I think this is an exciting time to be a member of Division 36. The alienation that existed between the mental health professions and religion for most of the 20th century is ending. The influence of the naturalistic, anti-religious assumptions that once gripped the field have weakened (Richards & Bergin, 1997).

During the 1980s and 90s, many journal articles on religious and spiritual issues in mental health and psychotherapy were published in mainstream journals. Numerous presentations on these topics were given at conventions of mental health organizations. Mainstream publishers have also published a rather large number of books on religious and spiritual issues in clinical practice.

Several professional organizations during the past decade, including APA and the American Psychiatric Association, have for the first time explicitly acknowledged in their ethical guidelines that religion is one type of diversity that mental health professionals are obligated to respect (APA, 1992; American Psychiatric Association, 1990, 1995). Clearly, a more spiritually open zeitgeist or "spirit of the times" is upon us, and members of Division 36 of APA are at the cutting edge of these exciting and important developments.

**Spiritual Influences in Healing**

The title of my address is "Spiritual Influences in Healing and Psychotherapy." In our recent book (Richards & Bergin, 1997) Allen Bergin and I proposed a theory and spiritual approach to psychotherapy that is based explicitly on a theistic view of the world. According to the theistic worldview, there is a God, a Supreme Being, who created human beings. According to this view, God has the power to heal us, physically, emotionally, and spiritually. In the book of Isaiah 40:28-31, in the King James Version of the Bible, it says,

> "The everlasting God is the Creator of the ends of the earth... He giveth strength to one who is weary, he increaseth the strength of one who is weak... Even the youths shall faint and be weary, and the young men shall utterly fall: But they that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not faint."

The sacred writings of all of the major theistic religious traditions affirm God's healing power. In the spiritual strategy that Allen Bergin and I proposed, we hypothesized that there are spiritual influences available to human beings that have great healing potential. We suggested that psychologists need to help their clients learn to better access these spiritual influences and resources.

I would now like to share a personal experience I have had with spiritual influences in healing. I think this experience will help you understand some of the early roots of my belief that spiritual influences...
and resources can facilitate coping, healing, and change.

When I was 12 years old, my father became severely depressed. He was hospitalized repeatedly during a 3 or 5 year period. Mental health professionals tried a variety of treatments in an effort to help him, including psychotherapy, anti-depressants, hospitalization, and electroconvulsive therapy. None of them seemed to help much.

Before his depression, my father was serving in a leadership position in the local congregation of our church, he ran his own business, and he was active in the life of our family. He made time to play ball with me, take me fishing, and show his love for me. When my father became depressed, he was unable to work, he quit attending church, and he no longer was involved in the life of his family. For me, that meant there was no more baseball with my father, no more fishing with him, and so on. My father basically checked out of life for several years and spent the majority of his time upstairs in his bedroom sleeping. This was an incredibly painful and difficult time for our entire family and for me as the only boy in our family.

I have several memories of this time that I think are relevant to the topic of spiritual influences in healing. Though my father felt too poorly to regularly attend church during his years of depression, he did occasionally go. More importantly, I remember visits from church leaders and members of our congregation where expressions of love, support, and concern were given to our family and my father. I remember prayers and blessings of faith offered in my father's behalf. And I remember seeing my father on many, many occasions reading from the sacred scriptures of our religious tradition. Later, after the bad years were over, my father told me that his faith in God and the comfort he received from reading the scriptures sustained him and kept him alive during the depression. Though my father's faith in God and the religious practices that he and our family engaged in during these years did not miraculously cure him from his depression, they kept him from committing suicide, helped him cope, and contributed to his gradual and eventual full recovery.

In addition to this experience, I have had other personal experiences with the role of spiritual influences in healing. Thus, for both personal and empirical reasons I believe that there are spiritual influences and realities that have great healing power.

I have also worked with a fairly sizable number of clients now in my relatively short career as a part-time psychotherapist where spiritual influences seem to have played a key role in their coping, healing, and recovery. I would like to share just one such example with you. This is a letter from a former eating disorder patient at the Center for Change, an in-patient treatment center for women with eating disorders, in Orem, Utah, where I see a few patients each week.

A few months ago, I realized that I needed to seek medical help for my eating disorder, bulimia. But the more I thought about it, the more impossible it seemed that anyone could help me. I had no hope and absolutely no faith that I could overcome my eating disorder. After all, I had wasted and ruined the last four years of my life, hadn't I? I'd been so obsessed with myself and trying to escape my problems with a temporary solution that I was so unhappy. But I was addicted to my eating disorder and thought that there was no hope in anyone being able to help me. I would be a terrible, miserable, worthless sinner forever.

Then something changed. One night, as I was feeling so depressed and so alone, a dear friend encouraged me to pray and to read my scriptures. I thought to myself, "no way." Like this will really do anything for me. But then I decided that it couldn't hurt me. So I knelt on my knees and cried to God. I told him how worthless and hopeless I felt and that I didn't know what to do with myself. Then I pleaded with him to comfort me. I asked that if there was anyway that I could find someone to help me to please let me find them. I expressed the feelings of doubt and hopelessness I felt about the possibility, but I did know that He knew
all things. For the first time, I had a slight ounce of hope and faith that night. I was totally relying on God to save me from my darkness and hopelessness. Before I even ended my prayer, I started to feel a warm and comforting feeling and I strangely knew that there was hope and that everything would turn out okay and that I would find help to overcome my bulimia. I thought that maybe there really would be a light at the end of the tunnel; the darkness would soon be gone.

Now that I have been going through therapy and inpatient treatment, I’ve learned that you have to have hope and faith in yourself and God. It’s the only way to win the battle. Without it you can never overcome any kind of obstacle.

It is essential to have hope and faith in order to find true happiness. Believe in yourself. Believe in God. If you do that, you can overcome anything that stands in your way. I’ve been doing that. And because of that I have found the light at the end of the tunnel. Now I must venture into the light to continue my journey with hope that brings happiness.

In light of such testimonials, it is fascinating that during the past couple of decades numerous empirical studies have been done that support the idea that certain types of religious and spiritual beliefs, practices, and influences are positively associated with better physical and mental health. TABLE 1 summarizes many of these findings. This research has been reviewed in a number of scholarly books and articles, including Paton, Schonrade, and Ventiis (1993), Benson (1996), Koenig (1997), Levin (1994), Pargament (1997), Richards and Bergin (1997), and Sharan (1996).

The finding that religion and spirituality are often associated with better physical and mental health provides us with a compelling scientific reason to more fully explore the question of how it is that religious and spiritual beliefs, practices, and influences may promote coping, healing and growth. Levin (1995) suggested a number of potential healing and preventative properties of spiritual beliefs and communities. These were summarized as follows in Richards and Bergin (1997, pp. 87-88):

(Continued on page 4)

**TABLE 1**

**Religiousness, Spirituality, and Mental Health: A Summary of Findings**

1. Religiously committed people tend to report greater subjective well-being and life satisfaction.

2. People who engage in religious coping (e.g., praying, reading sacred writings, meditating, seeking support from religious leaders and community) during stressful times tend to adjust better to crises and problems.

3. Intrinsic (devout) religious people tend to experience less anxiety, including less death anxiety. They also tend to be more free of worry and neurotic guilt.

4. Religious commitment is usually associated with less depression. Among elderly people, church attendance is strongly predictive of less depression.

5. People who attend church are less likely to divorce. Studies have also consistently shown a positive relationship between religious participation and marital satisfaction and adjustment.

6. People with high levels of religious involvement are less likely to use or abuse alcohol. There is also extensive evidence that religiously committed people are less likely to use or abuse drugs.

7. Religious denominations that have clear, unambiguous prohibitions against premarital sex have lower rates of premarital sex and teenage pregnancy.

8. Religious commitment, as measured by church attendance, is negatively associated with delinquency.

9. Religiously committed people report fewer suicidal impulses, more negative attitudes toward suicide, and they commit suicide less often than non-religious people.

10. Religious commitment is positively associated with moral behavior. Devoutly religious people generally adhere to more stringent moral standards, curbing personal desire or gain to promote the welfare of others and of society (e.g., not gambling, drinking, or engaging in premarital or extramarital sex).

11. Intrinsic religious commitment is positively associated with empathy and altruism.

12. Religious commitment is positively associated with better physical health. Religious people have a lower prevalence of a wide range of illnesses, including cancer, cardiovascular disease, and hypertension.

13. As a group, religiously committed people tend to live longer, and to respond better once they have been diagnosed with an illness.

14. People’s religious beliefs can help them better cope with their illnesses, including a reduced likelihood of severe depression and perceived disability.

15. Religiously committed surgical patients have shown lower rates of postoperative mortality, less depression, and better ambulation status than patients with lower levels of religious commitment.

Spiritual Influences

1. Religious belief and affiliation provide a person with a secure sense of identity, which lowers one's average anxiety level and facilitates resilience under stress.

2. Religious conviction may provide a sense of purpose and meaning that allows for rational interpretations of life's problems, including death.

3. Positive emotions of hope, faith, optimism, and catharsis emerge from beliefs and rituals, including the process of forgiveness and the hope of healing and redemption.

4. Religious affiliation provides a link with a network or community of believers—large and small—that provides a feeling of belonging, family, and social support in times of need as well as a steady flow of opportunities to serve other people.

5. Religion through prayer, ritual worship, and so forth provides inner experiences of communion between the individual and the "Higher Power" that may yield insight or peace even if there is not a Higher Power.

6. Religious beliefs may promote healthy lifestyle behaviors (e.g., abstinence from alcohol and illegal drugs).

All of these "naturalistic" explanations imply that religion, as a sociocultural factor, can be a powerful, beneficial force even without invoking the influence of God; however, I believe that none of these influences would be as enduring or powerful if the influence of God were not present. There are two additional explanations that do explicitly give room for God's influence in our lives. The first "transcendent" explanation was proffered by Levin (1995) to explain how God might bless and heal our physical health. Levin suggested that there is a superemotional healing energy activated by religion that is, in effect, a divine blessing on the human bioenergetic system. In other words, "God blesses us." Just how God's blessings affect the physiological healing processes of our body I have no idea. Perhaps someday we will have more insight into this.

The second explanation is one I recently proposed in an attempt to explain why transcendent spiritual experiences often have such a profound effect on people's psychological functioning and well-being. I hypothesized that having a transcendent spiritual experience (e.g., feeling God's love, having a near-death experience) changes people from the inside out. Such experiences often alter people's worldviews (which may have been atheistic, agnostic, or an "intellectual only" theism), changes their identity (they now believe they are an eternal being of great worth), heals their shame or feelings of badness, and reorients their values (they shift from a secular or materialistic value system to a more spiritually-oriented one). These inner changes in beliefs and values lead to outer changes in their lifestyle, which leads to healthier behaviors and reductions in psychological and physical symptoms and problems. Thus, spiritual experiences often set people on a path that is more conducive to physical and mental health.

Such changes have been described and documented in a variety of sources, including Kenneth Ring's book on Life at Death (1980) and Bill Miller's and his colleague's chapter called Quantum Change which was published by the American Psychological Association in a book called Can Personality Change? (Miller & Cote Baca, 1994). Kenneth Ring (1980) gives perhaps the clearest description of the types of changes near-death experiences can result in. Other types of spiritual experiences often produce similar changes.

The typical near-death survivor emerges from his experience with a heightened sense of appreciation for life, determined to live life to the fullest. He has a sense of being reborn and a renewed sense of individual purpose in living. He is more reflective and seeks to learn more about the implications of his core experience, if he has had one. He feels himself to be a stronger, more self-confident person and adjusts more easily to the vicissitudes of life. The things that he values are love and service to others; material comforts are no longer so important. He becomes more compassionate toward others, more able to accept them unconditionally. He has achieved
a sense of what is important in life and strives to live in accordance with his understanding of what matters (pp. 157-158).

Ring also documented that many of those who have such experiences (1) increase in their conviction of a belief in life after death, (2) feel less fear of death, and (3) become more religious or spiritually-oriented. Bill Miller reported that most of the people he studied who experienced life changing events (in the majority of cases these were spiritual experiences) also said that their view of the world changed, they found new meaning in life, and their values and lifestyles became more spiritually-oriented (rather than materialistic) in nature (Miller & CideBaca, 1994). Robert Emmons (1999) in his important research on spiritual goals and strivings is consistent with these ideas, I believe, and sheds additional light on the integrative influence spiritual beliefs and values can have on personality and emotional functioning.

**Spiritual Influences in Psychotherapy**

What are the implications of such findings for psychotherapy and clinical practice? I think that at the very least such findings suggest that we need to be alert to, and more fully explore, how spiritual influences might be used as a resource in treatment to facilitate healing and change. Benson (1996) concluded that interventions designed to promote the relaxation response are more powerful when they draw on people's deepest religious and spiritual convictions. He referred to this as the 'faith factor' and indicated that it appears that people's faith in an eternal or life-transcending force enhances the 'average effects of the relaxation response' (pp. 151, 159). It may be that patients' faith in God, and other spiritual influences and practices, can enhance the effects of other forms of medical and psychological treatment. Bergin (1991) suggested that some religious influences have a modest impact, whereas another portion seems like the mental equivalent of nuclear energy... the more powerful portion can provide transcendent conviction or commitment and is sometimes manifested in dramatic personal healing or transformation. When this kind of experience is also linked with social forces, its effect can be extraordinary (p. 401).

Perhaps we as helping professionals can help our patients learn to more fully access the healing potential of their religion and faith in God. I believe that if we prepare ourselves professionally and spiritually, perhaps we can be used as instruments in God's hands to facilitate our clients' spiritual and emotional healing and growth.

In closing, I would like to briefly suggest a few ways that I think we as psychotherapists can help our clients access the spiritual resources and influences in their lives and facilitate their spiritual growth.

1. We may wish to support and encourage our clients to become involved in their religious community. We can help them understand how their religious community could be a source of support and help them in coping with and overcoming their problems. For example, we can suggest that when they feel lonely and isolated it may help to reach out to members of their religious community. If our clients experience their religious community in unhealthy ways, perhaps we can teach them to relate in more healthy ways with members of their community.

2. We may wish to encourage our clients to seek support and guidance from their religious and spiritual leaders when it seems appropriate. For example, during times of severe crisis, such as when serious illness strikes, or there is a death of a close family member, religious leaders can be a powerful source of comfort and strength. If our clients have issues or negative feelings towards their religious leaders, we may be able to help them work these issues through in healthy ways.

3. We may wish to encourage our clients to engage in religious and spiritual practices consistent with their beliefs. There are a large number of enduring religious practices that have much healing potential, including prayer, meditation and

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Spiritual Influences

—Continued from page 5

contemplation, reading sacred writings, forgiveness and repentance, acts of worship and ritual, fellowship and service, and seeking spiritual direction from religious leaders (Richards & Bergin, 1997). We can endorse these practices and help our clients better comprehend how such practices can help them in their efforts to cope and heal. For example, we can suggest that when they feel hopeless and depressed that reading the sacred writings of their tradition and engaging in prayerful meditation or contemplation may give them strength and hope. Sometimes it may also be appropriate to use some of these practices as interventions during the psychotherapy hour to assist our clients.

4. We can care about and love our clients in an ethically appropriate manner. By love, I mean charity or brotherly and sisterly love, which according to Erik Fromm (1956) is the sense of responsibility, care, respect, knowledge of any other human being, the wish to further his life. This is the kind of love the Bible speaks of when it says: love thy neighbor as thyself. Brotherly love is love for all human beings (p. 39).

Love has great healing power, and for many of our clients, their first experience with charity or this brotherly or sister love will be when they experience it from us. As they experience it from us, I believe that their capacity to feel God’s love and the love of others will grow. Feeling God’s love and the love of others will often help connect them with their loveliness and with their spiritual identity and worth (Richards & Bergin, 1997).

5. We can model and share our own spirituality and faith in God when it seems appropriate to do so. There is so much of cynicism in the world. There is so much despair, hopelessness, and lack of purpose and meaning. At times it may be appropriate in therapy for us to share our hope, faith in God, and sense of spiritual purpose and meaning in life. Perhaps by doing so we can at times kindle a spark of hope, faith, and meaning in our clients’ lives.

6. We can encourage our clients to seek God’s inspiration and help with their problems. The belief that God can enlighten and guide human beings is embraced by devout believers in all of the theistic world religions. As therapists, we can encourage our religious clients to enter into meditative, reflective and prayerful moments about their problems and how to cope with or solve them.

7. Finally, in our book, Allen Bergin and I shared our belief that if we as therapists will prepare ourselves spiritually, and reflect upon and pray about our clients, occasionally we may receive spiritual guidance and enlightenment about how we can more effectively assess and treat them (Richards & Bergin, 1997). I believe this is possible because from time to time I have experienced this in my own work.

In closing, I hope that many of you will join in the effort to more fully use the spiritual resources and influences that are available to our clients and us. I believe that as we do we will advance in our ability to facilitate healing and change, and that perhaps we will receive God’s assistance in our professional practices more often than we do now.

REFERENCES


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From October 1998 through August 1999, 221 new members were accepted into Division 36. Of these, 95 are in the “Member” category, 11 are Associates, 111 are Student Affiliates, and 4 are Professional Affiliates. In order to keep these numbers growing, we need our current members to tell other people about Division 36. Below is a Division 36 Application Form. If you know of anyone who is or might be interested in joining Division 36, please copy this form and encourage them to complete an application.

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### 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:**

**SEND MAIL TO:**   [ ] Home   [ ] Office   HOME PHONE ( ) OFFICE PHONE ( )

| Present Membership Status in APA: | Fellow | Member | Associate | Student Affiliate | None |
| Status Sought in Division 36:     | Fellow | Member | Associate | Student Affiliate | None* |

* 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: Ralph L. Piedmont, Ph.D. / Department of Pastoral Counseling / Loyola College in Maryland / 7135 Miranda Way / Columbia, Md. 21045
Announcements

Elder Abuse and Neglect: In Search of Solutions. This 20 page free brochure was recently produced by APA's Office on Aging. Written for consumers, but useful to anyone who wants to know more about elder abuse, topics covered include: what are the different types of abuse and neglect; why abuse occurs; what can be done to prevent abuse; and where to go for help. Copies may be obtained by contacting: APA Public Interest Directorate, 750 First St. NE, Washington, DC 2002; Telephone (202) 336-6046; Internet: www.apa.org/pi or E-Mail: publicinterest@apa.org.

The 6th edition of John Santrock's "Psychology" continues to include the chapter "The Psychology of Religion" as a module that textbook adopters may select along with the main text.

Written by Division 36 member Raymond P. Paloutzian, Ph.D., this chapter was the first on the psychology of religion written specifically for a general psychology text when it was included in the 3rd edition.

Announcing an opportunity for a psychologist to select a problem area and lead a small group in seeking solutions that have potential for advancing the science and profession of psychology for the betterment of society. Based on a Think Tank concept of an interchange of ideas that serve to find answers to difficult questions, funding will be provided for 3-5 persons to come together for 2-4 days. This project provides an opportunity for a group having expertise and experience in a chosen area to think, talk, and develop new approaches in dealing with problems. If you would like to submit a proposal for a chosen topic, contact Raymond and Rosalee Weiss for guidelines and application procedures at Raymond A. Weiss, Ph.D.; & Rosalee G. Weiss, Ph.D. / Think Tank Project / 1665 Hanover Street / Tennerck, New Jersey 07666 / Fax: (201) 886-4979 / E-Mail: psychray@idt.net. Application deadline is June 15, 2000.

APA Block Travel Grant Program
The APA has applied to the National Science Foundation (NSF) for support to administer a block travel grant program for US participants in the scientific program of the XVII International Congress of Psychology in Stockholm, Sweden, July 23-28, 2000. NSF funding will be used exclusively for scholars working in areas that are central to the NSF mission.

PSYCHOLOGY OF RELIGION NEWSLETTER
EDITOR: Mark J. Kroject, Ph.D., Concordia College—Morrohead • BOOK REVIEW EDITOR: Todd W. Hall, Ph.D.
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. Individual and institutional subscriptions within North America are $5.00/yearly; outside of North America: $10.00/yearly. Editorial and subscription inquiries should be addressed to: Mark J. Kroject, Ph.D., Department of Psychology, Concordia College, 901 16th St. S., Moorhead, MN 56562.

AMERICAN PSYCHOLOGICAL ASSOCIATION
DIVISION 36
750 First Street NE
Washington, D.C. 20002–4242

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