The Psychology of Religion and Spirituality for Clinicians
Using Research in Your Practice

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Contents

Editors ix
Contributors xi

1. The Psychology of Religion and Spirituality for Clinicians: An Introduction  1
   Jamie D. Aten, Kari A. O’Grady, and Everett L. Worthington, Jr.

2. Development of Religion and Spirituality Across the Life Span  13
   Alethea Desrosiers

3. Developmental and Narrative Perspectives on Religious and Spiritual Identity for Clinicians  39
   Paul Wink, Jonathan M. Adler, and Michele Dillon

4. Religious and Spiritual Motivations in Clinical Practice  69
   Peter C. Hill, Evonne Smith, and Steven J. Sandage

5. Connection Between Personality and Religion and Spirituality  101
   Andrea J. Miller and Everett L. Worthington, Jr.

6. Client God Images: Theory, Research, and Clinical Practice  131
   Glendon L. Moriarty and Edward B. Davis

7. Addressing Spiritually Transcendent Experiences in Psychotherapy  161
   Kari A. O’Grady and Jeremy D. Bartz

8. Religious and Spiritual Beliefs in Psychotherapy: A Meaning Perspective  189
   Jeanne M. Slattery and Crystal L. Park
9. Navigating the Storm: Helping Clients in the Midst of Spiritual Struggles 217
   Nichole A. Murray-Swank and Aaron B. Murray-Swank

10. Processes of Religious and Spiritual Coping 245
    Elizabeth J. Krumrei and David H. Rosmarin

11. Forgiveness and Reconciliation Within the Psychology of Religion and Spirituality 275
    Everett L. Worthington, Jr., Don E. Davis, Joshua N. Hook, Aubrey L. Gartner, David J. Jennings, II, Chelsea L. Greer, Daryl R. Van Tongeren, and Todd W. Greer

12. Religion and Spirituality in Couples and Families 303
    Marsha I. Wiggins

13. Religion, Spirituality, and Mental Health 331
    Loren Toussaint, Jon R. Webb, and Whitney Keltner

14. Impact of Religion and Spirituality on Physical Health 357
    Kevin S. Masters and Stephanie A. Hooker

15. Bridging the Gap Between Research and Practice in the Psychology of Religion and Spirituality 387
    Kari A. O’Grady, Everett L. Worthington, Jr., and Jamie D. Aten

Index 397
Perhaps you have a number of clients who are explicitly religious. Perhaps these clients even want you to deal with religious issues. Or maybe you have a number of clients who report not being religious, but they keep bringing up spiritual themes. Even if you are religious or spiritual in your personal orientation, you might find it daunting to deal with these overtly religious clients, or clients exploring spiritual issues, who might have many different beliefs, values, and practices from your own. You might think of turning to a good book on the psychology of religion and spirituality to supplement your knowledge and equip you to deal with religious issues you are not informed or certain about. But, as you heft the books or peruse an online store, you think, “It’s just too much information. I can’t process all of this. And any way, most of it is very, well, scientific. It isn’t directly related to my clinical practice and applied issues.”

In this book, we try to save you time and heartache in finding, digesting, and applying relevant issues from the psychology of religion and spirituality for your clinical practice. We asked experts on topics of the psychology of religion and spirituality to digest the information for you. Instead of wading through a tome of scientifically worded studies or summaries of studies, you can read through the chapters of this book with relative ease. Moreover, the authors have thought through many clinical issues and provide practical applications of these issues by illustrating them with case examples. You can obtain the equivalent of many hours of training and reading in this single volume, written accessibly to enable you to immediately apply the information to your practice. Users of this volume can be assured that the lessons learned are grounded strongly in solid research.
A BIT OF HISTORICAL CONTEXT THAT POINTS TO THE NEED FOR THIS BOOK

Personal Histories of the Editors

Each of the editors of this volume completed their graduate education in psychology at distinct times related to the psychology of religion and spirituality under the larger historical umbrella of psychology. Worthington completed graduate study during a period when religion was talked about only rarely, and if addressed, it often was done so negatively. Aten finished during a period when religion began to gain acceptance in the larger field of psychology by broadening the discussion to include spirituality. O'Grady ended her graduate studies during a period when religion and spirituality truly began to boom.

Overall, a lot has changed in the last 30 years. Religion and spirituality are no longer on the fringe or considered taboo within the larger field of psychology. In fact, research on the psychology of religion and spirituality has surged, and according to many influential voices in the field, religion and spirituality represent one of the five major forces in modern psychology (e.g., Standard, Sandhu, & Painter, 2000).

Psychology of Religion (and Spirituality): Past, Present, and Future

For those versed in the history of psychology of religion and spirituality, this recent wellspring in interest and growth comes as no surprise. Although often overlooked, some of the earliest contributions to the field of psychology grew out of religious movements, religious orders, or religious experiences. For example, in 1902, William James (1961), one of the ancestors of psychology, penned the classic *The Varieties of Religious Experience*. James recognized the important role that faith played in many people’s lives and brought a scientific lens to studying religious phenomena. During the early 1900s, the Emmanuel Movement also spread across the United States. This movement consisted of collaborations between medicine and the church, with the goal of providing medical and religious education and counseling. What started as a project to address poverty in the greater Boston area turned into a national movement that attempted to unite the best that psychology and piety had to offer at the time, with the hope of providing holistic treatment for the entire person (Caplan, 1998).

Over the next 100 years, many others would follow in the steps of such pioneering thinkers and clinicians. For instance, influential clinical figures, such as former Freudian analyst Carl Jung (1938) and Holocaust survivor and psychiatrist Victor Frankl (1962), made significant contributions that added to the psychology of religion. Yet, on the whole, matters of faith often were depicted in a negative light, as religion was thought by some to be the root of most negative mental health issues. Freud played a major role in ushering in this negative view of religion, beginning with a series of lectures at Clark University that helped to give birth to psychoanalysis in the United States, and within that early message of
psychoanalysis, a disdain for religion was spread. This negative conceptualization of religion and mental health would continue and appear almost unquestioned by most clinicians for decades (Blazer, 1998). For instance, other advocates outside of psychoanalysis, such as behaviorist B. F. Skinner and rational emotive behavioral therapist Albert Ellis (Brown & Srebalus, 1996), eventually would emerge who continued to carry the torch that Freud had lit, fueled with a depressing view of religion that would last through the 1970s and into the 1980s.

Despite the apparent historic lack of acceptance of religion within applied psychology (e.g., clinical psychology, counseling psychology) through the 1980s, the psychology of religion movement had been embraced early on primarily by personality and social psychologists. This is not to minimize integral contributions from developmentalists, cognitive psychologists, or health researchers. Applied researchers also have contributed to the psychology of religion, but on the whole, it was the experimental side of psychology that laid the vast majority of the foundation for the psychology of religion. Major contributions by past experimental psychologists like Gordon Allport (1950) to present-day personality psychologists like Robert Emmons (2003) have played a major role in the evolution and sustainability of this subspecialty.

Still, even during periods when most of psychology seemed to be resisting the study of religion (and its inclusion as a psychological subdiscipline), discussions about how religion and spirituality might be integrated into psychotherapy were occurring. For example, during the late 1930s and early 1940s, individuals like Rollo May and organizations like the American Association of Marital and Family Therapists opened the dialogue on existential issues and encouraged conversations between secular therapists and pastoral counselors (Worthington, 2010).

During the 1950s, former seminary student turned psychologist Carl Rogers (1951) began to question the notion that psychotherapy was a value-free endeavor. According to Rogers, psychotherapy was a phenomenological experience, and he advocated for a value-neutral approach. Despite the overall resistance to religion and spirituality held by the larger field of psychology, the writings of Rodgers further ushered in the pastoral counseling movement and sparked interest among religious clinicians to delve more deeply into the psychological sciences. Moreover, during this period, several new professional organizations like the Christian Association for Psychological Studies were formed. Likewise, special interest groups and divisions of the American Counseling Association and American Psychological Association devoted to religious issues also were founded (Vande Kemp, 1996).

In the 1960s and 1970s, an increasing number of both mental health professionals and clients were beginning to more strongly voice a need for religion to be addressed in psychotherapy. As a result, several religious doctoral programs began emerging, most from a Christian faith tradition (e.g., Fuller Theological Seminary, Rosemead School of Psychology). These programs were interested in
exploring how faith and psychology might be integrated into the therapeutic process (Aten & Leach, 2008). Likewise, interest increased in Eastern religious experiences, which also began to take a foothold in small pockets of clinicians throughout the country as the countercultural revolution continued to grow in influence in the United States.

During the early 1980s, the negative zeitgeist assumptions about religion started to be revisited and questioned within the larger field of psychology. For example, researcher and clinician Allen Bergin (1980) began to revisit early studies on the negativity of religion on mental health outcomes. He found numerous methodological problems and biases, which had upheld the unfavorable view of religion for years if not decades. During this period, several additional reviews of the literature were written that provided further support and exploration of the role of religion within the context of mental health (e.g., Worthington, 1989; for a history, see Worthington, 2010).

The Tipping Point

In many ways, during the 1990s, the psychology of religion appears to have reached a tipping point, and the popularity and acceptance of religion within psychology began to spread. Stanton Jones’s (1994) prospectus of a model for incorporating religion into psychotherapy, which appeared in the American Psychologist, played a major role in bringing conversations that had largely taken place outside of mainstream psychology directly to mainstream psychology. Likewise, during the 1990s, Edward Shafranske (1996) published Religion and the Clinical Practice of Psychology, giving the American Psychological Association their first book on matters of faith and setting the stage for numerous books on religion and spirituality to follow. More than any decade before, a clear upswing in religious books, articles, professional organizations, and graduate programs emerged (Worthington et al., 2008). What had been largely talked, researched, and written about in experimental circles now was gaining momentum in applied circles as well.

The late 1990s and early 2000s were marked by an even greater openness to religion, which was furthered by an increased interest in spirituality and its relationship to religion. Moreover, over the course of these two decades, more and more applied psychologists began contributing to the psychology of religion field—now the psychology of religion and spirituality field. Likewise, increasing collaboration between applied and experimental psychologists emerged and continued until today. These are just a few of the major events that helped to set the stage for the infusing of what primarily had been an experimental endeavor into a clinical endeavor. Now, onto the present, and onto the need for this book.

The Need for This Book

Despite the merging interests of applied and experimental psychologists, a gap appears to exist between the psychology of religion and spirituality research and
the clinical application of this research to practice. The psychology of religion and spirituality has a fruitful history that has led to a vast body of empirical research. The past two decades also have been rich with clinical advances in understanding how to work with religion and spirituality in counseling and psychotherapy. Yet, in many ways, it almost feels as though these advances have been emerging in parallel rather than in unison, with the psychology of religion on one plane and the spirituality of counseling on the other plane. It is our hope that this book will begin to bridge the gap between the psychology of religion and spirituality research and clinical practice, thus helping readers learn to use research in their practice.

OVERVIEW AND GOALS FOR THIS BOOK

Each subsequent chapter aims to provide readers with a functional understanding of the psychology of religion and spirituality empirical literature, while at the same time outlining clinical implications, assessments, and strategies for counseling and psychotherapy. Having taught psychology of religion courses and spirituality in counseling courses, the authors have heard students voice their struggle with trying to connect the psychology of religion and spirituality research with clinical practice. We also have heard this concern voiced many times by practicing and experienced mental health professionals and academic researchers.

To accomplish these goals, we have pulled together a talented team of respected scholar–clinicians who are able to speak to the empirical particulars and clinical nuances of major psychology of religion and spirituality topics (e.g., religious coping) equally. We have asked each author to bridge research and clinical practice. As a result, each chapter is empirically grounded and clinically rich. The authors have drawn out clinical implications embedded in traditional psychology of religion and spirituality research. Furthermore, each chapter addresses clinical assessment and clinical strategies along with diverse religious and spiritual clinical examples and case studies.

Whether you are a student or seasoned professional, you will benefit from reading this book. Psychology of religion and spirituality students who want to prepare for dealing with religion and spirituality as a multicultural issue can do so quickly without great intrusion into their busy schedule. Overworked professors who teach counseling and psychotherapy courses and want to include religious and spiritual issues within those courses can update their knowledge quickly and rely on the knowledge and timeliness of the summaries and applications provided by the authors of the chapters. This book readily lends itself in many ways to the classroom, from carefully selected topical chapters that fit naturally with the ebb and flow of the semester, to useful aids like clinical application questions and suggested readings and resources that can be used to direct student preparation efficiently.
The experienced practicing mental health professional will find the easy-to-use structure of the chapters useful. Chapters explicitly tease out clinical implications, assessment approaches, and clinical strategies. The user-friendly aids will help the busy clinician by helping facilitate page-to-practice adoption of new ideas and techniques.

The academic researcher will benefit from the sound empirical overview of traditional psychology of religion and spirituality topics that may generate and spark ideas for further research. Typically, researchers are experts in one area, but by reading excellent summaries of other areas, they can deepen and broaden their understanding of the context for their topics of interest. Likewise, these research-oriented readers—even when reading about a field of specialized interest rather than broadening the scope of understanding—will benefit from seeing how their research might be presented to a broader audience and how their research might be more readily applied to counseling and psychotherapy.

Students will benefit from this book’s concise introduction to key topics that have a rich foundation in the psychology of religion and spirituality. Furthermore, students interested in learning how to work more effectively with religious and spiritual issues in their clinical work will benefit from the plethora of assessment and clinical strategies highlighted throughout. Likewise, students interested in doing research, such as a thesis or dissertation on a psychology of religion and spirituality topic, will garner a strong theoretical and empirical background from which to develop their own ideas and studies.

With this book we are not trying to divide the psychology of religion and spirituality under applied versus experimental tents. Nor are we suggesting that one approach is better or weaker than the other, or that one is good and the other bad. Quite the contrary—our primary goal is to offer readers a book that will unite the best of what psychology of religion and spirituality researchers and clinicians who work with religious and spiritual issues have to offer—to provide a more holistic and scientifically informed approach to clinical practice. And we believe our chapter authors have accomplished just that, by making the connections and applications between research and practice more salient and explicit.

CHAPTER OVERVIEW

In this first chapter of this volume, we provide readers with a concise historical overview of the evolution of the psychology of religion to the psychology of religion and spirituality. We also outline the goals of this book, discuss the audiences that will find this book helpful, and explain how readers might apply the lessons learned therein to their clinical practice.

In Chapter 2, Desrosiers discusses how religion and spirituality develop across the life span. Research on spiritual and religious development is highlighted that
points to an inverse association between positive spiritual growth and the development of negative psychological symptoms. That is, the author brings attention to the buffering affects of faith across developmental stages, drawing from work on faith development theory, stages of religious judgment, cognitive models of spiritual development, intentional faith, women’s faith development, parent and peer contextual factors in spiritual development, and attachment theory. Clinical implications are then extrapolated for readers, bringing attention to key practice-related issues. Clinical assessments to help clinicians measure spiritual and religious development are offered. Quantitative measures are discussed, including the Faith Development Scale, Ways of Faith Scale, Faith Styles Scale, and Spiritual Assessment Inventory. Guidelines and numerous examples of semistructured intake and interview questions are provided. Treatment strategies are offered to help clinicians support client spiritual development.

In Chapter 3, Wink, Adler, and Dillon bring attention to religious and spiritual identity, with a focus on developmental and narrative approaches for clinicians. William James and the spiritual me, Erikson’s life span model of identity development, Marcia and ego identity status, ego identity and spirituality in adulthood, and narrative identity are discussed at length. The chapter authors draw from these perspectives to help readers develop a theoretical and empirical understanding of how religious and spiritual identity unfolds over the course of one’s life. Key clinical implications follow, which help readers connect research to their practice. Several strategies for assessing client religious and spiritual identity are noted, including sample open-ended questions to more formal approaches, such as questions about religious dwelling and spiritual seeking; questions about client exploration and commitment across occupation, religion, and politics; and a four-stage model to assess level of client spiritual–religious identity. Clinical strategies are offered to help clinicians work with themes related to religious and spiritual identity, with an emphasis on working with spiritual-seeking and religious-dwelling clients.

In Chapter 4, Hill, Smith, and Sandage survey research findings about intrinsic, extrinsic, and quest religious motivational orientations. Overall, intrinsic religious motivations are largely correlated with positive mental health outcomes, whereas extrinsic religious motivations more often are correlated with poorer mental health outcomes. Quest motivations are discussed, which have been linked to more prosocial helping behaviors. The complexities of religious fundamentalism are covered. Initial open-ended questions and short screening assessments are highlighted, as well as more standardized assessments, like the Remuda Spiritual Assessment Questionnaire and Furnishing the Soul Inventory. The chapter authors offer several useful clinical strategies that emphasize motivations underlying individuals’ reasons for being religious and the complex relationship such motivations have with general psychological structures. They propose that psychotherapists help clients develop a convincing life narrative.
that provides a cohesive sense of meaning for their lives, and to match interventions with religious motivational orientations.

In Chapter 5, Miller and Worthington offer readers a historical and theoretical context for understanding the relationship between personality and religion and spirituality. Specifically, the authors provide an overview of object relations, attachment style, Eysenck’s biological theory, the five-factor model of personality, and spiritual transcendence, along with critiques of the big five model as it pertains to religious and spiritual variables. Pulling from positive psychology, the authors also bring attention to the link between character strengths, values, and virtues with religion and spirituality. Clinical implications are then covered for the big five traits and counseling, personality disorders, and religious coping styles. Guidelines for informal assessments are offered for conducting informal discussions to developing spiritual life maps. Formal assessments are also introduced, including the Neuroticism-Extroversion-Openness (NEO)-Personality Inventory Revised, Spiritual Well-Being Scale, RCOPE, Spiritual Assessment Inventory, Spiritual Transcendence Scale, Values in Action (VIA) Inventory of Strengths, and Schwartz Value Survey. Clinical strategies for incorporating personality into psychotherapy follow, such as promoting a forgiving personality, optimism and hope, and altruism.

In Chapter 6, Moriarty and Davis bring attention to client God images. The authors distinguish between God images and God concepts, and they offer an ecumenical religious and spiritual perspective on God images. Empirical research follows, focusing on God image development and dynamics and God image change through psychotherapy. The authors tease out clinical implications from the highlighted theoretical and empirical literature. Clinical assessments are then discussed. The authors provide insight into common clinical situations when it may be appropriate to assess God images. The authors advocate a rationale for a multistep assessment process, which includes clinical interview questions, projective assessments, and self-report survey-based measures. Clinical strategies for addressing and working with clients’ God images are discussed utilizing an integrative-psychotherapy model. The authors highlight how God images might be addressed using a common factors, theoretical integrationist, technical eclectic, or assimilative integrationist approach.

In Chapter 7, O’Grady and Bartz present studies that provide insight into the nature of spiritually transcendent experiences and report outcomes for individuals experiencing spiritually transcendent experiences. Findings highlighted suggest that individuals who encounter these experiences report positive mental health outcomes, life transition, and spiritual growth. Assessment approaches to help clients distinguish between psychologically beneficial reports of spiritually transcendent experiences and pathological manifestations from a cultural framework are provided. The chapter authors recommend that psychotherapists support clients in making sense of transcendent experiences in a way that is psychologically beneficial, and that they help clients take advantage of
the therapeutic potential inherent within such experiences. At times, it could be clinically indicated to encourage a client to consider engaging in spiritual practices from the client’s spiritual and religious orientation that promote spiritual transcendence. On the whole, psychotherapists are encouraged to be aware of the role of spiritual transcendence in their own lives, including ways in which spiritual transcendence may enhance their effectiveness as clinicians.

In Chapter 8, Slattery and Park bring attention to a meaning perspective to understanding religious and spiritual beliefs in psychotherapy. The meaning-making framework highlighted offers insight into how religious and spiritual beliefs can affect clients’ mental and physical health. Empirical research on meaning making and on religious and spiritual beliefs is reviewed, from situational to global beliefs. Clinical implications are then elucidated from the highlighted body of literature. How clinicians might assess meaning-specific religious and spiritual beliefs is addressed, as well as how clinicians might detect discrepancies between clients’ beliefs and experiences. Both open-ended questions and several assessment tools, like the Faith and Belief, Importance, Community, Address in Care (FICA)—Spiritual History Tool, are discussed. Clinical strategies are provided to respond to clients’ beliefs, to explore the utility of beliefs and draw on adaptive beliefs, and to close discrepancies between beliefs and experiences.

In Chapter 9, Murray-Swank and Murray-Swank’s chapter on spiritual struggle shares research demonstrating that spiritual struggles have been related to poor mental and physical health, in particular, when people use negative religious coping styles when dealing with life struggles. The chapter authors report, however, that working through spiritual struggles, before they become chronic, may lead to positive transformation. The ability to find meaning in a spiritual struggle was associated with posttraumatic growth and spiritual growth, and less spiritual decline across time. Clinical implications are then brought to light for readers, followed by both informal and formal assessment procedures. In regard to clinical strategies, the authors bring attention to several manualized treatment protocols to help clients work through spiritual struggles. Likewise, the authors recommend that spiritual struggles should be addressed by surveying recent research and theory on the topic, developing relevant intervention strategies, and evaluating the outcomes of such interventions.

In Chapter 10, Krumrei and Rosmarin discuss the processes of religious and spiritual coping. The authors begin by first defining religious and spiritual coping, followed by a review of the empirical research. Attention is given to religious coping as a valuable and unique resource, religious coping as a double-edged sword, and religious coping when facing individual and religious differences. Clinical implications are woven in with the review of this burgeoning body of literature followed by clinical applications. Several clinical assessment strategies are offered, including informal assessment and formal assessment approaches.
Examples of formal assessment approaches discussed include the Adolescent Coping Orientation for Problem Experiences (COPE) Inventory, Ways of Religious Coping Scale, Religious Problem Solving Scales, and RCOPE. Clinical strategies are provided that facilitate religious coping, such as manualized treatments, spiritually integrated treatments, and religion-accommodative treatments. Furthermore, the authors bring attention to common therapeutic themes that may lend opportunities for further exploring and addressing religious-coping issues.

In Chapter 11, Worthington, Davis, Hook, Gartner, Jennings, Greer, Van Tongeren, and Greer cover forgiveness and reconciliation. Many world religions teach and encourage forgiveness. Both religious and nonreligious people bring concerns over their anger, hatred, and unforgiveness to psychotherapists. Thus, forgiveness is taught and encouraged by psychotherapists in many theoretical approaches. Worthington and his colleagues review research on forgiveness that will help psychotherapists use forgiveness with religious clients. They first review the research on the secular study of forgiveness and unforgiveness—their definitions, their biological and health consequences, areas of the psychological study of forgiveness (e.g., personality, development, interactions around transgressions, and culture), and interventions to promote forgiving. Much learned from the study of forgiveness in secular settings and with secular interventions also is useful with religious people. The authors then explore the relationship between religion and spirituality and forgiveness—especially in assessing and treating people who express persistent concerns with being unable or unwilling to forgive someone who hurt or offended them. Finally, they suggest practical applications for clinicians on the basis of their review. They identify two interventions that are supported by the most empirical evidence (Enright’s for psychotherapy and Worthington’s for psychoeducational interventions). They draw clinical implications from current research, including providing a case study.

In Chapter 12, Wiggins brings attention to religion and spirituality in couples and families. Empirical research discussed suggests that, overall, religion and spirituality may be valuable resources for helping couples and families in psychotherapy. Clinical implications are discussed, focusing on religion and spirituality and family life-cycle transitions, forgiveness as a spiritual construct to promote couple and family healing, and the role of faith in couples and families in response to grief and loss. Several clinical assessments follow, bringing attention to such approaches as the Brief Spiritual Assessment and Spiritual Genogram. Numerous clinical strategies are provided, including viewing God as a member of the family, Milan group rituals, postmodern language approaches, and narrative therapy.

In Chapter 13, Toussaint, Webb, and Keltner demonstrate the importance of religion and spirituality to positive client mental health and well-being. Drawing from findings from more than a thousand empirical studies and reviews, the
authors offer a series of clinical implications. Easy-to-use tables are provided that highlight outcomes of empirical studies and existing literature reviews on religion and spirituality pertaining to mental health. Clinical assessments are discussed, including informal and formal structured discussion questions. The authors highlight several assessment instruments, such as the Religious Commitment Inventory, Index of Core Spiritual Experiences, and Purpose in Life Test. Clinical strategies are presented that focus on psychotherapeutic considerations (e.g., development of the psychotherapeutic relationship, maintenance of the psychotherapeutic relationship) and theoretical conceptualizations.

In Chapter 14, Masters and Hooker introduce readers to the empirical literature on religion and spirituality with physical health. Helpful clinical assessments for exploring client religion and spirituality and health are provided, including the Brief Multidimensional Measure of Religion and Spirituality, Multidimensional Health Locus of Control scales, Intrinsic/Extrinsic Religious Motivation scales, and Royal Free Interview for Spiritual and Religious Beliefs. The authors then explore several different religious and spiritual pathways and clinical strategies that can facilitate improved physical health. Specifically, behavioral and lifestyle pathways, social support, religious and spiritually influenced coping, and common religious and spiritual activities with unclear relations with health are discussed.

In Chapter 15, O'Grady, Worthington, and Aten reflect on the book’s primary goal, to create a resource for clinicians and researchers alike that would help translate basic research findings into useful clinical practice strategies. Furthermore, the editors explore the unique contributions of the psychology of religion and spirituality to the scientist–practitioner model and to the broader field of psychology. To conclude the chapter and book, the editors discuss future directions for moving the psychology of religion and spirituality forward.

REFERENCES


