PEPPERDINE UNIVERSITY

Pepperdine University
Pepperdine Digital Commons

Psychology Division Scholarship | Graduate School of Education and Psychology

Spring 2-2024

Religion and spirituality in psychotherapy: A personal bedrock of faith

Edward Shafranske
Pepperdine University

Follow this and additional works at: https://digitalcommons.pepperdine.edu/gseppsych

Part of the Cognitive Psychology Commons, Community Psychology Commons, Counseling Psychology Commons, Developmental Psychology Commons, Human Factors Psychology Commons, Other Psychology Commons, and the Social Psychology Commons

Recommended Citation

Shafranske, E. P. (2024). Religion and spirituality in psychotherapy: A personal bedrock of faith. Spirituality in Clinical Practice, 11(1), 48–54. https://doi.org/10.1037/scp0000359

This Article is brought to you for free and open access by the Graduate School of Education and Psychology at Pepperdine Digital Commons. It has been accepted for inclusion in Psychology Division Scholarship by an authorized administrator of Pepperdine Digital Commons. For more information, please contact bailey.berry@pepperdine.edu.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Spirituality in Clinical Practice

© 2024 American Psychological Association
ISSN: 2326-4500

2024, Vol. 11, No. 1, 48–54
https://doi.org/10.1037/scp0000359

Religion and Spirituality in Psychotherapy: A Personal Bedrock of Faith

Edward P. Shafranske

Psychology Division, Graduate School of Education and Psychology, Pepperdine University

Personal beliefs and values conjoin with professional training to influence clinical practice. This article examines the role of religion and spirituality (R/S) through the lens of the author's personal experiences and illustrates the confluence of faith, belief, identity, and practice in professional life. An autobiographical "glimpse" introduces the author's formative experiences as a Roman Catholic and illustrates how religious narratives furnished conceptions of suffering, forgiveness, and transcendence that contributed to authentic hope for the client. Although often seemingly silent, R/S may influence psychotherapy practice. Clinical supervision provides a context to examine these personal factors.

Keywords: religion, spirituality, psychotherapy, psychological treatment, psychoanalysis

Personal beliefs and values conjoin with science and professional training to influence the clinical practice of psychology, particularly in psychotherapeutic efforts to address human suffering. Such efforts are rarely dispassionate endeavors but rather evoke the personal, empathic responses of clinicians to the difficulties and afflictions of their clients. Whether fully conscious or not, their empathy and clinical understanding are partly mediated by the personal meanings they construct. These meanings constitute their worldviews, contribute to their identity, form global meaning, and furnish a bedrock[1] of faith. Beliefs, attitudes, and values are created and reformed through myriad experiences encountered throughout life and shaped, for example, by family, culture, and education. Psychologists, like others, "possess a strong and inherent need for meaning" (Park et al., 2013, p. 157). This drive for meaning appears universal and distinguishes human nature from other forms of life. Meaning brings coherence to life's ebb and flow and serves as "the best all-purpose tool on the planet" (Baumeister, 1991, pp. 357–358)—we simply cannot live without it. This drive for meaning influences therapists' understanding of themselves, their world, and others, including their patients.

A psychologist's professional identity is situated within the broader context of their global meaning, involving their beliefs, goals, and feelings (Park & Folkman, 1997). Their work with patients also informs their understanding of themself and directs their purposeful commitments and projects, leading to life satisfaction (Park, 2013). Engaging therapeutically with another's pain (which often includes exposure to trauma and, at times, to unremitting anxiety, depression, personality disturbance, or psychosis) triggers emotional reactions and elicits the therapist's meaning-making capabilities. Through a partial identification with the patient, understanding begins to take form. The implicit meanings comprising worldviews filter and influence the understanding of the patient's pain. Empathy, therefore, is more than emotional contagion; it is a construction drawing from multiple sources of

Editor's Note. Lorraine Mangione served as the action editor for this article.—TGP

This article was published Online First February 1, 2024.

Edward P. Shafranske https://orcid.org/0000-0002-3354-1642

The author has no known conflicts of interest to disclose.

Correspondence concerning this article should be addressed to Edward P. Shafranske, Psychology Division, Graduate School of Education and Psychology, Pepperdine University, 18111 Von Karman Avenue, Room 209, Irvine, CA 92612, United States. Email: eshafran@pepperdine.edu

[1] In geology, bedrock refers to the relatively hard, solid rock beneath the surface materials such as soil or gravel. My use of the term reflects the essential beliefs at the core of our meaning making—deeply enduring beliefs about life's meaning that underlie fleeting doubts and existential questioning.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

personal knowledge (Polanyi, 1958), including those derived from the therapist's religious and spiritual background.

These opening remarks emphasize the role of the *person* of the therapist in the conduct of psychological treatment. Such an emphasis is warranted given the empirical evidence that *therapist effects* significantly impact the therapeutic process and outcome more than *treatment effects* (Wampold & Imel, 2015). Therapist effects are usually studied in terms of therapeutic alliance, interpersonal characteristics, and therapist responsiveness. Unfortunately, relatively little is known in a deeply personal way about the contributions of the therapist's worldview, including the effects of their religious and spiritual beliefs, affiliations, and practices. Given the importance of therapist effects, we ask the following questions.

How do psychologists address the nature of their patients' suffering beyond diagnostic nosology and clinical conceptualization? What personal factors and professional resources might therapists rely upon when helping another person? As psychologists, do we simply deliver empirically supported treatments, or is there something else we offer that might be obscured by an emphasis solely on observable behavior and manualized technique?

This essay provides, together with the other articles in this section, an intimate (although limited) glimpse into how religion and spirituality (R/S) may impact professional practice. It aims not to inform or instruct but to invite the reader to self-reflect and consider how religious and spiritual faith contributes to their clinical work.

The Inside Story: Religion, Spirituality, and the Bedrock

What a task this article is—to tease out (and share) the personal contributions, specifically the religious and spiritual contributions, that have influenced my professional life. It is an impossible task to get entirely or comprehensively correct. It is, at best, simply an attempt (albeit a conscious one). Nevertheless, I am honored to have been asked to share my reflections; the following is my best effort. I begin by drawing an example from the professional literature to inform the task at hand.

Rogers (1961) set out to do somewhat similar in a talk and later in his chapter, "This Is Me" (pp. 20–54). He starts his reflections by noting that he was "brought up in a home marked by close family ties, a very strict and uncompromising religious and ethical atmosphere, and what amounted to a worship of the virtue of hard work" (p. 23). Rogers discussed his emancipation from the religion of his youth, his decision to go to the Union Theological Seminary, and later his conclusion that he "could not work in a field where I would be *required to believe in some specified religious doctrine*" (p. 27). We learn about his personal development and the origins of his humanistic theory, the emphasis he placed on openness to "the realities in me and in the other person" (p. 44), and his view of experience "as the highest authority" (p. 47). It seems that religious dictates and sentiments had been expunged and replaced by his belief that "persons have a basically positive direction" (p. 51). He concluded,

> I trust it is clear now why there is no philosophy or belief or set of principles which I could encourage or persuade others to have or hold. I can only try to live by *my* interpretation of the current meaning of *my* experience, and try to give others the permission and freedom to develop their own inward freedom and thus their own meaningful interpretation of their own experience. (pp. 52–53)

Rogers's reflections illustrate the interweaving of the personal and the professional as well as the impact personal development had on his clinical thinking and practice. His clinical theories bear the mark of the transformations in his life, including his relationship with religion.

What is my story? The origins of what would become two significant areas of focus in my professional life, that is, the applied psychology of religion and spirituality and the psychoanalytic study of religion, took root in Roman Catholicism. Growing up in a Catholic family and influenced by the intersectionality of my mother's large and extended Irish-American family, religion played a central role. Although marginally important for my father, Catholicism was the cornerstone of my mother's life. Unsurprisingly, her influence impacted the development of my worldview, ontological loyalties, and, at times, conflicts. Questions of purpose, obligation, and individual and social morality emerged in the Catholic milieu. The answers initially came through the principles authored in the *Baltimore*

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Catechism (itself an example of a feature of the religious culture of a given time), teaching, and influenced by the social norms, relationships, experiences, and religious traditions that permeated the cultural setting of my youth. Equally important, beliefs and the supporting Scripture, stories, symbols, illustrations, and teachings conveyed a coherent worldview and addressed the salient issues of death and resurrection, suffering and healing, and repentance and forgiveness, and so forth. The Church's beliefs, sacraments, and practices were nourished in our local parish and throughout my Catholic education. As an adolescent and young man, my involvement in liturgy and music fostered a deep appreciation for sacred action expressed within Church rituals and sacraments. Indeed, the liturgical cycle, repeated annually over many years, seamlessly reenacting the ceremonies and rites, hearing readings and teachings again, grounded my experiences, and wove the strands of religious meaning from the past to the future. I was also influenced by my close relationship with my uncle, the youngest in my mother's family, a Roman Catholic priest, who later became a medical sociologist. My observations of his life and discussions, when we spent time together, informed my beliefs and foreshadowed and paralleled in some ways my thinking about the integration (and, at times, tensions) between faith, science, and institutional fidelity. The Catholic foundations in my ongoing construction of global meaning have sometimes been intellectually and emotionally challenged; however, in substance, my beliefs remained tethered to Catholicism and were never breached (unlike Rogers). Instead, my spirituality and personal meaning are anchored to Roman Catholicism as informed by contemporary theology, a host of experiences, conscious and unconscious, and close personal and professional relationships. There is much more to the story, but this provides a sufficient developmental context.

The Impacts of Religious History, Identity, and Engagement

In this section, I discuss some of the overarching religious and spiritual experiences and perspectives that influence my clinical work. On reflection, three interrelated themes emerged: transcendence, religious narrative, and hope and compassion. To serve as a preface, experiences of transcendence emerged initially through Catholic ritual, sacramental life, and prayer and were further articulated in religious narratives found in Scripture, religious teaching, theology, and stories and symbols. These experiences and narratives shaped in ways known and unknown my lived experiences of compassion and hope for my patients and others. These factors were not the sole influences but conjoined professional development and most importantly, reflective practice in which my learning and growth as a psychologist emerged from clinical experience.

Transcendence

One of the enduring features of my religiosity is experiences of a transcendent dimension in human life. These experiences (related to the search for the Sacred) are rooted in the Catholic faith and, at times, supported by engagement in liturgy and prayer. The Church has always served as one of the avenues to the transcendent, the numinous, and to what Rudolf Otto referred to as the *Mysterium tremendum* and *Mysterium fascinans* (see also Eliade, 1968). The palpable sense of the Sacred, of the presence of God, established a belief in the possibility of "the something more" in existence, a cardinal feature of my Catholic worldview. Faith was enlivened through these "visceral" experiences of awe and sustained through participation in a community of believers. Although originating in childhood, such experiences continue to animate my spirituality and conscious beliefs. Such experiences operate in what James (1902/1982) called the hither side of consciousness. As a psychoanalyst, I understand and respect these experiences as transitional phenomena that draw upon and create unconscious representations of the transcendent and animate beliefs about God. Anthropologist Geertz correctly observed that religion acts "to establish powerful, persuasive, and long-lasting moods and motivations" (1973, p. 70). More recently, Van Cappellen et al. (2021, 2023) identified self-transcendent emotions that contribute to an upward spiral of positive emotion (see also Shafranske, 2023). Conjoining psychological, psychoanalytic, and anthropological perspectives, we can grasp religious engagement's vitality as its impacts are felt at multiple levels of experience.

These experiences of the transcendent reinforce conscious beliefs in the possibility that

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

"something more" exists and foster openness to dimensions of experience and meaning that transcend what is perceptually apparent. In my clinical work, a psychological space is created to accept and explore the patient's religiousness and their own experiences of the "reality of the unseen" (James, 1902/1982, p. 53) and the "unthought known" (Bollas, 1987; Shafranske, 1992) that so often characterize personal spirituality.

Religious Narrative and the Construction of Meaning

From the very start and throughout our lives, "we are never devoid of meaning; unbeknownst to ourselves, we have already tried to answer the fundamental questions about life's origins, purpose, and final destination" (Lear, 1990/1998; Rizzuto, 2002; Rizzuto & Shafranske, 2013, p. 125). Narratives, including the grand meta-narratives supplied by religion, link the believer to the transcendent and provide depictions of ultimate meaning. Religion offers culturally accepted leitmotifs and symbols in which personal signification occurs within a setting of shared and communal expressions of human purpose (Shafranske, 2002, p. 228; Shafranske, 2009). Religion itself may be seen as a cultural manifestation of humankind's efforts to give meaning to life (Rizzuto, 2002, p. 184). In contrast to abstract beliefs, religious narratives emerge out of complex representational processes that draw upon and integrate affectively tinged, interpersonal, intrapsychic, and transpersonal experiences, including those originating in religious involvement.

Although not commenting on religious narrative per se, author Salman Rushdie (2021) articulated the power that narratives or stories have for us. He says that the stories or books that we fall in love with

> make us who we are … and changes us in some way, and the beloved tale becomes part of our picture of the world, a part of the way in which we understand things, and make judgments and choices in our daily lives. (p. 4)

Religious narratives are more than creative stories; however, they share the transformative qualities observed by Rushdie. Personally, the central narratives associated with Christianity, for example, death and resurrection, deeply affect my enduring picture of the world, how I understand things, and the values that inform choices. My understanding of a patient is influenced by the Christian narrative that runs deeply in my veins. How could it be otherwise?

In the clinical setting, appreciation of unconscious psychodynamics encourages free association and directs mutual attention to the narratives expressed in the patient's associations, dreams, and symbolic actions. Through the lifting of defenses, narratives and memories that ordinarily are kept out of awareness gradually emerge as free associations. Meanings that have been constructed over a lifetime are reflected in these associations and often bear the imprint of R/S beliefs and experiences. The importance of this therapeutic work cannot be overstated since it endeavors to address what Smith (2001) named as one of the elemental human problems—"how to relate to the total scheme of things" (p. 11).

Hope and Compassion

In addition to the contributions of science-informed knowledge and clinical skills, personal factors influence the development of the therapeutic alliance and support psychological healing. Offering hope and compassion is integral in helping patients address their psychological challenges and difficulties. Hope and compassion are not "techniques"; rather, they emanate from the *person* of the therapist and constitute genuine concern and care.

Frank (1973) illustrated the pernicious impact of demoralization. Demoralization stands with defenses as the foundation of resistance to change. It is corrosive to the patient's sense of self and agency and sometimes appears to be an immovable obstacle that undermines therapeutic progress and forecloses the client's future. As Frank discussed, hope provides the antidote and means to transform a patient's views and perspectives, leading to meaningful change. Hope implies the possible and offers a future (Corbett, 2011). Clinicians must draw upon hope to leverage their clinical skills to be effective, particularly when addressing severe and persistent mental illness, trauma, and loss. On what basis does the therapist offer hope?

While writing this article, it has become more apparent how my religious beliefs inform

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

my conceptions of hope and compassion. For me, hope is not equivalent to confidence in evidence-based practice or clinical acumen. Instead, its nature transcends science and draws upon deeply held beliefs, values, and experiences of hope fulfilled. A bedrock is found underneath the sediments of fleeting thoughts and emotions and is located in faith. Faith furnishes a transcendent hope that the patient's suffering is meaningful and will be healed. As discussed, experiences of transcendence found within religious traditions and religious narratives may contribute powerfully to the worldviews pertaining to hope. Engagement with sacred texts and theology has further strengthened my authentic conviction in the power of hope over despair. Meissner (1987), Jesuit psychiatrist and psychoanalyst, reflected,

> Hope directs the traveler's footsteps neither in the path of despair nor into the presumptive quiet of overconfidence. It rests not on its being or its possession of being, but on it's beginning to be (p. 174). … Christian hope rests on a revelation of promise and directs itself toward a reality not yet realized. … Thus, hope is rooted in confidence about God's promises, a confidence that assumes a dynamic ontology of history in which the future-orientation of man's existence makes the horizon of new possibilities real. (p. 175)

These reflections illustrate how R/S influence my professional work. Although my spirituality usually operates in the background, there are times when religious associations come to mind. For example, my spontaneous associations to Christ's agony in the Garden of Gethsemane, have shaped at times, my empathy with a patient's struggles in holding onto faith and purpose. I can glimpse the R/S aspects that silently influence my subjective and highly personal understanding. The selection of my career was shaped as well by religious engagement and principles anchored in Christianity.

From a practice perspective, rather than forcing consideration of R/S in clinical work, I try to keep the door ajar to remain open to what emerges for the patient and me. And although not disclosed, R/S associations often deepen my empathic engagement in the moment. I do not believe we can "bracket" and separate the impacts of our worldview (Kocet & Herlihy, 2014). Rather, we can become aware of these influences (Farnsworth & Callahan, 2013). Furthermore, taking a framework of cultural and intellectual humility safeguards against imposition of the clinician's beliefs on the client or privileging a particular worldview or faith commitment. It is interesting that, although my faith journey appears to be quite different from Carl Rogers, we seem to have arrived at the same place—to provide patients the respect and space to explore in therapy and to develop their meanings, solutions, and purposes to live authentically. My personal faith commitments also influenced areas of scholarship, particularly in the applied psychology of religion (e.g., Shafranske, 2013).

Challenges, Opportunities, and the Future

Much of the discussion has focused on the impacts of the therapist's personal R/S on the conduct of psychotherapy. However, in what ways might a psychologist's work as a psychotherapist affect their spirituality? The opportunity to play a role in healing is a privilege and a professional responsibility that contributes to a purposeful and fulfilling life. Being with a person in their suffering, and more generally, knowing intimately about the ways in which persons can treat others, facing the universal nature of human conflict, and being exposed to the traumas that many patients have endured, of course, affects the therapist. The nature of therapeutic work is all engaging. In my experience, psychotherapists do not practice in a dispassionate, antiseptic manner—*we affect* and *are affected* by our work with clients. In addition to the obvious impacts on the psychotherapist (such as vicarious traumatization), our own foundational R/S beliefs may be summoned and tested (e.g., God's existence or providence) when witnessing the struggles of our clients and the tragic losses or abuses or traumas they have faced. Catholics may call into question their beliefs in providence, in the presence of God's grace, or become disheartened in their commitment to building a more just society (e.g., inspired in part by liberation theology).

These reflections lead me to: How might we advance the understanding of spirituality in clinical practice? One limitation that most psychologists face is the lack of attention placed during their doctoral education on religion and spirituality's role in mental health, specifically in psychological treatment (Shafranske & Cummings, 2013; Vieten & Lukoff, 2022). Their preparation may ignore dimensions of human experience outside of positivistic science, such as systems of meaning

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

and avenues of transcendence (Miller, 2010; Shafranske, 2010). Without the underpinnings of knowledge in the psychology of religion and specific clinical training and opportunities to explore the interplay of personal factors in their work, clinicians may be ill-prepared to address R/S in professional practice.

Clinical supervision provides a relationship and processes to enhance awareness of the impacts of a trainee's R/S and to integrate perspectives and resources into treatment (Shafranske, 2014, 2016). As the cornerstone of professional training in psychology, clinical supervision, particularly the competency-based approach (Falender & Shafranske, 2021), facilitates the development of competence in the culturally sensitive and ethical integration of R/S in psychological treatment. This approach emphasizes the knowledge, skills, and attitudes assembled to form a competency, in this case, competence to provide psychotherapy with the awareness of religion and spirituality as personal factors affecting treatment.

Knowledge of the varieties of religious experiences and the nature and impacts of R/S on health provide relevant information to offer spiritually informed care. Supervisors and supervisees alike should become familiar with the empirical literature that has identified the complex relationships between R/S and mental health, including treatment approaches and opportunities for posttraumatic growth (Shafranske, 2023). Clinical supervision provides opportunities to develop skills in clinical interviewing that assess clients' R/S orientations and integration, including their use of positive and negative forms of religious coping. Further, supervision may introduce and guide the use of R/S resources tailored to the values and preferences of the client. Most importantly, supervisees can explore how their personal attitudes, beliefs, values, and loyalties influence their understanding of their clients and impact treatment. Consideration of therapist factors, such as R/S beliefs, counters trends in supervision that emphasize the attainment of technical fidelity.

As the future unfolds, competence in spiritually informed psychotherapy will be enhanced by the ongoing study and dissemination of science-based knowledge and theory, training in specific assessment and intervention skills, and, as intended in this article, openness, respect, and reflective practice to understand better the impacts of a psychologist's R/S beliefs, experiences, practices, affiliations, and loyalties.

References

Baumeister, R. F. (1991). *Meanings of life*. Guilford Press.

Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known*. Columbia University Press.

Corbett, L. (2011). *The sacred cauldron*. Chiron Publications.

Eliade, M. (1968). *The sacred and the profane: The nature of religion*. HarperCollins.

Falender, C. A., & Shafranske, E. P. (2021). *Clinical supervision: A competency-based approach* (2nd ed.). American Psychological Association. https://doi.org/10.1037/0000243-000

Farnsworth, J. K., & Callahan, J. L. (2013). A model for addressing client–clinician value conflict. *Training and Education in Professional Psychology*, *7*(3), 205–214. https://doi.org/10.1037/a0032216

Frank, J. D. (1973). *Persuasion and healing: A comparative study of psychotherapy*. Johns Hopkins University Press.

Geertz, C. (1973). Religion as a cultural system. In C. Geertz (Ed.), *The interpretation of cultures* (pp. 87–125). Basic Books.

James, W. (1982). *The varieties of religious experience*. Penguin Books. (Original work published 1902)

Kocet, M. M., & Herlihy, B. J. (2014). Addressing value-based conflicts within the counseling relationship: A decision-making model. *Journal of Counseling and Development*, *92*(2), 180–186. https://doi.org/10.1002/j.1556-6676.2014.00146.x

Lear, J. (1998). *Love and its place in nature*. Yale University Press. (Original work published 1990)

Meissner, W. W. (1987). *Life and faith. Psychological perspectives on religious experience*. Georgetown University Press.

Miller, L. (2010). Watching for light: Spiritual psychology beyond materialism. *Psychology of Religion and Spirituality*, *2*(1), 35–36. https://doi.org/10.1037/a0018554

Park, C. L. (2013). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 357–379). Guilford Press.

Park, C. L., Edmondson, D., & Hale-Smith, A. (2013). Why religion? Meaning as motivation. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality: Vol. 1. Context, theory, and research* (pp. 157–171). American Psychological Association. https://doi.org/10.1037/14045-008

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, *1*(2), 115–144. https://doi.org/10.1037/1089-2680.1.2.115

Polanyi, M. (1958). *Personal knowledge: Towards a post-critical philosophy*. University of Chicago Press.

Rizzuto, A.-M. (2002). Technical approach to religious issues in psychoanalysis. In M. Aletti & G. Rossi (Eds.), *Psicoanalisi e Religione: Nuove prospettíve clínico-ermaneutiche* (pp. 184–215). Centro Scientifico Editore.

Rizzuto, A.-M., & Shafranske, E. P. (2013). Addressing religion and spirituality in treatment from a psychodynamic perspective. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality: Vol. 2. An applied psychology of religion and spirituality* (pp. 125–146). American Psychological Association. https://doi.org/10.1037/14046-006

Rogers, C. (1961). *On becoming a person*. Houghton Mifflin.

Rushdie, S. (2021). Wonder tales. In S. Rushdie (Ed.), *Languages of truth* (pp. 3–29). Random House.

Shafranske, E. P. (1992). God-representation as the transformational object. In M. Finn & J. Gartner (Eds.), *Object relations theory and religion* (pp. 57–72). Praeger.

Shafranske, E. P. (2002). The psychoanalytic meaning of religious experience. In M. Aletti & G. Rossi (Eds.), *Psicoanalisi e Religione: Nuove prospettíve clínico-ermaneutiche* (pp. 227–258). Centro Scientifico Editore.

Shafranske, E. P. (2009). Spiritually oriented psychodynamic psychotherapy. *Journal of Clinical Psychology*, *65*(2), 147–157. https://doi.org/10.1002/jclp.20565

Shafranske, E. P. (2010). Advancing "the boldest model yet": A commentary on psychology, religion, and spirituality. *Psychology of Religion and Spirituality*, *2*(2), 124–125. https://doi.org/10.1037/a0019624

Shafranske, E. P. (2013). Addressing religiousness and spirituality in psychotherapy: Advancing evidence-based practice. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 595–616). Guilford Press.

Shafranske, E. P. (2014). Addressing religiousness and spirituality as clinically relevant cultural features in supervision. In C. A. Falender, E. P. Shafranske, & C. J. Falicov (Eds.), *Multiculturalism and diversity in clinical supervision: A competency-based approach* (pp. 181–207). American Psychological Association. https://doi.org/10.1037/14370-008

Shafranske, E. P. (2016). Finding a place for spirituality in psychology training: Use of competency-based clinical supervision. *Spirituality in Clinical Practice*, *3*(1), 18–21. https://doi.org/10.1037/scp0000098

Shafranske, E. P. (2023). The scientific study of positive psychology, religion/spirituality, and mental health. In E. B. Davis, E. L. Worthington Jr., & S. A. Schnitker (Eds.), *Handbook of positive psychology, religion, and spirituality* (pp. 345–358). Springer. https://doi.org/10.1007/978-3-031-10274-5_22

Shafranske, E. P., & Cummings, J. P. (2013). Religious and spiritual beliefs, affiliations, and practices of psychologists. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality: Vol. 2. An applied psychology of religion and spirituality* (pp. 23–41). American Psychological Association. https://doi.org/10.1037/14046-002

Smith, H. (2001). *Why religion matters*. HarperSanFrancisco.

Van Cappellen, P., Edwards, M. E., & Fredrickson, B. L. (2021). Upward spirals of positive emotions and religious behaviors. *Current Opinion in Psychology*, *40*, 92–98. https://doi.org/10.1016/j.copsyc.2020.09.004

Van Cappellen, P., Zhang, R., & Fredrickson, B. L. (2023). The scientific study of positive emotions and religion/spirituality. In E. B. Davis, E. L. Worthington Jr., & S. A. Schnitker (Eds.), *Handbook of positive psychology, religion, and spirituality* (pp. 315–328). Springer. https://doi.org/10.1007/978-3-031-10274-5_20

Vieten, C., & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist*, *77*(1), 26–38. https://doi.org/10.1037/amp0000821

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge; Taylor & Francis Group.

Received October 5, 2023
Revision received November 8, 2023
Accepted November 8, 2023 ■

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.