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Religiosity and Spirituality Among Psychologists: A Survey of Clinician Members of the American Psychological Association

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Has the disparity in religiosity between clinicians and the general public decreased in recent years? Clinician members of the American Psychological Association (APA) were surveyed regarding their religion and spirituality. The survey was sent to 489 randomly selected members of APA, of whom 258 (53%) replied. Items were drawn from prior surveys to allow this APA sample to be compared with the general U.S. population and with an earlier survey of psychotherapists by A. E. Bergin and J. P. Jensen (1990). Although no less religious than A. E. Bergin and J. P. Jensen's (1990) sample, psychologists remained far less religious than the clients they serve. The vast majority, however, regarded religion as beneficial (82%) rather than harmful (7%) to mental health. Implications for clinical practice and training are considered.

Keywords: religiosity, spirituality, clinicians, graduate training, mental health

Psychology, the study of the *psyche* or human spirit, has historical roots in philosophy and religion (James, 1890, 1902). In the course of the 20th century, however, psychology was reduced first to the study of mind, and then of behavior, with more recent focus on the neural substrates of behavior. Having lost first its soul and then its mind, psychology gradually returned to the study of cognition and, more recently, is showing signs of renewed interest in spirituality and religion as well (Miller, 1999b; Miller & Delaney, 2005; Richards & Bergin, 2005; Shafranske & Malony, 1990).

There are good reasons for psychologists to be interested in religion. Beyond a large scientific knowledge base on the psychology of religion (Spilka, Hood, Hunsberger, & Gorsuch, 2003), many studies have shown positive correlations between religious involvement and mental health (Gartner, Larson, & Allen, 1991; Hackney & Sanders, 2003; Koenig & Larson, 2001; Koenig, McCullough, & Larson, 2001; Larson et al., 1992; Payne, Bergin, Bielema, & Jenkins, 1991; Seybold & Hill, 2001), although the reasons for this relationship remain unclear (Miller & Thoresen, 2003). In the general U.S. population, most adults profess belief in God (95%), claim a religious affiliation (94%), and say that religion is very or fairly important in their lives (85%). Seven in 10 report membership in a church, synagogue, or mosque, and 4 in 10 attend regularly (Gallup & Lindsay, 1999). Religion is a defining component of cultural diversity and thereby important to the research and practice of psychologists working in a pluralistic society (Miller, 1999a). The importance may be increasing. For one, changing demographics may make religion more salient, given the rapid, ongoing increase in racial and ethnic minority populations in the U.S. (which already constitute one third of the population and are projected to be a numerical majority within four decades; Sue, Bingham, Porché-Burke, & Vasquez, 1999) and the greater religiosity of these groups relative to the White non-Hispanic population (NORC-GSS, 2005). On the other hand, the declining role of traditional religion for many, particularly among non-Hispanic Whites, suggests psychotherapists rather than religious professionals may increasingly be sought out to deal with crises of meaning (Serlin, 2004).

Psychologists' Values and Attitudes Toward Religion and Spirituality

Surveys have consistently found that relative to the general population, American psychotherapists are far less religious with regard to affiliation, attendance, belief, and values (Beit-Hallahmi, 1977; Bergin, 1980; Bergin & Jensen, 1990; Ragan, Malony, & Beit-Hallahmi, 1980). Similar religious disparities between mental health professionals and their clients have been reported in Australia (Kahn & Cross, 1983) and the United Kingdom (Neeleman & King, 1993; Smiley, 2001).

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Despite occasional claims that religion is detrimental to mental health (Ellis, 1983, 1988; Freud, 1927), the general attitudes of psychotherapists toward religion have been found to be relatively benign. A study of 1,000 members of the American Psychological Association's (APA's) Division 12 concluded that psychologists in this sample respected the role of religion in people's lives and felt comfortable in dealing with religious and spiritual issues in psychotherapy (Shafranske & Gorsuch, 1985; Shafranske & Malony, 1990). Psychologists have specifically addressed the integration of spirituality and religion in psychotherapy practice (Lovinger, 1984; Miller, 1999b; O'Donohue, 1989; Propst, 1988; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992; Richards & Bergin, 2005). Nevertheless, relative to samples of other academics, psychologists have been shown to be less likely to claim a current religious affiliation (Roper Center, 1991), to be less likely to endorse belief in a personal transcendent God, to report lower levels of attendance at religious services, and to manifest less knowledge of the Judeo-Christian tradition (Ragan et al., 1980). Thus, psychologists' own perspectives on and lack of familiarity with religion may affect the course and outcome of psychotherapy (Hillowe, 1985; Propst et al., 1992; Shafranske & Malony, 1990; Worthington, 1988).

The present study of APA members was designed to assess current spiritual and religious involvement and attitudes of clinical and counseling psychologists. Sixteen years have passed since the last surveys of psychologists on this topic appeared in a peer-reviewed journal (Bergin & Jensen, 1990; Shafranske & Malony, 1990). Ten years have passed since Shafranske (1996b) presented a summary of three unpublished surveys of psychologists regarding religion (Derr, 1991; Lannert, 1992; Shafranske, 1995). Recently increased attention to and apparent interest in spirituality and religion caused us to hypothesize that the religious orientation of psychologists might have increased somewhat since the surveys of the late 1980s and early 1990s. This new survey was designed to compare the personal religiosity and spirituality of psychologists with data from Bergin and Jensen (1990) and from the general U.S. population as reported by Gallup polls.

The Survey

A brief 24-item survey was developed for this study to assess basic demographics and spiritual or religious variables, drawing items from the Bergin and Jensen (1990) survey, Gallup polls (Gallup, 2002; Gallup & Lindsay, 1999), the Index of Core Spiritual Experiences (Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991), and the Religious Background and Behavior Scale (Connors, Tonigan, & Miller, 1996). The survey required 5–10 min to complete.

The sample for this study was drawn from the APA membership register (American Psychological Association, 2000). Specific APA divisions relevant to the Bergin and Jensen (1990) sample were included: Division 12 (Society of Clinical Psychology), Division 17 (Counseling Psychology), Division 29 (Psychotherapy), Division 39 (Psychoanalysis), Division 42 (Psychologists in Independent Practice), Division 43 (Family Psychology), Division 49 (Group Psychology and Group Psychotherapy), and Division 50 (Addictions). Starting with page 1 of the 812 pages of listings, we selected the first member belonging to one of the targeted divisions on each odd-numbered page for participation. This process yielded 406 potential participants to whom surveys were mailed, of which 82 (20%) were returned as undeliverable, with 324 presumed delivered. After 139 initial returns, a reminder letter was mailed with another copy of the survey, yielding 48 more returned questionnaires ($n = 187$, 58%). To increase the sample size, we sent a second mailing to 203 members chosen from every fourth page of the register, starting with page 2, of which 38 (19%) were undeliverable and 165 presumed delivered. This second wave yielded 52 returns, increased by 19 more replies to a reminder letter ($n = 71$, 43%). The overall return rate was thus 53% (258/489). The differential return rate from the two waves may be attributable to the dates of initial mailing (February 2003 vs. May 2003), the latter being on the verge of summer holidays and university summer schedules.

The cover letter encouraged participation and included a stamped return-addressed envelope. To enhance response rate, we entered participants into a drawing to win one of two laptop computers of the person's choosing (up to $1,500 value each). Confidentiality was protected by a code-numbered identity card that the participant returned along with the questionnaire. This card was separated from the questionnaire upon receipt and reserved for the lottery drawing. Respondents also had the option of returning the questionnaire without the identity card, thus declining lottery eligibility. None did so.

The Psychologist Sample

Survey participants were 109 women and 149 men ranging in age from 36 to 90 years ($M = 56.7$, $SD = 10.8$). Most were non-Hispanic White (93%), with 6 Hispanic, 4 African American, 2 Native American, and 1 each self-identified as Asian, Caribbean, Italian American, Middle Eastern, and Pacific Islander. Nearly all (98%) held a doctoral degree. By U.S. geographical regions, participants were distributed across the East (38%), Midwest (22%), South (18%), and West (22%). Those who indicated that they were engaged in clinical practice (86%) were asked, "To what extent is your clinical practice guided by each of the following theoretical orientations?" On 7-point Likert scales ranging from 1 (*Not at all*) to 7 (*Totally*), the following percentages rated themselves at 5 or more: 70% as eclectic/integrative, 68% cognitive, 45% behavioral, 39% humanistic, 30% psychoanalytic, 29% existential, and 8% Jungian.

Because U.S. addiction treatment has been historically linked to spirituality, particularly through the 12-step programs (McCrady & Miller, 1993), one item asked, "Of all the clients you treat, what percentage are being treated by you for substance use disorders?" Most indicated that they do treat substance use disorders in 1% to 15% (51%), 16% to 33% (15%), 34% to 50% (2%), 51% to 74% (4%), or more than 75% of their clients (1%). The remaining 27% reported that they do not treat substance use disorders.

Spirituality and Religion Among Psychologists

Responses of these APA members to items asking about spirituality and religion are summarized in Table 1. Where applicable, comparable responses from the general U.S. population (Gallup,

Table 1
Survey Responses (in Percentages) Regarding Spirituality and Religion

Question and response	APA 2003	1990	U.S.
How important is *religion* in your life?			
Very important	21		55
Fairly important	31		30
Not very important	48		15
What is your religious preference?			
Catholic	18	9	27
Jewish	23	24	1
Protestant	28	32	59
Other	15	6	7
None[a]	16	30	6
Did you, yourself, happen to attend church, synagogue or mosque in the last seven days, or not?			
Yes	33		41
During the past year, how often did you participate in religious worship at a church, mosque, synagogue, feast day, etc.?			
Never or rarely	55		40
Once or twice a month	22		13
Once a week or more	23		47
Do you happen to be a member of a church, synagogue or mosque?			
Yes	56		69
Ever believed in God			
Never	9		
Yes in past but not now	25		
Yes and continue to do so	66		95
Belief in God			
God really exists	32		64
Some doubts but believe in God	19		20
Some belief, Higher Power	25		10
Don't believe in God, don't know	25	28	5
I try hard to live my life according to my religious beliefs			
Agree	70	65	84
My whole approach to life is based on my religion			
Agree	35	33	72
During the past year how often have you prayed?			
Ever	81		90
Never	20		
Rarely	19		
Once or twice a month	10		
Once or twice a week	14		15
Almost daily	19		
Once a day or more	19		75
During the past year how often have you read or studied religious/spiritual material?			
Never	15		
Rarely	23		
Once or twice a month	26		
Once or twice a week	22		
Almost daily	9		
Once a day or more	5		
How often in your life have you felt as though you were very close to a powerful spiritual force?			
Never	16		
Once or twice	30		
Several times	32		
Often	22		
What do you personally believe about the effects of religion, in general, on mental health?			
Do you think that being religious is most likely to be:			
Harmful to mental health	7		
Irrelevant to mental health	11		
Beneficial to mental health	82		
How often do you inquire about or assess your clients' religion or spirituality?			
Never/rarely	14		
Sometimes	35		
Often	37		
Always	14		
How often are spiritual or religious issues relevant in the treatment that you provide?			
Never/rarely	17		
Sometimes	57		
Often	23		
Always	3		

Note. APA = American Psychological Association.
[a] Religious preference of "None" for Bergin and Jensen (1990) includes the three categories of "Agnostic," "Atheist," and "None."

Table 2
Endorsement of Religious Measures as a Function of Religious Affiliation of Psychologists

Religious affiliation	*N*	Belief in God	Religious attendance	Importance of religion	Prayer frequency	Religion and mental health
Catholic	46	67.4	58.7	82.6	60.9	97.8
Jewish	58	10.7	22.4	55.2	22.4	87.3
Orthodox	2	—	—	—	—	—
Protestant	72	41.7	41.7	65.3	50.0	83.3
Other	37	24.3	36.1	36.1	36.1	83.3
None	40	7.7	2.5	0.0	10.0	53.8
Overall	255[a]	31.7	33.5	51.7	37.4	82.4

Note. Belief in God = % endorsing "God really exists"; Religious attendance = % attending church, synagogue, or mosque within past 7 days; Importance of religion = % describing religion as "fairly important" or "very important"; Prayer frequency = % prayed daily or almost daily; Religion and mental health = % perceiving religion as beneficial (rating of 6–9 on 9-point scale) to mental health. Dashes indicate percentages are not reported because of small sample size.
[a] 3 participants did not specify a religious affiliation

2002; Gallup & Lindsay, 1999)[1] and from the Bergin and Jensen (1990)[2] survey are also shown.

Religious Affiliation

One immediately apparent difference is that psychologists continue to be unrepresentative of religious affiliation patterns in the U.S. population. According to Gallup polls (Gallup & Lindsay, 1999), nearly all Americans endorse a religious preference (94%). Although a religious preference was endorsed by most (84%) of the psychologists in our sample, this nevertheless was a significantly lower rate, $\chi^2(1, N = 855) = 20.73, p < .001$. Psychologists were far less likely to be Protestant, $\chi^2(1, N = 855) = 67.75, p < .001$, and far more likely to be Jewish, $\chi^2(1, N = 855) = 122.19, p < .001$. The percentage of psychotherapists willing to endorse a religious preference appears to have increased significantly (from 70% to 84%), $\chi^2(1, N = 347) = 10.63, p < .001$, relative to the Bergin and Jensen (1990) sample of clinical psychologists, whereas this percentage remained stable during this period in the general U.S. population. The size of this effect ($\phi = .169$) is, however, small and, as noted in the Summary and Caveats section, may be an artifact of the elimination of certain alternatives from the question. The percentage of clinical psychologists who report being members of a congregation was significantly lower than that in the U.S. population (56% vs. 69%), $\chi^2(1, N = 853) = 12.99, p < .001$, also a small effect ($\phi = .122$).

Theism and Atheism

The consistent finding for decades has been that about 95% of Americans report belief in God (Gallup & Lindsay, 1999). A similar percentage of psychologists in our sample indicated that they had believed in God at some point in their lives (91%), but fully 25% indicated that although they had believed in God in the past, they no longer do. This contrasts sharply with results of surveys of the U. S. population. For example, our analysis of the General Social Survey of 1998 and 2004 (NORC-GSS, 2005) indicates that only 4% of those surveyed indicated that "I don't believe in God now, but I used to." (Although this answer was endorsed by a larger proportion [19%] of those expressing a religious preference of Jewish than by any other group in the general population, in our data the proportion of psychologists who said they believed in God in the past but no longer do was the same for non-Jewish psychologists [25%] as for Jewish psychologists [25%].) Thus, psychologists were only half as likely as Americans in general to affirm current belief that "God really exists" (32% vs. 64%), $\chi^2(1, N = 854) = 74.19, p < .001$, with 25% asserting either they "don't believe in God" or "don't know whether there is a God." As shown in Table 2, belief in God varied significantly, $\chi^2(2, N = 174) = 34.78, p < .001$, across the three most commonly self-identified religious preference groups, with 67% of Catholics, 42% of Protestants, and 11% of Jews endorsing "God really exists." In all three groups, an additional 23%–24% endorsed "Some doubts, but believe in God."

Practice of Religion

Psychologists in this survey were significantly less likely to have attended church, synagogue, or mosque within the last 7 days relative to the general population (33% vs. 41%), $\chi^2(1, N = 856) = 4.61, p = .032$. Attendance varied significantly among psychologists by religious affiliation, $\chi^2(2, N = 176) = 14.28, p < .001$: 59% among Catholics, 42% among Protestants, and 22% among Jews.

[1] The Gallup Poll does not provide exact sample sizes for individual survey questions. They report, however, that "the majority of the findings reported in Gallup Poll surveys is based on samples consisting of a minimum of 1,000 interviews. The total number, however, may exceed 1,000, or even 1,500, interviews" (Gallup, 1999, p. vii). It should be noted that the Gallup procedures are based on a multistage cluster sampling plan. This means that the standard errors of the reported percentages are somewhat larger than would result from a simple random sample of the same size (cf. Freedman, Pisani, Purves, & Adhikari, 1991, p. 312; Gallup, 1999, pp. ix-xi). It can be shown that the standard errors for a given sample size in the Gallup poll are approximately the same as would result from a simple random sample that is two thirds as large. Thus, for purposes of carrying out comparisons of the current study with the Gallup Poll, to be conservative we assumed that, instead of being based on a minimum of 1,000 cases, findings are based on a simple random sample of 600 cases.

[2] The Bergin and Jensen (1990) survey was based on 425 "therapists." However, this included clinical social workers, psychiatrists, and marriage and family therapists, as well as clinical psychologists. The results reported here are those based on the 119 clinical psychologists in their sample.

Most psychologists (81%) indicated that they had prayed within the last year, which, although quite common, was significantly less common than in the general public (90%), $\chi^2(1, N = 856) = 14.56, p < .001$. Daily or almost daily prayer was reported by 61% of Catholics, 50% of Protestants, and 36% of Jews in our sample, $\chi^2(2, N = 176) = 17.35, p < .001$.

Importance of Religion

Almost half the psychologists surveyed (48%) described religion as unimportant in their lives, compared with 15% of the general population, $\chi^2(1, N = 855) = 101.38, p < .001$. In contrast, 55% of U.S. adults described religion as "very important" in their lives (Gallup, 2002), compared with 21% of psychologists, $\chi^2(1, N = 855) = 82.75, p < .001$. Shafranske (1996b) had asked a random sample of 253 APA members listing degrees in clinical or counseling psychology about the importance of religion to them, finding 26% said "very important," 22% "fairly important," and 51% "not very important," results not significantly different from the current percentages ($p > .05$). We also asked a question (Connors et al., 1996) not included in the comparison surveys of Table 1, "How important is your *spirituality* to you?" Responses were given on a 9-point Likert scale with anchors of 1 = *Not at all; I am not a spiritual person* and 9 = *Extremely important; my spirituality is the center of my entire life.* Here, in contrast to the religion item, the median response was above the midpoint on the scale. Shafranske (1996b) also asked clinical and counseling psychologists about the importance of spirituality, obtaining endorsements of "very important" by 48%, "fairly important" by 25%, and "not very important" by 26%. If the highest three ratings on our scale are considered comparable to "very important," the middle three comparable to "fairly important," and the lowest three to "not very important," the percentages in the current sample would be 52%, 28%, and 20%, respectively, which again do not differ significantly ($p > .2$) from the results obtained by Shafranske (1996b) 10 years ago.

For two other items we were able to compare current survey responses with those reported by Bergin and Jensen (1990). Relative to psychologists in 1985, those in the current sample were no more likely to agree that "I try to live my life according to my religious beliefs" or that "My whole approach to life is based on my religion" ($p > .30$). Psychologists remained significantly less likely to endorse both of these items than did the general population, with only 35% affirming their whole approach to life was based on their religion as opposed to 72% of the U.S. population, $\chi^2(1, N = 857) = 105.42, p < .001$.

Relationship Between Religion and Mental Health

Fully 82% of psychologists averred a positive relationship between religion and mental health, with 69% rating high (7–9) toward the "beneficial" end of the 9-point Likert scale. Only a small minority (7%) perceived religion to be harmful (ratings of 1–4) to mental health. As shown in Table 2, perceived relationship between religion and mental health was significantly related to religious preference, with more than 80% of Protestants, Catholics, Jews, and adherents of other religions affirming a beneficial relationship, whereas only 54% of those with no religious affiliation perceived religion as beneficial to mental health, $\chi^2(4, N = 248) = 30.24, p < .001$.

Summary and Caveats

Clearly American psychologists, as represented in this survey of APA members, remain far less religious than the population they serve. Relative to the general population, psychologists were more than twice as likely to claim no religion, three times more likely to describe religion as unimportant in their lives, and five times more likely to deny belief in God. They were also less likely to pray, to be a member of a religious congregation, or to attend worship. Catholics and Protestants are particularly underrepresented among psychologists, and Jews are overrepresented in the sample (23% vs. 1% in the U.S. population).

Most psychologist respondents did, however, ascribe importance to spirituality (but less so religion) in their lives, corroborating similar results reported by Shafranske (1996b) based on a survey of clinical and counseling psychologists in the early 1990s. This is illustrative of a conceptual distinction between religion and spirituality that has emerged in American society (Hill & Pargament, 2003; Miller & Thoresen, 2003). *Religion* is increasingly used to refer to institutional religion, whereas *spirituality* more refers to the personal side of religious experience—a differentiation not recognized a century ago (James, 1902). People can thus meaningfully describe themselves as "spiritual but not religious" (Connors et al., 1996; Fuller, 2001), which is also a common self-description in the 12-step programs that are widespread in American society (Alcoholics Anonymous, 1976).

It appears to be a relatively frequent experience among psychologists to have lost belief in God and disaffiliated from institutional religion. Of psychologists in our sample who ever believed in God, 27% no longer do. Such loss of faith is uncommon in the general population, occurring in less than 4%. It is noteworthy that psychologists who report current Protestant or particularly Catholic affiliation more closely resemble the religious beliefs and practices of the U.S. population.

On only one of the items common with the Bergin and Jensen (1990) survey did psychologists in the current sample appear to be somewhat more religious, and that item is somewhat ambiguous. The wording used in the current questionnaire was comparable to the Gallup survey in explicitly identifying only particular religions as options besides "None" and "Other," whereas Bergin and Jensen also provided as options "Agnostic" (endorsed by 17% of clinical psychologists) and "Atheist" (endorsed by 11% of clinical psychologists). Given the fact that only 11% of Jewish and 42% of Protestant clinical psychologists in the current study were willing to endorse the proposition that "God really exists," it seems plausible that substantial numbers might have preferred the "Agnostic" or "Atheist" label to a recognized religion had it been an option.

It is not uncommon for people to accept that something is helpful, even if they cannot convince themselves to believe or engage in it (Smilde, 2003). Despite their personal religious status being unrepresentative of Americans in general and thus likely unrepresentative of their clients, the psychotherapists surveyed appeared to be quite positively predisposed in general toward spiritual or religious issues. More than 8 in 10 opined religion to be beneficial to mental health, reported asking clients about their religion and spirituality, and perceived spiritual or religious issues

as relevant to treatment. Might psychologists' own relatively low level of religious involvement be attributable to demographic factors such as age, income, and education level (Walls, 1980)? Relative to the U.S. population, this sample is older, has more years of education, and is less ethnically diverse. The sample averaged 57 years of age, a range in which religious affiliation would, if anything, be expected to be higher than in the general population. There were no significant differences observed in the current sample as a function of gender, age, or region. Sample sizes did not permit exploration of differences across ethnic or racial subgroups.

Limitations of the study sample must be recognized. To keep the survey brief, we omitted many questions of potential interest. An unknown percentage of U.S. psychologists are not members of APA and thereby were excluded from the sample. Because this survey, consistent with Bergin and Jensen (1990), targeted clinicians, the results may not be representative of all divisions of APA, even though it does reflect several of the divisions with the largest memberships. A few selected divisions, such as Division 36, Psychology of Religion, or Division 46, Ethnic Minority Issues, may have higher rates of religiosity. However, it is the case that clinical and counseling psychologists have significantly higher levels of traditional ideological religiosity than those from social, developmental, or experimental areas (Ragan et al., 1980). The response rate of 53% was not optimal but similar to that reported in other surveys of psychologists (Bergin & Jensen, 1990; Smiley, 2001). Also important to keep in mind is the finding of Shafranske and Malony (1990) that responders to surveys such as ours are significantly more likely than nonresponders to be involved in organized religion and to perceive spirituality to be relevant in their personal and professional lives. On balance, these influences likely mean that the current results overestimate to some extent the religiosity of psychologists. Within the context of a brief survey, it was not possible to probe the multidimensional nature of religiosity and spirituality, although there have been numerous advances in recent years in the conceptualization and measurement of these constructs (e.g., Hill & Pargament, 2003; Hill et al., 2000; Zinnbauer, Pargament, & Scott, 1999). Within these constraints, this study provides a new snapshot of practicing psychologists' disposition toward religion and spirituality, updating the last U.S. surveys from the late 1980s and early 1990s.

Implications for Practice and Training

The continuing and perhaps widening religious gap between psychotherapists and the general public is of concern if it jeopardizes the ability to engage and competently treat religiously oriented clients. There is reluctance among some religious groups to refer themselves or others to psychologists, who are indeed less likely to be religious, and instead refer to faith-based services. Several potential responses by practitioners to this situation are available. Materials that describe psychological services can include explicit assurance that clients' religion and spirituality will be respected and included in treatment (Miller, 1999b). Psychologists who are people of faith, and there are many, can identify themselves as such. Routine assessment of clients' religious background and spiritual health can be incorporated in initial evaluation (Gorsuch & Miller, 1999; Hill & Hood, 1999). Referral to, or collaboration and consultation with, clergy can be welcomed.

These data also underline the need to emphasize religious issues in the cultural competency training of psychologists (DiClemente & Delaney, 2005; Miller, 1999a). The need is underscored by previous surveys of clinical psychologists indicating that 83% report religious and spiritual issues were only rarely or never presented in their graduate training (Shafranske & Malony, 1990). Given the necessary involvement of metaphysical assumptions (O'Donohue, 1989) and moral judgments (London, 1986) in the practice of clinical psychology, a starting point would be explicit consideration of how psychologists' views—of (a) what constitutes a problem and (b) what the goals are toward which therapy aims—are informed by beliefs about human nature and what constitutes the good life (Tjeltveit, 2006). The role of psychotherapist values and particularly the *values assimilation effect* (i.e., that patient values tend to change in the direction of the psychotherapist's values; Kelly & Strupp, 1992) deserve detailed discussion. As Tjeltveit (1986) has documented, the literature on clients' "conversion" to psychotherapist values comes dismayingly close to confirming the fear expressed by Paul Meehl in 1959 that "all therapists are crypto-missionaries" (Meehl, 1959, p. 257). This suggests that components in the curriculum should help trainees recognize their values, as well as realize that positive outcomes of therapy are predicted by the degree of overall values similarity, with there being dangers of both too great a similarity or dissimilarity between psychotherapist and client values (Kelly & Strupp, 1992; cf. Bergin, 1991).

Although Kelly and Strupp's (1992) evidence that patient–psychotherapist similarity on religious values might function as a matching variable (cf. Tjeltveit, 1986, p. 527; Serlin, 2004, p. 43) may not be the general finding (e.g., they note Propst et al.'s, 1992, finding that "religious patients worked well with nonreligious psychotherapists trained to provide religiously oriented therapy," p. 39), the ethical problems must be squarely faced in training programs. For example, the advantages and disadvantages of disclosure of psychotherapist values (e.g., via informed consent prior to therapy) should be addressed (Tjeltveit, 1986). Although the introduction of a religious and spiritual problem as a V-code (i.e., a condition that may be a focus of clinical attention) in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., American Psychiatric Association, 1994) is a welcome recognition of the importance of religious concerns to individuals (Miller, 1999a; Scott, Garver, Richards, & Hathaway, 2003), it may be of little benefit given two thirds of clinical psychologists indicate they lack personal competence to counsel clients regarding such issues (Shafranske & Malony, 1990). In such a case, the appropriate method of dealing with such issues when they arise may well be to refer to relevant professionals, "perhaps in concurrence with ongoing psychotherapy" (Tjeltveit, 1986, p. 527).

In light of the lack of training clinical psychologists have in psychology and religion and the religious disparity between clinicians and their clients that places clinicians at risk for "undervaluing the relevance of religion issues to clinical practice in all of its phases: diagnosis, conceptualization, prevention and treatment" (Scott et al., 2003, p. 161, Jones's (1994) bold proposal was that

> A substantial fraction of coursework in graduate programs in applied psychology should be devoted to religious traditions, religious and moral dimensions of professional practice, and the philosophical and theological parentage of contemporary systems of thought. Contem-

> porary instruction in history and systems of psychology is a start, but only a start, toward this goal. Only with this sort of preparation can psychologists be aware of their inevitable interaction with the religious. (p. 196)

Obviously, there are now ample resources for multiple graduate courses even if one were to utilize only the volumes published by the American Psychological Association over the last decade on religion and spirituality (e.g., Miller, 1999b; Miller & Delaney, 2005; Richards & Bergin, 1999, 2005; Richards, Hardman, & Bergin, 2006; Shafranske, 1996a; Sperry & Shafranske, 2004); although, of course, a number of other excellent resources are available (e.g., Koenig, 1998; Koenig et al., 2001). Psychology graduate training programs might follow the example of medical schools in this regard. As reported by Miller (1999a), the American Medical Association specified that psychiatry training programs must provide enough instruction about diversity issues, including religion and spirituality, so that residents can provide competent care to patients from various cultural backgrounds, noting that "this instruction must be especially comprehensive in those programs with residents whose cultural backgrounds are significantly different from those of their patients" (p. 254). In response, two thirds of the nation's 125 medical schools, perhaps stimulated in part by the availability of model curricula (e.g., Larson, Lu, & Swyers, 1996) and support from the Templeton Foundation, introduced courses devoted to religion and spirituality over the past 15 years (Koenig, 2002). Bowman (1998) helpfully outlines material that is essential, important, or helpful to include in such a course that would require little adaptation to be offered in a clinical psychology training program.

More modestly, already existing clinical training courses should include information on empirically documented relationships between religious involvement and mental health (Miller, 1999a). As Serlin (2004) asserts,

> religious and spiritual competency includes a familiarity with differences between spirituality and religion, ability to differentiate between a healthy and pathological religious or spiritual experience, and an understanding of how spirituality can be both a problem and a helpful dimension in psychotherapy. (p. 35)

For example, from the voluminous literature on the relation between religion and health (e.g., Koenig, McCullough, & Larson, 2001), trainees should be aware of findings such as the fact that those who regularly attend religious services have a 25% reduction in mortality (Powell, Shahabi, & Thoresen, 2003), even after appropriate adjustment for numerous covariates (demographic, socioeconomic, health-related, and other established risk factors). Or, to put it in concrete terms, the life expectancy of those who attend at least once a week is 7 years greater than those who never attend (Hummer, Rogers, Nam, & Ellison, 1999). Similarly, Gartner (1996) reported negative relationships between religiosity and suicide, between church attendance and divorce, and between religious commitment and depression in college students. Such findings suggest the need for practitioners to be taking a thorough religious and spiritual history of their clients and to be assessing spiritual strengths such as religious coping mechanisms the client has relied upon and helpful relationships the client can draw upon within his or her religious or spiritual community (Miller, 1999a; Serlin, 2004). Perhaps the most important skill for the practitioner to cultivate for learning about the significance and role of religion in clients' lives is listening with an open mind (Tjeltveit, 2006), evoking (Miller & Rollnick, 2002) discussion of their clients' ethical ideals and ultimate concerns (Emmons, 1999). Miller (1999a) provides examples of appropriate open-ended questions about the client's spirituality that could readily be incorporated into a clinical interview.

Religion is a defining aspect of the diversity that psychologists will encounter in practice and one that is particularly central in understanding and treating many ethnic groups. It is an aspect of culture with which psychologists may be especially predisposed to unfamiliarity, and one for which stereotypic biases have been present and tolerated in our discipline's recent past. We therefore have a particular responsibility to ensure that American psychologists are well prepared to understand, honor, and competently address religious diversity.

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Call for Nominations

The Publications and Communications (P&C) Board of the American Psychological Association has opened nominations for the editorships of **Psychological Assessment, Journal of Family Psychology, Journal of Experimental Psychology: Animal Behavior Processes,** and **Journal of Personality and Social Psychology: Personality Processes and Individual Differences (PPID),** for the years 2010-2015. Milton E. Strauss, PhD, Anne E. Kazak, PhD, Nicholas Mackintosh, PhD, and Charles S. Carver, PhD, respectively, are the incumbent editors.

Candidates should be members of APA and should be available to start receiving manuscripts in early 2009 to prepare for issues published in 2010. Please note that the P&C Board encourages participation by members of underrepresented groups in the publication process and would particularly welcome such nominees. Self-nominations are also encouraged.

Search chairs have been appointed as follows:

- **Psychological Assessment,** William C. Howell, PhD, and J Gilbert Benedict, PhD
- **Journal of Family Psychology,** Lillian Comas-Diaz, PhD, and Robert G. Frank, PhD
- **Journal of Experimental Psychology: Animal Behavior Processes,** Peter A. Ornstein, PhD, and Linda Porrino, PhD
- **Journal of Personality and Social Psychology: PPID,** David C. Funder, PhD, and Leah L. Light, PhD

Candidates should be nominated by accessing APA's EditorQuest site on the Web. Using your Web browser, go to http://editorquest.apa.org. On the Home menu on the left, find "Guests." Next, click on the link "Submit a Nomination," enter your nominee's information, and click "Submit."

Prepared statements of one page or less in support of a nominee can also be submitted by e-mail to Emnet Tesfaye, P&C Board Search Liaison, at etesfaye@apa.org.

Deadline for accepting nominations is **January 10, 2008,** when reviews will begin.