ABSTRACT
              The nature of clinical psychologists' religiosity,
belief orientation, and practices in psychotherapy, including an
assessment of ideology, non-doctrinal beliefs, attitudes toward
clinical interventions, and a measure of dimensions of religiosity
needs to be examined. To assess psychologists' religious and
spiritual orientation in relation to their practice of psychotherapy,
a 62-item questionnaire was sent to 68 California psychologists.
Findings were recorded for ideology, affiliation with organized
religion, dimensions of religiosity, and clinical practice and
training. Several conclusions can be drawn from the survey. The
results revealed that psychologists were distributed equally within
three ideological frameworks. They appeared to address religious,
spiritual, and ontological issues in their personal lives and to
respect the function that religion serves in peoples' lives. In
general, they did not affiliate with organized religion, although the
majority reported having been raised in a religion and in general did
not report this as being a negative experience. Professionally,
psychologists dealt with religious and spiritual issues in
psychotherapy and the majority felt personally competent to counsel
clients regarding spirituality. The majority were in favor of
including the psychology of religion in psychologists' education and
training. (ABB)

Psychologists' Religious and Spiritual Orientations

And Their Practice of Psychotherapy

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Religion, Spirituality and Psychotherapy
A Study of Calit   1 Psychologists

Recent contributions have noted the relevance of
examining spiritual and religious issues as approached by
the profession of psychology and in particular in reference
to the practice of psychotherapy. Bergin (1980) observed a
growing disillusionment with a purely secular approach to
psychological treatment and models of mental health.
Quackenbos, Privette and Kleintz (1985) surveyed the
opinions of lay people and found that 79% believed that
religious values were an important topic to be discussed in
counseling. They further found that the majority could
distinguish between religious and secular psychotherapy and
that 35% expressed a preference for some form of religious
counseling. Hillowe (1985) found that the religious beliefs
of the therapist and the client affects predictions of
therapeutic course and outcome. Other studies (Lewis, 1983;
Wadsworth and Checketts, 1980) reported no significant
biases respective of religious beliefs or affiliation.

Shafranske and Gorsuch (1985) reported data that
indicated that psychologists perceived the relevance of
spirituality in psychotherapy based on their personal
beliefs rather than on the basis of their education and

clinical training. Their findings suggested that clinicians apprehend religious and spiritual issues in a highly personalistic manner and in a form that nomothetic and sociological measures of religiosity do not fully assess. It was suggested, in keeping with the critique of Yinger (1969), that psychologists as a group would be considered religious if religiosity was defined according to phenomenological rather than sociological descriptions and if religion was posited to be the response to existential questions and issues.

This study examined the nature of clinical psychologists' religiosity, belief orientations and practices in psychotherapy. This included an assessment of ideology, non-doctrinal beliefs, attitudes towards clinical interventions and a measure of dimensions of religiosity.

Method

A survey method was utilized in this research. The instrument consisted of a 62 item questionnaire which consisted: (1) demographics, (2) a belief orientation scale which included themes adapted from the Four Dimensions of Religiosity scale (Lehman, 1974) (3) extrinsic-means, intrinsic-ends and interactional-quest scales which

measure dimensions of religiosity, (4) a measure of non-doctrinal beliefs and (5) a scale assessing attitudes and practices regarding specific counseling interventions.

The sample consisted of 100 subjects randomly drawn from the 1983 roster of psychologists licensed by the Psychology Examining Committee of the State of California.

This sample was mailed individual invitations to participate in the study, the research instrument and a stamped, addressed, return envelope. A second follow up mailing and non-respondent bias check were completed to insure the representativeness of the findings.

Sixty eight responses were received. Five research packets were returned, four of which due to no forwarding address and one indicating that the psychologist was recently deceased. The response rate was 72% of the sample. Fifty questionnaires and eighteen non-participant forms were received. The following reasons were expressed for not completing the questionnaire: lack of time (5 responses), no interest in the study (6), Indicated that they were not clinicians and disqualified themselves from participation (4), other reasons or no response (3). A random sample of clinicians who did not respond was completed by telephone. Responses included: no time to complete, no interest, misplaced the materials, and did not receive the materials.

Participants and non-participants were asked to indicate whether spirituality was relevant in their personal and professional lives. The difference between the participant and non-participant groups in reported relevance in their personal lives was nonsignificant ($\underline{x}^2$ = .04415 (1), $\underline{p}$ < .8836) and in their professional lives was nonsignificant ($\underline{x}^2$ = .22651 (1), $\underline{p}$ < .6341). These findings suggest that the data were not significantly influenced by self selection factors in the respondent sample respective of their attitudes towards or involvement in religion or spirituality.

Results

The research sample was 68% male and 32% female; there was no significant difference between the sex ratio in the respondent and non-respondent groups ($\underline{x}^2$ = .1548 (1), $\underline{p}$ < .6939). The mean age was 52 years. Table 1 presents the therapeutic orientations of the respondents.

---- Insert Table 1 About Here ----

Ideology

Approximately one third of the sample described their ideological orientations in each of the three general orientations: a belief in a Judeo-Christian, transcendent, personal God; a belief in a transcendent dimension which is found within all nature; and a belief that notions of God

are illusory products of human imagination which have value.
No one endorsed the stance that notions of God or the
transcendent are irrelevant. Table 2 presents the ideo-
logical positions of the respondents. Table 3 presents
attitudes regarding the role of belief and doubt within the
religious dimension.

    - - - -   Insert **Table 2** About Here   - - - -
    - - - -   Insert **Table 3** About Here   - - - -

Seventy one percent of the sample reported spirituality
as personally relevant. If these findings are considered
normative then they suggyest that clinical psychologists
appreciate religious questioning as a legitimate human
activity and acknowledge some degree of personal
questioning. The outcome of that questioning appears to be
the development of a personal, individualistic spiritual
orientation rather than in participation in organized
religion. The process of religious or spiritual questioning
appears to be as relevant as the attainment of particular
beliefs.

Further, psychologists seem to acknowledge and respect
the function religion serves in people's lives. Eighty five
percent view the beliefs and practices as "valuable efforts
to deal with the human situation," and only 8% agreed with
the statement that "efforts to deal with the human situation

by religious means, whatever the content of the beliefs and
practices, seems to be misplaced, a waste of time and
resources."

Affiliation with Organized Religion

Approximately 96% reported to have been raised within a
particular religion irregardless of the degree of
involvement. This is in contrast to current affiliation
with organized religion which is 49% irregardless of degree
of involvement and 20% if the criteria includes regular
participation. Less than one third of the respondents
participate in the religion of their childhood. Table 4
presents the degree of affiliation in in organized religion.

---- Insert Table 4 About Here ----

These findings support past research which indicated
that psychologists were relatively uninvolved in organized
religion. (Ragan et al., 1980) Sixty one percent agreed
with the statement: "My religion is a personal matter,
independent of organized religion." Four percent agreed
and 74% disagreed that participation in organized religion
was the primary source of their spirituality. Forty five
percent characterized their beliefs or practices as part of
an "alternative spiritual path." Forty five percent
disagreed that it is important to learn about religion or
spirituality from others who know more about it. Their

relative eschewing of organized religion does not appear to be a response to negative experiences in their childhood or past. Forty nine percent reported that religion had a positive effect on their personal development; 13% reported feeling uncomfortable about the religious experiences in their past. Seventeen percent agreed that religion has had a negative effect in people's lives. The data indicates that the subjects tend to address issues of meaning, spirituality, or religion in a highly individualistic manner with little or no affiliation with organized religion and to some extent to other persons as well.

Dimensions of Religiosity

Batson and Ventis (1982) proposed a three-dimensional model of ways of being religious: extrinsic-means orientation, intrinsic-ends orientation and quest orientation. Utilizing Batson and Ventis' adaptation and expansion of Allport's Religious Orientation Scale, the data indicated that for 50% of the psychologists' their predominant religiosity would be assessed as an intrinsic ends orientation, 41% as quest orientation, and 9% as an extrinsic means orientation. Batson and Ventis (1982) cautioned against utilizing the scales as a means of

typology; rather, they advocated their use as descriptors of the end, means and quest dimensions.

Psychologists appear to approach religion in terms of answering personal questions of meaning rather than in affiliation with institutional religious systems. These findings support the hypothesis that psychologists approach ontological issues in a highly individualistic manner with relatively little association with organized religion. (Shafranske & Gorsuch, 1985) Batson and Prince (1983) suggested that Allport's original concept of mature religion included such a critical, open-ended approach to existential concerns as well as affiliation in an organized religious system. It appears that psychologists' interests in religious and spiritual matters take the predominant form of private, critical inquiry and that this personalistic approach limits the influence of institutional religion and the need for dialogue with others.

Studies of the general population indicate that psychologists are not alone in their disaffection with organized religion. A study by the Princeton Religion Research Center (1978) reported that 41% of all Americans do not belong to an organized religion. Another study indicated that reasons for remaining unaffiliated included a desire for a deeper spiritual meaning than religion offered them and that 12% were involved in an alternative spiritual path. (American Institute of Public Opinion, 1978)

An analysis of religious affiliation by therapeutic
orientation was statistically nonsignificant due to the
small numbers in many of the categories. Age was positively
correlated with the intrinsic-ends dimension of religiosity
(r = .3919 (47), p < .003). This offers support to the
Jungian assertion that as people age they come to address
and to resolve in a more personal way, through the process
of individuation, questions of meaning and relatedness to a
transcendent dimension. (Jung, 1958)

This study does not support the contention that
psychologists are anti-religious but rather suggests an
appreciation of religious and spiritual concerns. The
majority of clinical psychologists indicate an involvement
in a personal spirituality which is privately and
individually expressed.

Clinical Practice and Training

The data suggests that psychologists, in general, view
spirituality and religion as relevant in their work as
clinicians. Sixty five percent disagreed with the state-
ment: "My religious or spiritual orientation does not affect
or influence my work as a psychotherapist." Eighty three
percent reported that their personal beliefs have helped
them to be an effective therapist. Forty seven percent
reported that their work as a psychologist has strengthened
their interest in religion or spirituality. Seventy eight

11

percent disagreed that clinicians should refrain from dealing with religious or spiritual issues in psychotherapy. Fifty three percent consider themselves personally competent to counsel clients regarding matters of spirituality; 30% do not. Table 5 presents the results of a stepwi~· multiple regression procedure that indicate that the quest dimension significantly contributed to this perception of confidence. This suggests that the more one sees value in religious or spiritual questioning the more one will perceive that questioning as relevant in psychotherapy. Clinicians who are personally engaged in religion as an open-ended process of questioning experience confidence in addressing spiritual concerns in like manner in psychotherapy. Table 6 presents the extent to which psychologists endorse the use of interventions of a religious or spiritual character.

---- Insert Tables 5 and 6 About Here ----

This data suggests a divergence of opinion within the profession regarding the inclusion of interventions which are of a religious nature. The inclusion of "religious" interventions correlated positively with scores on the quest dimension (r = .6006 (47), p < .0001) and the intrinsic dimension (r = .3738 (47), p < .004). Tables 7 and 8 present analyses which suggest that the quest dimension of religiosity contributes significantly to the appreciation of

religious or spiritual issues in psychotherapy and the
utilization of interventions of a religious nature.

---- Insert Tables 7 and 3 About Here - ·

These findings suggests that clinicians who view
spirituality from a quest perspective, i.e., an open-ended
questioning of existential concerns, or from an intrinsic-
ends orientation, i.e., the appreciation and attainment of a
specific belief system, are most apt to perceive and
approach spiritual issues in their professional practice and
utilize interventions of a religious or spiritual character.
It appears that as the intervention becomes more
specifically "religious" in practice the use or acceptance
decreases. An analysis of the relationship of therapeutic
orientation on inclusion of religious interventions was
precluded due to small numbers in each of the cells. It may
be concluded that psychologists do not limit the discussion
of spiritual or religious issues in psychotherapy and to a
greater or lesser degree facilitate the discussion of such
issues through a broad range of interventions which are
derived from religious or spiritual perspectives.

In light of psychologists' inclusion of religious and
spiritual issues in psychotherapy it was important to assess
the nature of their training respective of this area.

Eighty one percent reported that spiritual or religious issues were rarely or never presented or discussed in the course of their education or clinical training. This supports previous research which indicated little or no training. (Shafranske & Gorsuch, 1985) Eighty five percent reported, however, that they would feel comfortable discussing such an issue within clinical supervision. A positive correlation was found between experienced competence and training (r = .3236 (47), p < .01) and supervision (r = .3318 (47), p < .01). Religious or spiritual development is seen by 74% to lie within the scope of the field of psychology and 70% support the view that psychologists should be exposed to the psychology of religion during the course of their training and education; 11% disagreed.

Conclusions

The following conclusions may be derived from this survey of psychologists attitudes and practices:

1. Psychologists are distributed equally within one of three ideological frameworks: a personal, transcendent God orientation; an orientation that affirms a transcendent

dimension in all nature; and a position that states that all
ideologies are illusion although they have value;

2. Psychologists address religious, spiritual and
ontological issues in their personal lives and they appear
to respect the function religion serves in peoples' lives.

3. Psychologists, in general, do not affiliate with
organized religion although the majority report having been
raised in a religion and in general do not report this as
being a negative experience. The forms of religiousness
might be characterized as an open-ended, critical
questioning of existential concerns and, for some, as an
attainment of a specific belief system which has personal
meaning;

4. Psychologists deal with religious and spiritual issues
in psychotherapy; the majority feel personally competent to
counsel clients regarding spirituality. Psychologists
endorse interventions of a religious nature depending on the
specific quality of the intervention;

5. Very limited training occurs respective of religious and
spiritual issues; however, clinicians feel comfortable
discussing such issues in clinical supervision. The
majority are in favor of the inclusion of the psychology of
religion in the education and training of a psychologist.

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Table 1

Therapeutic Orientation

Orientation	N	% of Respondents
Psychoanalytic	14	30
Eclectic	9	19
Behavioral-Cognitive	4	9
Jungian	4	9
Existential-Humanistic	3	6
Interpersonal	2	4
Feminist	1	2
Field Theory	1	2
Insight	1	2
Multimodal	1	2
Rational-Emotive	1	2
TA-Gestalt	1	2
Transpersonal	1	2
No Response	3	6

Table 2

Ideological Orientation of Psychologists

Ideological Statement	Percent of Respondents
There is a personal God of transcendent existence and power whose purposes will ultimately be worked out in history.	26
There is a transcendent aspect of human existence which some call God but who is not imminently involved in the events of the world and human history	6
There is a transcendent or divine dimension which is unique and specific to the human self.	6
There is a transcendent or divine dimension found in all manifestations of nature.	26
The notions of God or the transcendent are illusory products of human imagination; however, they are meaningful aspects of human existence.	34
The notions of God or the transcendent are illusory products of human imagination; therefore, they are irrelevant to the real world.	0

Table 3

Qualities of Religiousness of Psychologists

Statement	Percent of Respondents		
	Agree	Neutral	Disagree
It might be said that I value religious or spiritual doubts or uncertainties.	64	20	16
Questions are far more central to my religious or spiritual experience than are answers.	41	32	27
It is necessary for me to have religious beliefs.	49	6	44
Religion or spirituality is something that I have never felt personally compelled to consider.	17	2	80
My religion is a personal matter, independent of organized religion.	63	20	2
Participation in an organized religious body is the primary source of my spirituality.	4	22	74

Table 4

Psychologists' Affiliation and Participation
in Organized Religion

Degree of Involvement	Percent of Respondents
Active Participation, high level of involvement	9
Regular participation, some involvement	11
Identification with religion, very limited involvement	30
Identification with religion, no involvement	11
No identification or participation with religion	36
Disdain or negative reaction to religion	4

Table 5

Stepwise Multiple Regression
Factors Which Influence the Experience of
Competence Regarding Spirituality

Variables in the Equation

Variable	B	SE B	Beta	T	Sig T
Q	.107056	.036428	.425239	2.939	.0054
AGE	- .004387	.012214	- .053700	- .359	.7213
E	- .076356	.042278	- .270536	-1.806	.0783
OREL	.148633	.137790	.160344	1.079	.2870
I	.032106	.027507	.234827	1.167	.2499
Constant	.922048	1.365176		.675	.5032

AGE	- Age of Respondent
OREL	- Affiliation and Participation in Organized Religion
E	- Extrinsic Dimension
I	- Intrinsic Dimension
Q	- Quest or Interactional Dimension

Table 6

Attitudes Towards the Use of
Religious Interventions

Intervention	Yes	Neutral	No
Refrain from dealing with religious/spiritual issues	15	6	78
Use religious language or metaphors	69	4	27
Know the religious backgrounds of your clients	43	19	38
Use religious scripture or texts	40	19	40
Pray with a client	21	13	66

Table 7

Stepwise Multiple Regression
Factors Which Influence Appreciation of
Religious and Spiritual Issues

Variables in the Equation

Variable	B	SE B	Beta	T	Sig T
Q	.373748	.147946	.355840	2.526	.0157
I	.183428	.111804	.325642	1.641	.1089
AGE	- .014577	.051458	- .042172	- .283	.7785
E	- .235474	.175692	- .199772	-1.340	.1879
OREL	.807717	.594830	.234263	1.358	.1823
Constant	17.957263	5.586342		3.214	.0026

Table 8

Stepwise Multiple Regression
Factors Which Influence Utilization of
Interventions of a Religious Nature

Variables in the Equation

Variable	B	SE B	Beta	T	Sig T
Q	.303762	.081376	.523181	3.733	.0006
AGE	- .012798	.027284	- .067928	- .469	.6415
E	- .052962	.094444	- .081366	- .561	.5780
OREL	- .083401	.307808	- .043879	- .271	.7878
I	.078417	.061449	.248692	1.276	.2091
Constant	6.496625	3.049667		2.130	.0392

Appendix A

Religious Affiliations of Psychologists

Religion	Affiliation			
	Childhood		Present	
	N	%	N	%
Jewish	12	26	7	15
Catholic	8	17	2	4
Protestant	7	15	2	4
Fundamentalist	3	6	-	-
Methodist	3	6	-	-
Baptist	2	4	-	-
Agnostic	2	4	-	-
Atheist	2	4	-	-
Christian	2	4	1	2
Christian Scientist	1	2	-	-
Congregational	1	2	-	-
Episcopal	1	2	-	-
No Response/None	2	4	24	51
Presbyterian	-	-	2	4
Unitarian	-	-	2	4
Eastern	-	-	1	2
Evangelical	-	-	1	2
Intl. New Thought Assoc.	-	-	1	2
Johannine Communion	-	-	1	2
Nazarene	-	-	1	2
Quaker	-	-	1	2
Seventh Day Adventist	-	-	1	2