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Consciousness Matters
SPIRITUALITY

Has Your Therapist Asked About Your Religion or Spirituality?

If not, they should.

Posted January 19, 2020 | Reviewed by Gary Drevitch

Do people's spiritual and religious beliefs and practices (or lack thereof) influence their mental and emotional health? Should psychotherapists ask about them, and pay attention to them in treatment? Unless clients have none, or would prefer not to discuss them, the answer is yes.

Asking about clients' spiritual and religious beliefs and practices, if any, should be a routine part of mental health care. This is true for every form of psychotherapy, even when the therapist is not spiritual or religious themselves, and does not intend to engage in any kind of spiritually-oriented treatment.

Why? Shouldn't spirituality and religion be kept out of the therapy room and left where they belong, in a church, mosque, synagogue, meditation center, or yoga class? Shouldn't psychotherapy be free from any kind of superstition or mysticism, and remain scientific and

evidence-based? Aren't spirituality and religion private issues, not relevant to mental health care? Don't modern and intelligent people steer clear of these topics in general?

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In short, no.

Why? Research shows that:

1. Religious and spiritual beliefs and practices are prevalent and diverse in the US and in your clients. Gallup polls indicate that 92 percent of Americans believe in God, 55 to 59 percent of Americans say that religion is "very important" in their lives, and another 24 to 29 percent say that religion is "fairly important in their lives."
2. Religion and spirituality are forms of cultural diversity that are as important to people as race, ethnicity, gender, sexual orientation, etc. Like other forms of cultural diversity, spiritual and religious beliefs and practices shape people's lives, worldviews, thoughts, perceptions, and behaviors. And just like other forms of cultural competence, spiritual and religious competence should be required in training of mental health professionals
3. Religious and spiritual beliefs and practices are important to the emotional lives of most people, and surveys indicate that they would like to talk about this part of their lives with their therapists. Yet psychologists report discussing spirituality and religion with only 30 percent of their clients, and less than half address their clients' spirituality or religion in assessment or treatment planning. Most psychologists receive little or no training in any form of spirituality or religion as it relates to mental and emotional health.
4. Hundreds of peer-reviewed studies demonstrate that religion and spirituality are relevant to mental health, and to people's overall well-being and sense of meaning and purpose. Spirituality and religion can offer inner and outer resources to enhance clients' recovery and mental/emotional health, and clinicians can help people access those resources. Clinicians should also know how to identify spiritual and religious problems, struggles, or maladaptive practices and beliefs.
5. Most medical fields already require spiritual and religious competencies on the part of

> clinicians, such as routinely taking a spiritual history or including people's spiritual and religious practices (if any) in their plans for ongoing social support. But mental health care and psychology are lagging behind. even the World Psychiatric Association says it's time.

Indeed, the "father" of psychology, William James, took for granted the essential role that spirituality played in people's mental health. But later movements of psychoanalysis and behaviorism rejected religion and spirituality as "patently infantile" and "foreign to reality" (freud, 1930), with cognitive behaviorist Albert ellis going so far as to call spirituality "childish dependency… spirit and soul is horsesh*t of the worst sort."

over time, the mainstream field of psychology has become known for pathologizing, or at least benignly ignoring, religious and spiritual beliefs as aspects of people's psychological well-being. In modern times, there has been a push for the field to become more scientific and evidence-based, with the mistaken assumption that this means the exclusion of the spiritual and religious dimensions of people's lives. In fact, hundreds of empirical studies show a consistently positive relationship between spiritual and religious beliefs and practices, and psychological and emotional well-being.

In a series of studies, our team of collaborators has investigated how we can ethically and effectively inquire about spiritual and religious beliefs and practices when helping clients with mental health issues. The first project proposed a set of attitudes, knowledge, and skills for which we proposed mental health professionals should receive training and demonstrate competence. The second, published in 2016, showed that the vast majority of psychologists

agree that these competencies should be included in training, and that 50 to 80 percent had received little or no training in them.

What are some of these competencies?

- Being able to conduct effective and empathic psychotherapy with clients from diverse religious and spiritual traditions.
- Routinely asking about clients' spiritual and religious beliefs and practices as part of taking a client's history and assessing their resources and strengths.
- Knowing ways that some religious and spiritual experiences mimic psychiatric symptoms, and being able to discriminate between the two.
- Knowing the difference between spirituality and religion, and being able to address both domains in psychotherapy.
- Being aware of therapists' own biases based on their religious and spiritual background and beliefs.
- Treating religious and spiritual background as just as important as racial, ethnic, and socio-economic background in terms of diversity.
- Knowing how to work in concert with spiritual directors or clergy members in clients' treatment when appropriate.

My colleague Shelley Scammell and I published a book, *Spiritual and Religious*

Competencies in Clinical Practice: Guidelines for Psychotherapists and Mental Health Professionals, that describes these skills in detail, and provides training guidelines for teaching new professionals.

Since then, as part of a collaborative project funded by the John Templeton f oundation, my colleagues Ken Pargament and Michelle Pearce have developed an online training to train mental health professionals in how to address spirituality and religion in mental health care; another colleague, Holly o xhandler, is conducting a nationwide study to find out how mental health care clients view the relationship between spirituality and mental health, and how they want their psychotherapists to address it, if at all. We are now looking into how their responses correspond to the responses of 1200 practicing mental health care professionals.

It's becoming clear that competent mental health clinicians need not, and should not, shy away from the religious and spiritual domains of people's lives. Helping clients utilize their spiritual and religious beliefs and practices as resources for their mental and emotional well-being should reduce suffering and enhance well-being for the millions who seek help from mental health professionals each year.

References

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