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Recommended Citation
Richards, P. Scott (2006) "Theistic Psychotherapy," Issues in Religion and Psychotherapy: Vol. 30 : No. 1 , Article 3. Available at: https://scholarsarchive.byu.edu/irp/vol30/iss1/3

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Theistic Psychotherapy

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Brigham Young University

This article describes theoretical and empirical work that has been done during the past few decades to develop a theistic framework and approach for psychotherapy. It provides a brief summary of the reasons a theistic strategy for counseling and psychotherapy is needed, then explores its theological, philosophical, theoretical, and empirical foundations. The article suggests future directions of theistic psychotherapy and invites Latter-day Saint professionals to join the effort to bring this framework and approach more fully into the therapeutic mainstream and into their own practices.

During the past 25 years, my colleague Allen E. Bergin and I have devoted much of our scholarly effort to developing a theistic spiritual strategy for mainstream mental health professionals. Given the fact that in the Western Hemisphere and in Europe more than 80% of the population profess belief in one of the major theistic world religions (Barrett & Johnson, 2002), we think a theistic strategy is needed in mainstream psychotherapy to provide a culturally sensitive framework for theistic clients (Bergin, 1980, 1991; Richards & Bergin, 2000). In addition, there is much healing potential in the theistic world religions (Benson, 1996; Richards & Bergin, 1997). We believe that if more fully accessed by psychotherapists, the spiritual resources found in the theistic religious traditions, those that are in harmony with the truths of the restored gospel, could enhance the efficacy of psychological treatment.

In this article I briefly discuss problems with the prevalent approach of scientific naturalism and affirm the need for a theistic strategy for psychotherapy. I describe a theistic framework that Dr. Bergin and I have proposed for mainstream psychotherapy and review its theological, philosophical, theoretical, and empirical foundations. I discuss future directions for a theistic strategy in theory, research, education, and training. I conclude by extending an invitation to Latter-day Saint mental health professionals to help bring a theistic framework and approach for psychotherapy more fully into their own work, as well as into the professional mainstream.

THE NEED FOR A THEISTIC ALTERNATIVE: PROBLEMS WITH SCIENTIFIC NATURALISM

Although not all scientists are atheistic or agnostic, most scientists and behavioral scientists during the past century have adopted scientific naturalism as the primary underlying assumption of their theories and research (Griffin, 2000). According to the philosophy of scientific naturalism, “the universe is self-sufficient, without supernatural cause or control, and . . . in all probability the interpretation of the world given by the sciences is the only satisfactory explanation of reality” (Honer & Hunt, 1987, p. 225). Scientists who accept scientific naturalism assume that human beings and the universe can be understood without including God or divine influence in the scientific theories, including.
theories of therapeutic change and healing, or in the interpretation of research findings.

As the central dogma of science (Leahey, 1991), scientific naturalism received relatively little critical scrutiny during the 20th century; however, during the past couple of decades a number of scholars have carefully examined this worldview and found it wanting (e.g., Griffin, 2000; Jones, 1994; Plantinga, 1991, 1993). Scientific naturalism carries with it a number of philosophical commitments that are problematic for science, including sensationism, materialism, and atheism. These philosophies are problematic because they prevent “the scientific community from providing rational explanations for a wide range of phenomena” (Griffin, 2000, p. 36). They are also inconsistent with empirical evidence and with “hard-core common sense beliefs”—beliefs that are “inevitably presupposed in practice” by both laypersons and scientists (Griffin, 2000, pp. 36, 99).

To escape religious contamination and establish psychology and psychiatry as respected sciences, Sigmund Freud, along with early founders of the behavioral tradition (i.e., Watson, Thorndike, Skinner, Hull, Wolpe, Bandura, Rogers) and other early leaders of the behavioral sciences, accepted the prevailing scientific philosophies of the day (Karier, 1986; Wertheimer, 1970). Although it was not always done explicitly or even deliberately, they built their theories on faith in the worldview and philosophical assumptions of scientific naturalism (Karier, 1986; Leahey, 1991). Their foundational axiom of faith was that human behavior could be explained naturalistically; i.e., without resorting to spiritual or transcendent explanations. As a result, all of the mainstream psychotherapy traditions—including the psychodynamic, behavioral, humanistic-existential, cognitive-behavioral, and family systems traditions, as well as the many variations of therapy based upon these approaches—are grounded in the theology and philosophy of scientific naturalism.

Not only is the scientific naturalistic worldview problematic for natural and behavioral scientists, but in my view it poses insoluble problems for contemporary mental health practitioners and researchers who attempt to apply it (Bergin, 1980; Griffin, 2000; Richards & Bergin, 1997; Slife, 2004; Slife, Hope, and Nebeker, 1999). Scientific naturalism provides an impoverished view of human nature upon which is difficult to build theories of personality and therapeutic change (Griffin, 2000, 2001). Scientific naturalism also constrains, biases, and ultimately forecloses many conceptual and clinical options that would otherwise be open to therapists and researchers (Slife, 2004; Slife et al., 1999). Finally, scientific naturalism conflicts with the worldviews of the major theistic world religions, thereby failing to provide a culturally sensitive psychotherapy framework for religious clients who seek assistance from mental health professionals (Bergin, 1980). In my view, a theistic perspective provides a radically different and more positive framework upon which to build theories of psychology and psychotherapy.

A theistic strategy for psychotherapy

Theistic psychotherapy is a comprehensive orientation that includes a theistic conceptual framework, a body of religious and spiritual therapeutic interventions, and guidelines for implementing theistic perspectives and interventions (Richards & Bergin, 2005). The foundational assumptions of this approach “are that God exists, that human beings are the creations of God, and that there are unseen spiritual processes by which the link between God and humanity is maintained” (Bergin, 1980, p. 99). It also assumes that people who have faith in God's power and draw upon spiritual resources during treatment will have added strength to cope, heal, and grow. No other mainstream tradition has adequately incorporated theistic spiritual perspectives and practices into its approach, and so this orientation fills a void in the field.

As my colleagues and I have explained in more detail elsewhere (Richards & Bergin, 1997, 2005), our theistic strategy is integrative in that we advocate that spiritual interventions should be combined in a treatment-tailing fashion with a variety of standard mainstream techniques, including psychodynamic, behavioral, humanistic, cognitive, and systemic ones. The strategy is empirical in that it is grounded in current research about psychotherapy and spirituality and will continue to submit its claims to empirical scrutiny. The strategy is ecumenical in that it can be applied sensitively to people from diverse theistic religious traditions. Finally, our strategy is denominational in that it leaves room for psychotherapists to tailor treatment to the fine nuances of specific religious denominations. In our view, these four characteristics are essential for any viable spiritual approach to psychotherapy.
As illustrated in Figure 1, the conceptual framework for theistic psychotherapy includes (a) theological premises that are grounded in the theistic worldview, (b) philosophical assumptions that are consistent with the theistic worldview, (c) a theistic personality theory, and (d) a theistic view of psychotherapy. These conceptual foundations provide a rationale embracing (1) why spiritual interventions are needed in psychotherapy, (2) what types of spiritual interventions may be useful, and (3) when such interventions might appropriately be implemented. Our theistic conceptual framework does not, however, tell psychotherapists specifically how to implement spiritual interventions in treatment, nor does it tell them how to integrate such interventions with mainstream secular perspectives and interventions. We recognize that a theistic strategy can be applied in practice in numerous ways, as illustrated in recent publications (e.g., Richards & Bergin, 2004; Sperry & Shafranske, 2005). I now briefly describe the theological, philosophical, theoretical, and empirical foundations of theistic psychotherapy.

**Theological foundations**

The theological foundations of theistic psychotherapy are grounded in the worldview of the major theistic world religions. There are five major theistic religious traditions in the world: Judaism, Christianity, Islam, Zoroastrianism, and Sikhism (Smart, 1994). Judaism, Christianity, and Islam are the major theistic religions of the Western world. Zoroastrianism and Sikhism are theistic religions whose followers live mainly in India. Approximately 60% of the world’s population profess adherence to one of these religions (Barrett & Johnson, 2002).

Although there is great diversity between and within these five world religions in terms of specific religious beliefs and practices, at a more general level they share a common worldview. According to the theistic worldview, God exists, human beings are the creations of God, there is a divine purpose to life, human beings can communicate with God through prayer and other spiritual practices, God has revealed moral truths to guide human behavior, and the human spirit or soul continues to exist after mortal death (Richards & Bergin, 1997). Compared to the scientific naturalistic worldview, the theistic worldview provides a dramatically different
position from which to build theories of therapeutic change and an approach to psychotherapy (Bergin, 1980).

**Philosophical foundations**

Our theistic framework for psychotherapy is grounded in a number of philosophical assumptions about human nature, ethics, and epistemology, including scientific theism, theistic holism, human agency, moral universalism, theistic relationalism, altruism, and contextuality (Richards & Bergin, 2005). These philosophical perspectives are gaining support among contemporary scientists and philosophers of science (e.g., Griffin, 2000; Jones, 1994; Slife, 2004; Slife et al., 1999), providing a positive and defensible philosophical foundation for a theistic framework of personality theory and psychotherapy.

To fully discuss all of these assumptions and their implications is beyond the scope of this presentation, although this has been done more fully elsewhere (e.g., Bergin, 1980, 1991; Howard & Conway, 1986; Jones, 1994; Richards & Bergin, 2005; Slife, 2004; Slife et al., 1999; Slife & Williams, 1995; Williams, 1992). Table 1 briefly defines the philosophical assumptions of the theistic framework and summarizes their conceptual strengths for mental health professionals. Here it can be seen that the assumptions underlying the theistic orientation provide a dramatically different foundation in contrast with naturalistic assumptions upon which to build theories of personality and therapeutic change (Richards & Bergin, 2005).

**Theoretical foundations**

A theistic spiritual perspective has direct implications for the ways clinicians conceptualize human personality and the change processes that characterize growth, development, and healing. Integrating such content into mainstream clinical theory, research, and practice is a formidable undertaking, and much work remains to be done. According to the theistic perspective, human development and personality are influenced by a variety of systems and processes (e.g., biological, cognitive, social, psychological), but the core essence of identity and personality is spiritual. Consistent with the teachings of most of the theistic world religions, my colleagues and I have theorized that human beings are composed of both a mortal body and an eternal spirit or soul that continues to exist beyond the death of the mortal body. This eternal spirit is of divine creation and worth, and it constitutes the lasting or eternal identity of the individual. The spirit “interacts with other aspects of the person to produce what is normally referred to as personality and behavior” (Richards & Bergin, 1997, p. 98).

According to our theistic view of personality development, people who believe in their eternal spiritual identity, follow the influence of God’s spirit, and live in harmony with universal moral principles are more likely to develop in a healthy manner socially and psychologically (Richards & Bergin, 1997). Spiritually mature people have the capacity to enjoy loving, affirming relationships with others, they have a clear sense of identity and values, and their external behavior is in harmony with their value system (Bergin, 1980). They also feel a sense of closeness and harmony with God, and they experience a sense of strength, meaning, and fulfillment from their spiritual beliefs. People who neglect their spiritual growth and well-being or who consistently choose to ignore the influence of God’s spirit and do evil are more likely to suffer poor mental health and disturbed, unfulfilling interpersonal relationships.

Therapeutic change and healing can be facilitated through a variety of means, including physiological, psychological, social, educational, and spiritual interventions. But complete healing and change require a spiritual process. Therapeutic change is facilitated and is often more profound and lasting when people heal and grow spiritually through God’s inspiration and love. This may occur in a variety of ways, but it often involves an affirmation of clients’ sense of spiritual identity. When clients experience a deep affirmation of their eternal spiritual identity and worth during prayer or other spiritual experiences, the event is often life transforming for them. Such experiences help heal their sense of shame or feelings of badness, and this renewal often reorients their values from a secular or materialistic value system to a more spiritual one. These inner changes in self-perceptions and values often lead to outer changes in their lifestyle, which leads to healthier behaviors and reductions in psychological and physical symptoms and problems. Thus, identity-affirming spiritual experiences can set people on a path that is conducive to physical and mental health (Richards & Bergin, 1997; Richards, 1999). We and others have written much more about the implications of theism for personality theory, and
Table 1. Philosophical Foundations of Theistic Psychology and Psychotherapy

<table>
<thead>
<tr>
<th>Philosophical Perspective</th>
<th>Strengths for Behavioral Scientists and Psychotherapists</th>
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<tr>
<td>Scientific Theism: God is the ultimate creative and controlling force in the universe and the ultimate reality. Human beings can understand God and the universe, although this knowledge will always be incomplete and distorted. Scientific (rational and empirical) methods can discover some aspects of reality, but spiritual ways of knowing (intuition and inspiration) are also needed. Epistemological and methodological pluralism are endorsed.</td>
<td>• Provides a richer, more positive view of the world and human nature than scientific naturalism. • In harmony with the spiritual worldviews of most people, thus the majority of psychotherapy clients. • Leaves room for common realities that most people presuppose in practice, including agency, responsibility, meaning and purpose, genuine love and altruism, and invisible realities such as spiritual communion with God.</td>
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<td>Theistic Holism: Humans are holistic spiritual beings, and cannot be reduced simply to biology, mind, or relationships. They are composed of an eternal spirit or soul. The human spirit interacts with and influences other dimensions of reality, including the physical, cognitive, emotional, interpersonal, and cultural. Humans cannot be adequately understood by reducing or dividing them into smaller units or by ignoring the spiritual dimension.</td>
<td>• Affirms the spiritual worth and unlimited potential of human beings. • Affirms the eternal nature of the human soul and personality. • Avoids dehumanizing people into smaller, mechanistic, deterministic parts. • Provides a positive view of human nature—a view that may help lead to a more “positive psychology” in the mainstream behavioral sciences.</td>
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<tr>
<td>Agency: Human beings have moral agency and the capacity to choose and regulate their behavior. Human behavior has antecedents, such as biological and environmental influences that may limit a person’s choices in some situations, but not his or her agency. Choices have consequences.</td>
<td>• Affirms the reality of human agency, choice, responsibility and accountability, and thus is consistent with beliefs that are presupposed in practice by virtually all psychotherapists and clients. • Acknowledges that agency is not absolute and that all events, including human actions and emotions, have meaningful antecedents (e.g., biological realities, environmental influences, unconscious processes, childhood experiences) that can set some limits on human choices.</td>
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<td>Moral Universalism: There are universal moral principles or values that influence healthy psychological and spiritual development, although the application of these values may vary depending on the time, context, and other competing values. Some values are more healthy and moral than others.</td>
<td>• Affirms the importance of values and lifestyle choices in human development and functioning. • Provides a moral and ethical framework or rationale that therapists and clients can use to evaluate whether values and lifestyle choices are healthy. • Helps therapists and clients avoid the incoherency of ethical relativism, which differs from cultural relativism.</td>
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<tr>
<td>Theistic Relationism: Human beings are inherently relational. Humans can be understood through the study of their relationships with other human beings and with God.</td>
<td>• Helps therapists and clients avoid a narrow, individualistic focus that can lead to preoccupation with self and alienation from others. • Affirms the importance of relationships and community and encourages social conscience and connection with others and with God.</td>
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<td>Altruism: Human beings often forego their own rewards (pleasure) for the welfare of others. Responsibility, self-sacrifice, suffering, love, and altruistic service are valued above personal gratification.</td>
<td>• Affirms the value of self-sacrifice and service to others and thereby helps promote love and relationships. • Promotes treatment goals and interventions that are concerned with familial and societal welfare.</td>
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<td>Contextuality: At “least some of the properties and qualities of things… come from outside the thing—in its context” (Slife, 2004, p. 48). There are real phenomena that are contextual, unique, and private—phenomena that are not necessarily empirically observable, generalizable, or repeatable (e.g., transcendent spiritual experiences).</td>
<td>• Reminds therapists about the importance of context and culture in treatment. • Affirms the importance of tailoring treatment interventions to fit the unique issues and characteristics of each client. • Reminds therapists, clients and researchers that non-observable, infrequent, and private experiences may be real and important.</td>
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I refer readers to other sources for more information about this topic (e.g., Bergin, 2002; Emmons, 1999; Miller & Delaney, 2005; Olson, 2002; Richards & Bergin, 2005).

**Theistic view of psychotherapy**

The sacred writings of all of the major theistic religious traditions affirm God’s power to inspire, comfort, and heal. Our theistic orientation assumes that clients who have faith in God’s healing power and draw upon the spiritual resources in their lives during psychological treatment will receive added strength and power to cope, heal, and grow (Richards & Bergin, 1997). Theistic psychotherapists, therefore, may encourage their clients to explore how their faith in God and their personal spirituality may assist them during treatment and recovery.

Another contribution of our theistic orientation is that it provides a body of spiritual interventions that can be used in working with the spiritual dimension of clients’ lives, including praying for clients, encouraging clients to pray, discussing theological concepts, making reference to scriptures, using spiritual relaxation and imagery techniques, encouraging repentance and forgiveness, helping clients live congruently with their spiritual values, self-disclosing spiritual beliefs or experiences, consulting with religious leaders, and recommending religious bibliotherapy (Richards & Bergin, 1997). Most of these spiritual interventions have been practiced by religious believers for centuries; they have endured because they express and respond to the deepest needs, concerns, and problems of human beings (Benson, 1996; Richards & Bergin, 1997, 2000).

Another aspect of our viewpoint is that both therapists and clients may seek, and on occasion obtain, spiritual enlightenment to assist in treatment and recovery by entering into meditative or prayerful moments (Richards & Bergin, 2005). Spiritual impressions can give therapists and clients important insight into problems, as well as ideas for effective interventions or healing strategies.

A distinctive view of our orientation is that it asserts that a theistic moral framework for psychotherapy is possible and desirable. By moral framework, we mean that there are general moral values and principles that influence healthy human development and functioning which can be used to guide and evaluate psychotherapy (Bergin, 1980, 1991). Although there is great diversity in beliefs and practices between and within the theistic religions, they agree that human beings can and should transcend selfish hedonistic tendencies in order to grow spiritually and to promote the welfare of others. There is also general agreement that values and principles such as integrity, honesty, forgiveness, repentance, humility, love, spirituality, religious devoutness, marital commitment, sexual fidelity, family loyalty and kinship, benevolent use of power, and respect for human agency promote spiritual enlightenment and personal and social harmony (Bergin, 1991; Richards & Bergin, 1997).

Such values provide theistic psychotherapists with a general framework for evaluating whether their clients’ lifestyles are healthy and mature and for choosing therapeutic goals. Although therapists must permit clients to make their own choices about what they value and how they will apply these values in their lives, we think it would be irresponsible for therapists not to share what wisdom they can about values when their knowledge and ideas are relevant to their clients’ problems (Bergin, 1991; Richards et al., 1999).

There are many other distinctive views underlying a theistic psychotherapy approach, including the purpose of psychotherapy, the nature of the therapeutic relationship, ethical considerations for conducting psychotherapy, components of a psychological-spiritual assessment, the purpose of spiritual interventions, and the responsibilities of the therapist and client. It is beyond the scope of this article to discuss ethical and process considerations for theistic psychotherapy, but this has been done elsewhere (Richards & Bergin, 1997, 2004, 2005). Table 2 summarizes some additional distinguishing characteristics of our theistic view of psychotherapy.

**Empirical foundations**

A large body of research is consistent with and provides support for many aspects of the theistic framework described above. It is beyond the scope of this article to discuss these findings in detail, but here I briefly mention four scholarly domains that have provided an empirical foundation for our theistic strategy: (1) research on religion and health, (2) research on human virtues and strengths, (3) research on near-death, spiritual, and anomalous healing experiences, and (4) research on the outcomes of spiritually-oriented treatment approaches.


Table 2. Distinguishing Characteristics of Theistic Psychotherapy

<table>
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<tr>
<th>Goals of Therapy</th>
<th>Therapist’s Role in Therapy</th>
<th>Role of Spiritual Techniques</th>
<th>Clients’ Role in Therapy</th>
<th>Nature of Relationship</th>
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<tr>
<td>Spiritual view is part of an eclectic, multisystemic view of humans, and so therapy goals depend on the client’s issues.</td>
<td>Adopt an ecumenical therapeutic stance and, when appropriate, a denominational stance. Establish a warm, supportive environment in which the client knows it is safe and acceptable to explore his or her religious and spiritual beliefs, doubts, and concerns. Assess whether clients’ religious and spiritual beliefs and activities are affecting their mental health and interpersonal relationships. Implement religious and spiritual interventions to help clients more effectively use their religious and spiritual resources in their coping and growth process. Model and endorse healthy values. Seek spiritual guidance and enlightenment on how best to help clients.</td>
<td>Interventions are viewed as very important for helping clients understand and work through religious and spiritual issues and concerns and for helping clients draw on religious and spiritual resources in their lives to assist them in better coping, growing, and changing. Examples of major interventions include cognitive restructuring of irrational religious beliefs, transitional figure technique, forgiveness, meditation and prayer, scripture study, blessings, participating in religious services, practicing spiritual imagery, journaling about spiritual feelings, repenting, and using the client’s religious support system.</td>
<td>Examine how their religious and spiritual beliefs and activities affect their behavior, emotions, and relationships. Make choices about what role religion and spirituality will play in their lives. Set goals and carry out spiritual interventions designed to facilitate their spiritual and emotional growth. Seek God’s guidance and enlightenment about how to better cope, heal, and change.</td>
<td>Unconditional positive regard, warmth, genuineness, and empathy are regarded as essential foundations for therapy. Therapists also seek to have charity or brotherly and sisterly love for clients and to affirm clients’ eternal spiritual identity and worth. Clients are expected to form a working alliance and share in the work of change. Clients must trust the therapist and believe that it is safe to share their religious and spiritual beliefs and heritage with the therapist. Clients must know that the therapist highly values and respects their autonomy and freedom of choice and that it is safe for them to differ from the therapist in their beliefs and values, even though the therapist may at times disagree with their values and confront them about unhealthy values and lifestyle choices.</td>
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Research on religion and health. Most of the research on religion and health has examined the relationship between measures of religious commitment and various accepted indicators of physical and mental health. Several recent books provide up-to-date and comprehensive reviews of the empirical research on religion, spirituality, and health (e.g., Koenig et al., 2001; Pargament, 1997; Plante & Sherman, 2002).

The Handbook of Religion and Health (Koenig et al., 2001) is a particularly comprehensive resource on this topic, reviewing over 1600 empirical studies. These studies provide strong support overall for the health benefits of religious commitment and involvement, a finding that is consistent with the conclusions of numerous other literature reviews of the past two decades.

Religiously active people show lower rates of incidence for a vast array of diseases, including heart disease, hypertension, immune system dysfunction, cancer, and age-related disability. Religious people tend to live longer. Coping tends to be better for disease, pain, death, and other forms of stress. Recovery rates from surgery are better for religiously active individuals. Religious people are also less likely to engage in unhealthy behaviors such as cigarette smoking, alcohol and drug use, and high-risk
sexual behaviors. Members of certain religious groups are also more likely to follow healthy diets (Koenig et al., 2001; Plante & Sherman, 2002).

Many studies have shown that religiously committed people tend to report greater subjective well-being and life satisfaction. Several large epidemiological studies have found negative relationships between religious participation and psychological distress. Studies have also shown that people who are religiously active tend to have lower levels of hostility and stronger feelings of hope and personal control than those who are not.

People who engage in religious coping (e.g., praying, reading sacred writings, meditating, seeking support from religious leaders and community) during stressful times tend to adjust better to crises and problems. Evidence shows that people who turn to God for help in coping with stress have lower levels of anxiety, less depression, greater self-esteem, and higher psychosocial competence.

Many studies have provided evidence that people who are intrinsically religious report less anxiety, including less death anxiety, than those who are not. These persons also experience more freedom from worry and neurotic guilt (i.e., guilt in the absence of wrongdoing, resulting in depression, anxiety, or obsessions) than do less religious people. Several studies with non-clinical samples have shown that religious commitment is usually associated with lower levels of depression. Some evidence also suggests that church attendance is strongly predictive of less depression in elderly people.

Studies have consistently shown that people who attend church are less likely to divorce than those who do not. Studies have also consistently shown a positive relationship between religious participation and marital satisfaction and adjustment.

Considerable evidence indicates that those with high levels of religious involvement are less likely to use or abuse alcohol, with lower rates among members of denominations that discourage or prohibit alcohol consumption. There is also extensive evidence that religiously committed people are less likely to use or abuse drugs.

Many studies have shown that religious denominations that have clear, unambiguous prohibitions against premarital sex have lower rates of premarital sex and teenage pregnancy than others. Research has consistently shown that religious commitment, as measured by church attendance, is negatively associated with delinquency. Finally, numerous studies have found that religiously committed people report fewer suicidal impulses and more negative attitudes toward suicide, and they are less likely to commit suicide than are non-religious people.

Research on human virtues and strengths. After becoming President of the American Psychological Association in 1997, Seligman (2002) coined the term positive psychology and called on psychologists to change their focus "from a preoccupation only with repairing the worst things in life to also building the best qualities in life" (p. 3). He also asserted:

We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people. (Seligman, 2002, p. 5)

In response to Seligman's call, numerous journal articles and book chapters have been published about positive psychology, as well as several books (e.g., McCullough, Pargament, & Thoresen, 2000; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). In general, the findings to date support the idea that human virtues such as forgiveness, spirituality, gratitude, ultimate concerns and spiritual strivings, hope, faith, love, and humility are positively associated with healthy human functioning (Snyder & Lopez, 2002). These findings are consistent with the teachings of the major theistic world religions who have long espoused and sought to promote such human virtues and strengths (Park, 2003).

Research on spiritual experiences. A growing body of qualitative and quantitative research is exploring the types of spiritual experiences people have, including near-death and other death-related experiences, mystical and spiritual experiences, and spiritual and faith healings. For example, in his pioneering study, Moody (1975) identified a number of elements that seem to characterize many near-death experiences (NDE): (a) feeling ineffability, (b) hearing oneself pronounced dead,
(c) experiencing feelings of peace and quiet, (d) hearing unusual noises, (e) seeing or passing through a dark tunnel, (f) leaving one's body, (g) meeting spiritual beings, (h) experiencing a bright light or being of light, (i) having a panoramic life review, (j) sensing a border or limit, (k) coming back into the body.

Many other studies during the past two decades have provided general confirmation of the nature and reality of the NDE. It is now a well accepted fact that anywhere from 5% - 30% of those who come close to death have a NDE (Greyson, 2000). A number of well documented case reports of near-death experiences, as well as several carefully conducted research studies, have made it increasingly difficult for skeptics to discount near-death experiences as simply physiological or psychological phenomena (e.g., Ring & Cooper, 1997; Sabom, 1998; van Lommel, van Wees, Meyers, & Elfferich, 2001). Although they have attracted less research, a variety of other death-related experiences have been reported in the literature, including (a) visions or visitations of the deceased to their loved ones; (b) dreams, visions, and other premonitions of the living that a loved one has recently died or is going to die; and (c) near-death visions where someone who is about to die sees and describes loved ones who have previously passed on (Morse, 1994a).

Mystical and spiritual experiences also have important implications for a theistic orientation. Such experiences are not well understood by naturalistic scientists, but they are common and have been subjects of considerable scholarship (e.g., Hood, 1995). In a June 2002 Gallup survey, 41% of Americans indicated that they had had a "profound religious experience or awakening that changed the direction of [their lives]" (Gallup, 2003, p. 7). This confirms previous surveys that have consistently found that more than 30% of Americans report life-changing religious experiences (Gallup, 2003). Such findings have been replicated with much consistency in numerous other surveys, including one conducted in Great Britain (Hay & Morisy, 1978).

Considerable research has been done about the nature of mystical and spiritual experiences and their psychological and religious correlates (Spilka, Hood, & Gorsuch, 1985; Wulf, 2000). Most mystical experiences seem to be (a) noetic—perceived as a valid source of knowledge, (b) ineffable—incapable of being adequately described, (c) holy—perceived as an encounter with the sacred or divine; (d) pleasant—accompanied by feelings of peace, bliss, and joy; (e) paradoxical—defying logic. Some people report sensing inner subjectivity—defying logic. These experiences frequently provoke major life changes sometimes come unbidden and unexpected, but at other times accompany religious practices such as praying, meditating, worshipping, participating in religious rituals, and studying scriptures.

Many types of spiritual experiences are normative in various theistic religions, and the report of such experiences is not usually associated with psychopathology (Sanderson, Vandenberg, & Paese, 1999). Furthermore, spiritual experiences often provoke major life changes and positive and enduring transformations in the values and lifestyles of those who experience them (Miller & CDeBaca, 1994).

Human history is also replete with accounts of miraculous faith healings and other unexpected recoveries from serious illness and injury (Benor, 1993). Although a proportion of these accounts are probably not genuine or may be "spontaneous" remissions, many of them have occurred in modern times, are medically well
documented, and cannot be explained in the context of conventional biomedicine (Benor, 1993; Benson, 1996; Krippner & Achterberg, 2000; Levin, 2001).

Studies and case reports examining the phenomenology of spiritual and anomalous healing experiences have found that during the time such healings take place, it is not uncommon for people to “see religious figures or balls of great white light, to have special dreams or visions, and to feel heat and tingling in the location of the problem” (Krippner & Achterberg, 2000, p. 363). Positive emotions and long-term improvements in mental, spiritual and physical well-being have also been reported by those having these experiences (Benson, 1996; Krippner & Achterberg, 2000; Levin, 2001). Many people attribute their healing and recovery to spiritual beliefs, practices and influences, such as prayer, meditation, guided imagery, sense of purpose, and faith rather than to medical treatment (e.g., Achterberg & Lawlis, 1989; Benson, 1996; Hirshberg & Barash, 1995; Krippner & Achterberg, 2000).

Findings concerning near-death, spiritual, and healing experiences provide further evidence of the role of spiritual realities in human functioning. Although wrenching to traditional empirical philosophies, they continue to accumulate, often from surprisingly reliable witnesses. We are aware, of course, of the various naturalistic explanations that have been offered to account for near-death experiences, parting visions, faith healings, and other spiritual experiences, such as oxygen deprivation to the brain, chemically induced hallucinations, psychological defenses, delusions, irrationalities, and so on (e.g., Blackmore, 1993; Groth-Marnert, 1989; Morse, 1994; Ring, 1980; R. K. Siegel, 1980). However, those who try to explain all spiritual experiences in naturalistic terms seem more incredulous than those who are willing to stretch their theoretical boundaries to take in evidence from the invisible, spiritual, but real world. William James, perhaps the greatest of American psychologists, was willing to do this (James, 1902/1936).

The “methodological imperialism” of some naturalists constrains the creativity needed to address the increasingly robust indicators of “other” realities. We hope that scientists will approach the study of spiritual and other anomalous experiences with open minds. We hope that they will not rule out theistic understandings of these experiences a priori simply because such understandings call into question the prevailing assumptions of the materialistic and naturalistic scientific worldview. We believe that a better understanding of such spiritual experiences could have important implications for science and humanity.

Research on spiritually oriented treatment approaches. Empirical research on religious and spiritual issues in mental health and psychotherapy has expanded rapidly during the past two decades. In a comprehensive Psychological Bulletin review, Worthington, Kurusu, McCullough, and Sanders (1996) examined 148 empirical studies on religion and psychotherapy, which provided considerable insight into “(a) religion and mental health, (b) religion and coping with stress, (c) religious people’s views of the world, (d) preferences and expectations about religion and counseling, and (e) religious clients’ responses to counseling” (p. 451). They concluded that the methodological quality of this research has improved to the point of approaching “current secular standards, except in outcome research” (Worthington et al., 1996, p. 448). Since the publication of Worthington et al.’s review, there have been several updates of the research literature in this domain, including a meta-analysis of religiously accommodative outcome studies (McCullough, 1999) and several narrative reviews (e.g., Worthington & Sandage, 2001).

Although relatively few experimental therapy outcome studies of religious and spiritual therapies have been conducted, their number is increasing (Worthington & Sandage, 2001). Six experimental outcome studies have compared standard and religiously accommodative versions of cognitive, cognitive-behavioral, or rational emotive behavior therapy (McCullough, 1999). In general, these studies have provided evidence that theistic cognitive therapy that makes use of scriptures, religious imagery, and references to Christian theology tends to be equal to standard cognitive therapy at reducing depression and to be superior at increasing spiritual well-being. Three experimental outcome studies have also investigated the effectiveness of a Muslim-accommodative cognitive therapy approach for anxiety and depression (Azhar, Varma, & Dharap, 1994; Azhar & Varma, 1995a, 1995b). According to these studies, those clients who received the religiously accommodative treatment approach tended to have better outcomes than those who received a standard secular treatment, although weaknesses in methodology call for tentativeness about these findings.
Several other recent outcome studies of spiritual treatment approaches with other clinical issues and populations have been conducted, including a spiritual growth group for eating disorder inpatients (Richards et al., 2001), a spiritually integrated reminiscence group for assisted-living facility adults (Emery, 2003), a religiously integrated forgiveness group for college women who had been wronged in a romantic relationship (Rye & Pargament, 2002), a spiritually informed cognitive-behavioral stress management workshop for college students (Nohr, 2001), a spiritually focused therapy group for cancer patients (Cole, 2000), a spiritually focused puppet therapy for adults with chemical dependency (Vizzini, 2003), and psycho-spiritual manualized individual therapy intervention for female sexual abuse survivors (Murray-Swank & Pargament, 2004). These studies, in general, have found that theistic integrative interventions are equivalent to and sometimes more effective for religious clients than standard secular treatment approaches. Collectively they represent an increasing body of evidence that spiritual treatment approaches may be effective with a wide variety of clinical issues and populations.

**Future directions for a theistic strategy**

Impressive progress has been made during the past two decades, but much work remains to be done if a theistic strategy is to take a place of equality and influence in mainstream psychology and psychotherapy. I will now briefly describe some future directions for a theistic strategy in theory, research, education, and training.

**Theory and research.** Perhaps the most pressing research need is for more outcome studies with actual clients on specific spiritual interventions and on spiritual-secular integrative treatment approaches (McCullough, 1999; Richards & Bergin, 2000; Sperry & Shafranske, 2005; Worthington et al., 1996; Worthington & Sandage, 2001). Additional studies that document the effectiveness of spiritual treatment approaches are essential. We endorse the call by Worthington et al. (1996) for more research on psychotherapy with religiously and culturally diverse groups because to date most theory and research in this domain has focused on the Judeo-Christian religious traditions and Western (Euro-American) cultures (Richards & Bergin, 2000).

Much scholarly work has also been done during the past two decades in the psychology of religion (Emmons & Paloutizian, 2003), which has great relevance to a theistic framework for psychology and psychotherapy. Progress has been made in conceptualizing and measuring religion and spirituality, including the publication of a handbook of religious and spiritual measures (Hill & Hood, 1999). In addition to textbooks on the psychology of religion, chapters on the psychology of religion are beginning to appear in introductory psychology texts (Hester, 2002). Research in the psychology of religion interfaces with and influences scholarship in personality psychology (e.g., the study of spiritual transcendence, ultimate concerns, spiritual transformation), developmental psychology (e.g., the study of religious and spiritual development), positive psychology (e.g., the study of virtues such as gratitude, forgiveness, humility), psychotherapy (e.g., the study of spirituality, health, and healing), and many other areas of psychology, and so the study of the psychology of religion is likely to strengthen the empirical foundations of a theistic strategy in psychology. Many other topics are relevant to a theistic, spiritual strategy for which recent progress has been made, but that need continues to attract scholarly attention (Richards & Bergin, 2005).

**Education and clinical training.** For many years religion and spirituality were neglected as aspects of diversity in education and training. During the past decade this has changed to some degree. For example, religion is now recognized as one type of diversity in the American Psychological Association’s ethical guidelines (APA, 2002a) and in APA’s Guidelines on Multicultural Education, Training, Practice, and Organizational Change for Psychologists (APA, 2002b). Increasing numbers of multicultural books and journal articles are giving at least some attention to religious and spiritual aspects of diversity. Furthermore, many prominent multicultural scholars and a majority of mental health professionals now acknowledge that religion and spirituality are important aspects of multicultural diversity (Crook-Lyon, O’Grady, & Richards, 2004; Sue, Bingham, Porche-Burke, & Vasquez, 1999).

Although the majority of professionals now believe that religion and spirituality are multicultural issues, most graduate training programs in the mental health professions still do not systematically address these topics (Bishop, Avila-Juarbe, & Thumme, 2003; Richards & Bergin, 2000; Shafranske, 1996, 2000; Shulte, Skinner, & Claiborn, 2002). Recent surveys suggest there is a gap between professional beliefs and practice regarding inclusion of religion and spirituality in multicultural training.
Shafranske and Malony (1996) have offered a number of suggestions to help remedy the lack of graduate training in religious and spiritual issues. They opined that the ideal curriculum would include four components: “a ‘values in psychological treatment’ component, a ‘psychology of religion’ component, a ‘comparative-religion’ component, and a ‘working with religious issues’ component” (Shafranske & Malony, 1996, p. 576). Their recommendations are still current. I also appreciate the suggestions offered by Brawer, Handal, Fabricatore, Robers, & Wajda-Johnston, (2002). They recommended that training directors do the following: 1. Enhance their awareness of and sensitivity to issues of religion and spirituality and develop an academic environment that encourages students to gain knowledge and personal understanding of these issues. 2. Be knowledgeable of religious systems, including traditions, language, culture, and assessment measures. 3. Integrate training in religion and spirituality into already existing courses. 4. Ask faculty members who share an interest in religion and spirituality to identify themselves as mentors for current students and potential applicants. 5. Invite guest speakers who are knowledgeable in the areas of spirituality and religion. 6. Make books and publications on religious and spiritual issues available to students. 7. Inform students about conferences that examine issues of spirituality and religion.

I wish that every graduate training program in the mental health professions would incorporate these recommendations. Some training in religious and spiritual aspects of diversity can take place in existing multicultural classes. Spiritual perspectives could also receive some coverage in the courses in counseling theories that are required by most programs. Some of the leading introductory textbooks on counseling and psychotherapy now devote space to the topics of religion and spirituality (e.g., Corey, 2005; Ivey, Ivey, Myers, & Sweeny, 2005), which should make it easier for instructors to include this as a component of their classes. It is also essential that graduate students receive supervision from professionals with expertise in religious issues and diversity (Bishop, Avila-Juarbe, & Thumme, 2003).

I am pleased with the progress that has been made in bringing religious and spiritual aspects of diversity and psychotherapy practice into training during the past decade. For example, Larson, Lu, and Swyers (1996) developed a model curriculum about spirituality for psychiatric nurses’ training, which has helped lead to the implementation of courses about spirituality by the majority of U.S. medical schools (Puchalski et al., 2000). The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association, has published professional practice guidelines for counselors concerning religion and spirituality (Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Efforts are also underway within Division 36 (Psychology of Religion) of APA to develop professional practice guidelines for psychologists who work with religious and spiritual clients. I hope that accrediting organizations, including the American Psychological Association, will soon require all graduate training programs in the mental health professions to provide a substantial training component in religious and spiritual aspects of diversity and practice.

**AN INVITATION TO LATTER-DAY SAINT PSYCHOTHERAPISTS**

Our theistic strategy for psychotherapy has been formulated broadly with the hope that it will be suitable for mental health professionals from a variety of theistic religious traditions, including many branches within Judaism, Islam and Christianity. We think this is most appropriate for an orientation that emerges from the professional mainstream. It must appeal to a broad range of practitioners and clients and not be too denomination specific. This will make it useable in the wide spectrum of training programs and clinical facilities that serve a diverse but mainly theistic public. Denomination-specific practices can be developed within this broad orientation for use in parochial settings by qualified clinicians.

Most psychotherapists do not use the term theistic to describe their therapeutic orientation, possibly because it has not previously been offered as an option for mainstream professionals. Allen Bergin and I have offered this as a valid option in our most recent publications (Richards & Bergin, 2004, 2005). We have proposed the term *theistic psychotherapy* as a general label for psychotherapy approaches that are grounded in the theistic worldview. *Theistic psychotherapy* refers to a global psychotherapy orientation or tradition, comparable to the psychodynamic, humanistic, and cognitive traditions, not to the psychotherapy of a specific denomination.
so as Latter-day Saint, Protestant, Catholic, Jewish, or Islamic therapies. We also use the term theistic psychotherapy to describe approaches that begin with a theistic foundation but also absorb and integrate interventions from mainstream secular approaches.

We proposed the term theistic psychotherapist to refer to psychotherapists who believe in God and who incorporate theistic perspectives and interventions to some degree into their therapeutic approach. Since surveys have shown that approximately 30–50% of psychotherapists are members of one of the theistic world religions, believe in God, and use spiritual interventions in their professional practices (e.g., Bergin & Jensen, 1990; Richards & Potts, 1995; Shafranske, 2000; Shafranske & Malony, 1990), many therapists could appropriately be called theistic psychotherapists. At least, they might include the term theistic in describing their approach. I wish to emphasize that theistic psychotherapists are not spiritual advisors, nor do they have any ecclesiastical authority. To the contrary, theistic psychotherapists must be cautious to avoid engaging in any practices that should be reserved for ecclesiastical leaders, and they should make sure their clients understand they have no such authority. Theistic psychotherapists are licensed mental health professionals who integrate spiritual perspectives and interventions with their secular training and interventions in an ethically sensitive and effective manner (Richards & Bergin, 2004, 2005).

We assume that most, if not all, theistic psychotherapists will integrate theistic perspectives and interventions with one or more of the mainstream secular psychotherapy traditions. Thus psychotherapists who combine theistic concepts and interventions with psychodynamic ones might wish to describe their therapeutic approach as theistic-psychodynamic (e.g., Shafranske, 2004). Those who combine theistic and cognitive perspectives and interventions could describe their approach as theistic-cognitive (e.g., Tan & Johnson, 2005); those who combine theistic and interpersonal perspectives and interventions could describe their approach as theistic-interpersonal (e.g., Miller, 2004), and those who combine the theistic with several mainstream secular traditions could describe their approach as theistic-integrative (Hardman, Richards, & Berrett, 2004; Richards, 2005). By using the terms theistic psychotherapy and theistic psychotherapist broadly, we hope to bring some unity and strength to a diversity of practitioners who have faith that God’s spiritual influence can assist clients and therapists in their journeys of healing and growth.

A therapist who responds yes to all or most of the following questions fits our definition of a theistic psychotherapist: 1. Do you believe in God or a Supreme Being? 2. Do you believe that human beings are creations of God? 3. Does your theistic worldview influence your view of human nature and personality theory? 4. Do your theistic beliefs influence your ideas about human dysfunction and therapeutic change? 5. Do your theistic beliefs have any impact on your relationship with, assessment of, or intervention with your clients? 6. Do you believe that God, or the Spirit of God, can enhance the therapeutic process?

I do not think therapists must incorporate all of our conceptual framework or process guidelines into their psychotherapy approach in order to be regarded as theistic psychotherapists. In my view, counselors and psychotherapists who believe in God in a manner that is generally consistent with the theistic world religions and whose beliefs appreciably influence their theoretical perspective and therapeutic approach are theistic psychotherapists, regardless of what mainstream secular perspectives and interventions they select.

I believe that our theistic strategy is compatible with the professional beliefs and practices of most Latter-day Saint mental health professionals. Over the years many of my LDS colleagues have shared with me their therapeutic experience and wisdom during informal conversations, during presentations at AMCAP conventions, through publications in the AMCAP Journal, and in several research studies that I have conducted (e.g., Chamberlain, Richards, & Scharman, 1996; Richards, Berrett, Hardman, & Eggett, in press; Richards & Potts, 1995a, 1995b). Their insights have had a major influence on my thinking and writing about how to conduct psychotherapy from a theistic perspective. I am indebted to them for their contributions.

I recognize that there are major conceptual and technical inconsistencies within secular therapy traditions, as well as between secular and theistic frameworks (Bergin, 1980; Slife, 2004; Slife & Williams, 1995). The process of developing a conceptually consistent and sound theistic orientation is not necessarily easy. The first step consists of carefully examining the theological, philosophical, and theoretical assumptions that underlie both the theistic orientation and the secular orientations in which the therapist has been trained (Slife, 2004; Slife & Williams, 1995).
Therapists will undoubtedly find that to be conceptually consistent they have to abandon, revise, or reframe some of the secular perspectives and interventions they accepted earlier in their careers. It is beyond the scope of this article to discuss such changes in more detail, but this has been done elsewhere (O’Grady, Bartz, Boardman, & Richards, 2006; Richards & Bergin, 2005; Slife, 2004).

**Conclusion**

A more spiritually open Zeitgeist now exists in the sciences and health professions. The movement to integrate spiritual perspectives and interventions into mainstream psychology and psychotherapy has matured and continues to gain momentum. I agree with Jones (1994) who argued that religious worldviews can contribute to the progress of psychological science and practice “by suggesting new modes of thought . . . and new theories” (p. 194). I think that the theistic worldview, in particular, contributes important insights into previously neglected aspects of human nature, personality, therapeutic change, and practice of psychotherapy. I invite Latter-day Saint psychotherapists to join in this important work. I believe that our ability to more fully understand and assist all of the human family will be enhanced by these efforts.

I would like to thank Allen E. Bergin for his mentoring and support in my career and for laying a foundation for the development of a theistic framework for psychotherapy. I also wish to thank Brent D. Slife and Richard N. Williams, whose courageous work on the philosophical aspects of psychology and Christianity has influenced my thinking in many positive ways. I also wish to thank all of my friends and colleagues at AMCAP who have shared their insights about the gospel and psychotherapy with me over the years. I would also like to thank Jeremy Bartz and Kari A. O’Grady, two outstanding doctoral students and friends, whose enthusiasm and perceptive insights have helped me refine my thinking a great deal about theistic psychotherapy.

**References**


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Religion) Newsletter, 28(4), 1-8.


Footnotes

1 Consistent with Liebert and Liebert (1998), I use the term strategy to refer to a broad theoretical orientation or framework (e.g., psychoanalytic, dispositional, environmental, representational), which provides perspectives regarding personality theory and therapeutic change, assessment and measurement, interventions for psychological treatment, and research philosophy and methodology.

2 Portions of this have been adapted from several books that I have co-authored and co-edited including Richards & Bergin (1997, 2000, 2004, 2005) and from my Presidential Address to Division 36 (Psychology of Religion) of the American Psychological Association that was presented in Washington, DC, on August 20, 2005.