



NEWSLETTER

AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION 36

VOLUME 31, NO. 1

WINTER 2005–2006

Theistic Psychotherapy

*P. Scott Richards
Brigham Young University*

Presidential Address
*for Division 36
(Psychology of Religion)
of the American
Psychological
Association*

*Presented in
Washington, DC
August, 2005*

During the past 25 years, my colleague Allen E. Bergin and I, as well as numerous members of Division 36, have devoted much of our scholarly effort to developing a theistic spiritual strategy¹ for mainstream mental health professionals. In my presidential address I will briefly summarize theoretical and empirical work that has been done during this time. I will also briefly describe a theistic framework for psychotherapy and extend an invitation for likeminded colleagues to join in the effort to bring theistic psychotherapy more into the psychotherapeutic mainstream.²

Given the fact that in the Western Hemisphere and Europe more than 80% of the population professes adherence to one of the major theistic world religions (Barrett & Johnson, 2002), I think a theistic strategy is needed in mainstream psychotherapy to provide a culturally sensitive framework for theistic clients (Bergin, 1980; Richards & Bergin, 2000). In addition, there is much healing potential in the theistic world religions (Benson, 1996; Richards & Bergin, 1997). I think that the spiritual resources found in the theistic

religious traditions, if more fully accessed by psychotherapists, could help enhance the efficacy of psychological treatment.

Problems with Scientific Naturalism: The Need for a Theistic Alternative

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 that 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 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

(Continued on page 2)

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 my presentation have been adapted from several books that I have co-authored and co-edited including Richards & Bergin (1997, 2000, 2004, 2005).

INSIDE

| | |
|--|----|
| Call for 2007 Award Nominations . . . | 13 |
| Div. 36 Member Publications | 14 |
| Call for Papers | 14 |
| 2006 Mid-Year Conference | 15 |
| Div. 36 Membership Application | 16 |
| Announcements | 17 |

Theistic Psychotherapy

— from page 1

relatively little critical scrutiny during the 20th century; however, during the past two 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,” or in other words, 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.

The scientific naturalistic worldview is not only problematic for natural and behavioral scientists, but in my view adopting it in the clinical situation poses insoluble problems for contemporary mental health practitioners and researchers (Bergin, 1980; Griffin, 2000; Richards & Bergin, 1997; Slife, 2004; Slife, Hope, and Nebeker, 1999). Scientific naturalism pro-

vides an impoverished view of human nature upon which it is difficult to build theories of personality and therapeutic change (Griffin, 2000). 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, and thereby fails 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-tailoring fashion with a variety of standard mainstream techniques, including psychodynamic, behavioral, humanistic, cognitive, and systemic ones. The strategy is *empirical*

(Continued on page 3)

Theistic Psychotherapy

— from page 2

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.

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 why spiritual interventions are needed in psychotherapy, what types of spiritual interventions may be useful, and 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 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 with a majority of followers 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 global worldview. According to this 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 relationism*, *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) and provide 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 [see page 4] 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).

(Continued on page 4)

Table 1 Philosophical Foundations of Theistic Psychology and Psychotherapy

| Philosophical Perspective | Strengths for Behavioral Scientists and Psychotherapists |
|--|---|
| <p>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.</p> | <p>Provides a richer, more positive view of the world and human nature than scientific naturalism.</p> <p>In harmony with the spiritual worldviews of most people, and the majority of psychotherapy clients.</p> <p>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.</p> |
| <p>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.</p> | <p>Affirms the spiritual worth and unlimited potential of human beings.</p> <p>Affirms the eternal nature of the human soul and personality.</p> <p>Avoids dehumanizing people into smaller, mechanistic, deterministic parts.</p> <p>Provides a positive view of human nature—a view that may help lead to a more “positive psychology” in the mainstream behavioral sciences.</p> |
| <p>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 their agency. Choices have consequences.</p> | <p>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.</p> <p>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.</p> |
| <p>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.</p> | <p>Affirms the importance of values and lifestyle choices in human development and functioning.</p> <p>Provides a moral and ethical framework or rationale that therapists and clients can use to evaluate whether values and lifestyle choices are healthy.</p> <p>Helps therapists and clients avoid the incoherency of ethical relativism, which differs from cultural relativism.</p> |
| <p>Theistic relationism: Human beings are inherently relational. Humans can be understood through the study of their relationships with other human beings and with God.</p> | <p>Helps therapists and clients avoid a narrow, individualistic focus that can lead to preoccupation with self and alienation from others.</p> <p>Affirms the importance of relationships and community and encourages social conscience and connection with others and with God.</p> |
| <p>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.</p> | <p>Affirms the value of self-sacrifice and service to others and thereby helps promote love and relationships.</p> <p>Promotes treatment goals and interventions that are concerned with familial and societal welfare.</p> |
| <p>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).</p> | <p>Reminds therapists about the importance of context and culture in treatment.</p> <p>Affirms the importance of tailoring treatment interventions to fit the unique issues and characteristics of each client.</p> <p>Reminds therapists, clients and researchers that non-observable, infrequent, and private experiences may be real and important.</p> |

This figure was reprinted from P. S. Richards & A. E. Bergin (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association. Used by permission of the authors and publisher.

(Continued on page 5)

Theistic Psychotherapy

— from page 4

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 is 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 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, 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 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 requires 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, this is often a life-transforming event for them. Such experiences help heal clients’ sense of shame, or feelings of badness, and often reorient their values from a secular or materialistic value system to a more spiritually-oriented 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 I refer you to other sources for more information about this topic (e.g., Emmons, 1999; Miller & Delaney, 2005; Olson, 2002; Richards & Bergin, 2005).

Theistic View of Psychotherapy.

The sacred writings of all 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 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 psychotherapists can use to intervene in the spiritual dimension of their clients’ lives. Spiritual interventions

(Continued on page 6)

Theistic Psychotherapy

— from page 5

that may be used by theistic psychotherapists include 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 are actually practices in which religious believers have engaged for decades. 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 element of our viewpoint is that both therapists and clients may seek, and on occasion obtain, spiritual enlightenment to assist in treatment and recovery (Richards & Bergin, 2005). By entering into meditative or prayerful moments, therapists and clients may experience inspired insights. Spiritual impressions can give therapists and clients important insight into problems, as well as ideas for interventions or healing strategies that may be effective.

Another distinctive view of our orientation is that it asserts that a theistic moral framework for psychotherapy is possible and desirable. By a moral framework, we mean that there are general moral values and principles that influence healthy human development and functioning and that can be used to guide and evaluate psychotherapy (Bergin, 1980, 1991). Although there is great diversity between and within the theistic religious traditions regarding beliefs and practices, they agree that human beings can and should transcend hedonistic and selfish 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 per-

sonal 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 deciding what therapeutic goals to endorse. 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 it is relevant to their clients' problems (Bergin, 1991; Richards et al., 1999).

There are many other distinctive aspects of a theistic psychotherapy approach, including how psychotherapists might view the purpose of psychotherapy, the nature of the therapeutic relationship, what to include when doing a psychological-spiritual assessment, the purpose of spiritual interventions, and the responsibilities of the therapist and client (Richards & Bergin, 2005). Table 2 [see page 7] summarizes some additional distinguishing characteristics of our theistic view of psychotherapy.

Empirical Foundations

There is a large body of research that is consistent with and provides support for many aspects of the theistic framework described above. It is beyond the scope of my presentation to discuss these findings, but I will at least mention four scholarly domains that I think provide the beginnings of an empirical foundation for a 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. Although more research is needed in each of these domains, the studies that have been done to date provide impressive support for many important aspects of a theistic view of human nature, therapeutic change, and psychotherapy (Richards & Bergin, 2005).

(Continued on page 7)

Table 2 Distinguishing Characteristics of Theistic Psychotherapy

| | |
|-------------------------------------|---|
| <i>Goals of Therapy</i> | <p>Spiritual view is part of an eclectic, multisystemic view of humans and so therapy goals depend on the client's issues. Goals directly relevant to the spiritual dimension include the following: (a) Help clients affirm their eternal spiritual identity and live in harmony with the Spirit of Truth; (b) assess what impact religious and spiritual beliefs have in clients' lives and whether they have unmet spiritual needs; (c) help clients use religious and spiritual resources to help them in their efforts to cope, change, and grow; (d) help clients resolve spiritual concerns and doubts and make choices about role of spirituality in their lives; and (e) help clients examine their spirituality and continue their quest for spiritual growth.</p> |
| <i>Therapist's Role in Therapy</i> | <p>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.</p> |
| <i>Role of Spiritual Techniques</i> | <p>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, spiritual imagery, journaling about spiritual feelings, repentance, and using the client's religious support system.</p> |
| <i>Client's Role in Therapy</i> | <p>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 to use the religious and spiritual resources in their lives to assist them in their efforts to heal and change. Seek God's guidance and enlightenment about how to better cope, heal, and change.</p> |
| <i>Nature of Relationship</i> | <p>Unconditional positive regard, warmth, genuineness, and empathy are regarded as an essential foundation for therapy. Therapists also seek to have charity or brotherly and sisterly love for clients and to affirm their 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.</p> |

This figure was reprinted from P. S. Richards & A. E. Bergin (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association. Used by permission of the authors and publisher.

Theistic Psychotherapy

— from page 6

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 more fully 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, practice, 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 also 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 & Paloutzian, 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 growth and progress of the study of the psychology of religion bodes well for strengthening the empirical foundations of a theistic strategy in psychology. There are also many other topics relevant to a theistic, spiritual strategy where recent progress has been made, but that need continued 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). Growing 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).

Despite the growing recognition 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* in regards to the inclusion of religion and spirituality in multicultural training. The majority of professionals now believe religion and spirituality are important aspects of diversity, and that training programs should give these topics attention, but relatively few programs do so.

(Continued on page 9)

Theistic Psychotherapy

— *from page 8*

Shafranske and Malony (1996) offered a number of suggestions to help remedy the the lack of graduate training concerning 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 relevant. I also appreciate the suggestions offered by Brawer, Handal, Fabricatore, Robers, & Wajda-Johnston, (2002). They recommended that training directors:

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, and culture, and assessment measures.
3. Integrate training in religion and spirituality into already existing courses.
4. Encourage 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 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. Most pro-

grams also require a course in counseling theories, and spiritual perspectives could also receive some coverage in such courses. 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 supervisors 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 psychiatry training, which has helped lead to the adoption of courses about spirituality by the majority of U.S. medical schools (Puchalski et al., 2000). The Association for Religious, Value, and Spiritual Issues 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 Theistic Psychologists and Psychotherapists

My colleagues and I have formulated our theistic strategy 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

(Continued on page 10)

Theistic Psychotherapy

— from page 9

and Christianity. 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 denominationally specific. This will make it useable in the wide spectrum of training programs and clinical facilities that serve a diverse, but mainly theistic public. Denominational (subcultural) specificity can be developed within this broad orientation and be practiced appropriately 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. I wish to offer it as a valid option now. I propose the term *theistic psychotherapy* as a general label for psychotherapy approaches that are grounded in a theistic worldview. *Theistic psychotherapy* refers to a global psychotherapy orientation or tradition, such as the psychodynamic, humanistic, and cognitive traditions, not to the psychotherapy of a specific denomination, such as Christian, Jewish, or Islamic therapies. I 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.

I propose 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; 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 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 psychothera-

pists 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, Berrett & Richards, 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

Theistic Psychotherapy

— from page 10

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.

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 the practice of psychotherapy. I invite theistic psychologists and psychotherapists from diverse theistic spiritual traditions to join in this important work. I believe our ability to more fully understand and assist all of the human family will be enhanced by these efforts.

References

- American Psychological Association. (2002a). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author. (<http://www.apa.org/ethics>)
- American Psychological Association. (2002b). *Guidelines on Multicultural Education, Training, Practice, and Organizational Change for Psychologists*. Washington, DC: Author. (<http://www.apa.org/about/division/guide.html>)
- Barrett, D. B., & Johnson, T. M. (2002). Religion. In *Britannica Book of the Year* (p. 303). Chicago: Encyclopedia Britannica, Inc.
- Benson, H. (1996). *Timeless healing: The power and biology of belief*. New York: Scribner.
- Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 48*, 75–105.
- Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46*, 394–403.
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy, 27*, 3–7.
- Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important factor in counselor supervision. *Counseling and Values, 48*, 34–46.
- Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnston, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice, 33*, 203–206.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Pacific Grove, CA: Brooks/Cole.
- Crook-Lyon, R., O’Grady, K. A., & Richards, P. S. (2004, October). *Training in spiritual knowledge, skills, and awareness*. Paper presented at the semi-annual convention of the Association of Mormon Counselors and Psychotherapists, Salt Lake City, UT.
- Emmons, R. A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: Guilford.
- Emmons, R. A., & Paloutzian, R. F. (2003). The psychology of religion. *Annual Review of Psychology, 54*, 377–402.
- Griffin, D. R. (2000). *Religion and naturalism: Overcoming the conflicts*. Albany, NY: State University of New York Press.
- Hardman, R. K., Berrett, M. E., & Richards, P. S. (2004). A theistic inpatient treatment approach for eating disorder patients: A case report. In P. S. Richards & A. E. Bergin (Eds.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 55–73). Washington, DC: American Psychological Association.
- Hill, C. H., & Hood, R. W. (1999). *Measures of religiosity*. Birmingham, AL: Religious Education Press.
- Honer, S. M., & Hunt, T. C. (1987). *Invitation to philosophy: Issues and options* (5th ed.). Belmont, CA: Wadsworth.
- Howard, G. S., & Conway, C. G. (1986). Can there be an empirical science of volitional action? *American Psychologist, 41*, 1241–1251.
- Ivey, A., Ivey, M., Myers, J., & Sweeney, T. (2005). *Developmental counseling and therapy: Promoting wellness over the lifespan*. New York: Lahaska Press/Houghton Mifflin.

(Continued on page 12)

- Jones, S. L. (1994). A constructive relationship for religion with the science and profession of psychology: Perhaps the boldest model yet. *American Psychologist*, *49*, 184–199.
- Karier, C. J. (1986). *Scientists of the mind: Intellectual founders of modern psychology*. Chicago: University of Illinois Press.
- Larson, D. B., Lu, F. G., & Swyers, J. P. (1997). *Model curriculum for psychiatric residency training programs: Religion and spirituality in clinical practice, a course outline*. Rockville, MD: National Institute for Healthcare Research.
- Leahey, T. H. (1991). *A history of modern psychology*. Englewood Cliffs, NJ: Prentice Hall.
- McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology*, *46*, 92–98.
- Miller, L. (2004). A spiritual formulation of interpersonal psychotherapy for depression in pregnant girls. In P. S. Richards & A. E. Bergin (Eds.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 75–86). Washington, DC: American Psychological Association.
- Miller, W. R., & Delaney, H. D. (Eds.). (2005). *Judeo-Christian perspectives on psychology: Human nature, motivation, and change*. Washington, DC: American Psychological Association.
- Olson, R. P. (Ed.). (2002). *Religious theories of personality and psychotherapy: East meets West*. New York: Haworth Press.
- Plantinga, A. (1991). When faith and reason clash: Evolution and the Bible. *The Christian Scholar's Review*, *21*, 8–32.
- Plantinga, A. (1993). *Warrant and proper function*. New York: Oxford University Press.
- Puchalski, C. M., Larson, D. B., & Lu, F. G. (2000). Spirituality courses in psychiatry residency programs. *Psychiatric Annals*, *30*(8), 543–548.
- Richards, P. S. (1999, August). *Spiritual influences in healing and psychotherapy*. William C. Bier Award Invited Address, Division 36 (Psychology of Religion), Boston, MA.
- Richards, P. S. (2005). Theistic integrative psychotherapy. In L. Sperry and E. P. Shafranske (Eds.), *Spiritually-oriented psychotherapy* (pp. 259–285). Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (2004). *Casebook for a spiritual strategy in counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Richards, P. S., Rector, J. R., & Tjeltveit, A. C. (1999). Values, spirituality, and psychotherapy. In William R. Miller (Ed.), *Integrating spirituality in treatment: Resources for practitioners* (pp. 133–160). Washington, DC: American Psychological Association.
- Schulte, D.L., Skinner, T.A. & Claiborn, C.D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist*, *30*, 118–134.
- Shafranske, E. P., & Malony, H. N. (1996). Religion and the clinical practice of psychology: A case for inclusion. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 561–586). Washington, DC: American Psychological Association.
- Shafranske, E. P. (2000). Religious involvement and professional practices of psychiatrists and other mental health professionals. *Psychiatric Annals*, *30*, 525–532.
- Shafranske, E. P. (2004). A psychodynamic case study. In P. S. Richards (Ed.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 153–170). Washington, DC: American Psychological Association.
- Slife, B. D. (2004). Theoretical challenges to therapy practice and research: The constraint of naturalism. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change* (5th ed.). New York: Wiley.
- Slife, B. D., Hope, C., & Nebeker, R. S. (1999). Examining the relationship between religious spirituality and psychological science. *Journal of Humanistic Psychology*, *39*, 51–85.
- Slife, B. D., & Williams, R. N. (1995). *What's behind the research? Discovering hidden assumptions in the behavioral sciences*. Thousand Oaks, CA: Sage.
- Smart, N. (1994). *Religions of the West*. Englewood Cliffs, NJ: Prentice Hall.
- Sperry, L. & Shafranske, E. P. (Eds.). (2005). *Spiritually oriented psychotherapy*. Washington, DC: American Psychological Association.
- Sue, D. W., Bingham, R., Porche-Burke, L., & Vasquez, M. (1999). The diversification of psychology: A multicultural revolution. *American Psychologist*, *54*, 1061–1069.
- Tan, S. Y., & Johnson, W. B. (2005). Spiritually-oriented cognitive-behavioral therapy. In L. Sperry and E. P. Shafranske (Eds.), *Spiritually-oriented psychotherapy* (pp. 77–103). Washington, DC: American Psychological Association.
- Wertheimer, M. (1970). *A brief history of psychology*. New York: Holt, Rinehart, & Winston.
- Williams, R. N. (1992). The human context of agency. *American Psychologist*, *47*, 752–760.
- Worthington, E. L., Jr., Kurusu, T. A., McCullough, M. E., & Sanders, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A ten-year review and research prospectus. *Psychological Bulletin*, *119*, 448–487.
- Worthington, E. L., Jr., & Sandage, S. J. (2001). Religion and spirituality. *Psychotherapy*, *38*, 473–478.
- Young, J. S., Cashwell, C., Wiggins-Frame, M., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values*, *47*, 22–33.

Call for 2007 Award Nominations

1. William C. Bier Award

This award is offered annually to an individual who has made an outstanding contribution through publication and professional activity to the dissemination of findings on religious and allied issues or who has made a notable contribution to the integration of these findings with those of other disciplines, notably philosophy, sociology, and anthropology.

The recipient is presented with a plaque at the Division's annual meeting.

Deadline for nominations: March 31.

2. William James Award

This award is offered every three years to an individual who has made an outstanding contribution through publication and professional activity to basic research and theory in the psychology of religion and related areas.

The recipient is presented with a plaque at the Division's annual meeting.

Deadline for nominations: March 31.

3. Distinguished Service Award

This award is offered to individuals who have made an outstanding contribution to Division 36 through service and leadership.

Recipients are presented with a plaque at the Division's annual meeting.

Deadline for nominations: March 31.

4. Margaret Gorman Early Career Award

This award is offered to an individual whose innovative research in the psychology of religion is marked by scholarly excellence and has implications for theory, practice, or further research. The recipient of the award must have completed the master's or doctoral degree within five years of the submission deadline and must be the sole or first author of the paper. Entries must either come from or

be sponsored by a member, associate or affiliate of Division 36. Both unpublished and published papers are eligible.

The recipient will be presented with \$100.00 and a plaque at the Division's annual meeting and will be invited to present his or her research as part of the Division 36 program at the next APA convention.

Deadline for nominations: March 31.

5. Virginia Sexton Mentoring Award

This award is offered to individuals who have contributed to the psychology of religion by mentoring individuals who themselves have become active in the field.

Recipients are presented with a plaque at the Division's annual meeting.


Deadline for nominations: March 31.

6. Research Seed Grant

This grant is awarded to provide recognition and assistance to scholars in the psychology of religion who are in the early stages of their careers. Applicants should be engaged in graduate study or have completed the doctoral degree or terminal master's degree within the past five years. The proposed research should address a significant issue in the psychology of religion, show sophistication in research methods and design, and promise to make a contribution to theory, further research, or practice. Proposals must be no longer than 10 double-spaced typed pages and should indicate the purpose of the proposed study and its significance for the psychology of religion. They should also describe the research design and indicate how the grant, if awarded, will be used.

Awards up to \$1000 will be granted and winning proposals will be described in the Division 36 Newsletter.

Deadline for nominations: June 30.

Apply directly to the President of the Division, Mark McMinn. 

PLEASE SUBMIT NOMINATIONS
for these awards for the
year 2007 (selected in 2006)
to:

Ralph W. Hood, Jr.
Division 36 Awards Chair
Department of Psychology
350 Holt Hall
The University of Tennessee
at Chattanooga
615 McCallie Avenue
Chattanooga, TN 37403.

Division 36 Member Publications

Book Publication

Congratulations to Division member Sharon G. Mijares, Ph.D on the publication of her recent book:

Sharon G. Mijares, Ph.D., & Guru-charan Singh Khalsa, Ph.D. (Eds). (2005). *The psychospiritual clinician's handbook: Alternative methods for understanding and treating mental disorders*. Binghamton, NY: Haworth Press, Inc.

Journal of Social Issues, Special Issue

Congratulations to Issue Editor Israela Silberman, Ph.D. and a host of Division members who contributed to the recent publication of:

Silberman, I. (Ed.). (2005). Religion as a meaning system [Special issue]. *Journal of Social Issues*, 61 (4).

This special issue contains the following articles:

Introduction

Religion as a Meaning-System:
Implications for the New Millennium
Israela Silberman

Religion as a Meaning System
in People's Life

The Sacred and the Search
for Significance: Religion as
a Unique Process
*Kenneth I. Pargament, Gina M.
Magyar-Russell, and Nichole A.
Murray-Swank*

Religion and Conflict in Marital
and Parent-Child Relationships
Annette Mahoney

Religion as a Meaning-Making
Framework in Coping with
Life Stress
Crystal L. Park

Striving for the Sacred: Personal
Goals, Life Meaning and Religion
Robert A. Emmons

Religion and Value Systems
Sonia Roccas

Religion and World Change:
Violence and Terrorism versus Peace
*Israela Silberman, E. Tory Higgins,
and Carol S. Dweck*

Religion and Interpersonal
Relations – Vision versus Actuality

Psychometric and Rationalization
Accounts of the Religion-Forgiveness
Discrepancy
*Jo-Ann Tsang, Michael E. McCullough,
and William T. Hoyt*

Religion, Meaning, and Prejudice
*Bruce Hunsberger and Lynne M.
Jackson*

The Three Monotheistic World
Religions and International
Human Rights
J. Paul Martin

Concluding Chapter

Religion as a Meaning System:
Policy Implications for the New
Millennium
*Kenneth I. Maton, Daniel Dodgen,
Mariano R. Sto. Domingo, and
David B. Larson*

CALL FOR PAPERS

The call for papers for the next conference of the International Association for the Psychology of Religion (IAPR) is open through March 1, 2006. The 2006 IAPR conference will be held in Leuven, Belgium from August, 27–31. Conference information can be found at <http://www.iapr.de/conference2006.htm>.

Registration Form

*4th Annual Mid-Year Research Conference on Religion and Spirituality
Hosted by Division 36 (Psychology of Religion) of the APA and the Department of Pastoral
Counseling at Loyola College in Maryland*

Psychology and Religion in Research and Practice

- Dates of Conference: March 3-4, 2006; Registration Due 2/10/06
- Friday Evening Buffet Dinner and Social (\$35 additional with limited seating)
- Pre-pay for lunch \$7.00 per day-includes sandwich, beverage, chips, cookie/brownie
- Continuing Education Credits will be available
- Visit Loyola’s web page for more information and registration fees:

www.loyola.edu/academics/alldepartments/pastoralcounseling/midyearconference.html

Invited Speakers Include:

Peter Hill, Lisa Miller, Chris Boyatzis, Catherine Sigmund
Julie Exline, Brent Slife, Saba Ali

YES! Enclosed is my check (*payable to Loyola College*) for the conference

Div 36 Member/Affiliate Loyola Affiliate Non-Member Student (Loyola) Student (Div 36)
 Student: Other Attending Buffet Lunch: Friday \$7.00 Saturday \$7.00 both days \$14.00

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail for Confirmation: _____ Total Amount _____

Mid-Year Meeting • Dr. Ralph L. Piedmont
Loyola College in Maryland • 8890 McGaw Road, Suite 380 • Columbia, MD
21045
Phone 410.617-7614 • FAX 410.617-7644
E-mail rpiedmont@loyola.edu

Meeting Registration: The early registration fee for the conference is \$70 for Members of Division 36 and Loyola College Affiliates, \$80 for Non-members and \$35 for Students. Fees must be received by **February 10, 2006**. Registration at the door is \$75 for Members, \$85 for Non-members and \$40 for Students.

Hotel Reservations:

Hotels adjacent to the Graduate Center are (deadline for hotel registration to obtain conference rate is *February 10, 2006*):

Extended Stay America – 8890 Stanford Blvd – Columbia MD 21045 (410) 872-2994 Rate \$95 + tax \$85 + tax for students

Courtyard of Marriott – 8910 Stanford Blvd –Columbia MD 21045 (410) 290-0002 Rate \$94 + tax

Please ask for the “Mid-Year Spirituality Conference” Rate at each Hotel

Visit Division 36’s Web site: <http://www.apa.org/divisions/div36/Conference/homepage.html> for more information.



Application for Division 36: Psychology of Religion American Psychological Association

Please photocopy and distribute to those interested in joining Division 36

Name: (Last, First, M.I.) _____

Home Address: _____

Office Address: _____

Email: _____ **Home Phone** () _____ **Office Phone** () _____

Send mail to: ___Home ___Office

Present Membership Status in APA: ___ Fellow ___ Member ___ Associate ___ Student Affiliate ___ None*

Status Sought in Division 36: ___ Fellow ___ Member ___ Associate ___ Student Affiliate ___ Professional Affiliate

*If you are not currently an APA member, please include a copy of your CV

APA Membership #: _____ **Date of original APA membership:** _____

Highest Degree: _____ **Major field of study:** _____

Institution: _____

Briefly summarize your interest in Division 36:

Signature: _____ **Date:** _____

Send Applications to: William Hathaway, Membership Chair
 Doctoral Program in Clinical Psychology
 CRB 161
 1000 Regent University Drive
 Virginia Beach, VA 23456
 Applications should be accompanied by a check for \$15 (US) made out to "Div. 36 of APA"

NATIONAL COUNCIL ON FAMILY RELATIONS RELIGION AND FAMILY LIFE SECTION

The Religion and Family Life Section of the National Council on Family Relations (NCFR) has invited members of Division 36 to submit proposals for their upcoming annual meeting in Minneapolis in fall 2006. The Religion and Family Life Section provides a forum for scholars and practitioners who work to integrate religiosity and spirituality issues into the study of families, the instruction of family studies students, or the direct engagement of families in essential prevention, intervention, or educational efforts. The theme of the 2006 conference, "Unanswered questions in marriage and family science," opens an exciting array of possibilities for collaborative and progressive efforts to address religiosity and spirituality in family life. Proposals should be marked for the Religion and Family Life Section review and submitted online between January 15 and February 15, 2006 at <http://www.ncfr.org>.

THE BRITISH ASSOCIATION OF CHRISTIANS IN PSYCHOLOGY

The British Association of Christians in Psychology's (BACIP) 16th Annual Conference will be held from March 31st to April 2nd at Trinity College, Bristol, United Kingdom. Program and registration information can be found at <http://www.bacip.org.uk/conference/2006.shtml>.

Our Mission...

Division 36, Psychology of Religion

- Promotes the application of psychological research methods and interpretive frameworks to diverse forms of religion and spirituality;
- encourages the incorporation of the results of such work into clinical and other applied settings;
- and fosters constructive dialogue and interchange between psychological study and practice, on the one hand, and religious perspectives and institutions on the other.

The division is strictly nonsectarian and welcomes the participation of all persons, without regard to personal faith, who view religion as a significant factor in human functioning.

The division's quarterly Newsletter contains original articles, book reviews, announcements, and news of interest to division members.

PSYCHOLOGY OF RELIGION NEWSLETTER

EDITOR: Patrick R. Bennett, Ph.D., Indiana State University

The Newsletter is the official publication of the American Psychological Association Division 36, Psychology of Religion. The Newsletter invites articles, interviews, book reviews and announcements relevant to the interdisciplinary focus of psychology and religion. Editorial inquiries should be addressed to: Patrick R. Bennett, Ph.D.; Editor, Division 36 Newsletter; Department of Psychology; Indiana State University; Root Hall, Room B-211; Terre Haute, IN 47809. Phone: (812) 237-2446 Email: pbennett6@isugw.indstate.edu