual issues altogether in treatment. Vieten and Scammell (2015) describe important work on delineating evidence-based religious and spiritual competencies for training in spiritually integrated practice. They distinguish among attitudinal competencies (e.g., “Can demonstrate empathy, respect and appreciation for clients from diverse spiritual, religious, or secular backgrounds.”), knowledge competencies (e.g., “Can identify religious and spiritual experiences, practices, and beliefs that may positively or negatively affect mental health”), and skill-based competencies (“Can identify and address spiritual and/or religious problems in practice and make referrals when necessary”). Even though training mental health professionals in these religious and spiritual competencies is a challenging task, initial studies show it is possible. Pearce et al. (2020) developed and evaluated an online training program to foster spiritual competencies among mental health professionals and were able to demonstrate significant improvements in knowledge, skills, and attitudes among program participants.

Conclusions

An evidence-based approach to religion and spirituality has a vital role in efforts to illuminate, broaden and deepen our efforts to understand and enhance the human condition. I would say that the growth in the psychology of religion and spirituality over the past 50 years can be attributable in no small part to its evolution toward an empirically-based applied discipline. As we continue to move forward we will undoubtedly face significant challenges. None of these challenges, however, is insurmountable. I suspect our field will continue to grow and transform itself into one that gains wider and wider acceptance within the larger discipline of psychology and contributes in more and more ways to the health and well-being of individuals, families, and communities. I feel tremendously fortunate to have witnessed and been a part of this evolutionary process.

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