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EDITORIAL

An empirically-based rationale for a spiritually-integrated psychotherapy

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Abstract
In this paper, we offer an empirically-based rationale, for a particular kind of psychotherapy, spiritually-integrated psychotherapy. Drawing on several lines of research we note that: (1) spirituality can be a part of the solution to psychological problems; (2) spirituality can be a source of problems in and of itself; (3) people want spiritually sensitive help; and (4) spirituality cannot be separated from psychotherapy. We then discuss the defining characteristics of spiritually-integrated psychotherapy. It is based on a theory of spirituality, empirically-oriented, ecumenical, and capable of integration into virtually any form of psychotherapy. The paper concludes by considering potential problems associated with spiritually-integrated psychotherapy, including the risks of trivializing spirituality as simply a tool for mental health, reducing spirituality to presumably more basic motivations and drives, imposing spiritual values on clients, and overstating the importance of spirituality. Perhaps the greatest danger, however, is to neglect the spiritual dimension in psychotherapy. This paper sets the stage for the articles in this special issue of MHRC which describe the development and evaluation of several innovative approaches to spiritually-integrated psychotherapy.

Rebecca was a 20-year-old woman with a strong religious upbringing. She had been struggling with depression for a couple of years following a stranger-perpetrated rape that she had experienced as an adolescent. In addition to her overall despair, Rebecca felt intense shame and guilt about her anger towards God. She had always believed in God, yet was having trouble reconciling her beliefs with her experience of violence. Who was God when there was such destruction and pain in the world? Where was God? She felt disconnected from God and angry with Him for letting the assault occur. She also believed that this anger contradicted her religious belief system. She felt terribly guilty that she could not experience God's presence; she blamed herself.

During a retreat one summer, Rebecca attended confession to disclose the feelings that she harbored deep inside. After the priest asked her to relay her sins, Rebecca hesitated. She spoke quietly, ashamed, "I have been disconnected from God and angry with God." The priest could have absolved her from her sin then and there, but instead asked, "What happened?" She relayed the story of her rape and the subsequent

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depression and anger that she felt. The priest looked at her lovingly and said, "Sweetheart, I am so sorry." She was shocked, expecting to hear about forgiveness and letting go. He continued, "Is your father alive?" "Yes," she replied. "How did he feel about the rape?" She looked down and began to cry. "He was devastated. He felt terrible, like he couldn't protect his little girl. He told me that he would look at my baby picture everyday and cry." The priest responded, "And this is your earthly father. Just think about how your Father in heaven feels."

That transformational moment changed Rebecca's perspective and her relationship to God. She began to feel less depressed and less guilty. While her religious experience did not take away what happened, it marked a shift from feelings of anger and disconnection to a sense of spiritual connection. She began to believe in a God that cried for her and felt her pain, and this sense of connection helped her to heal and gave her hope. A few weeks later, when Rebecca informed her psychiatrist about the lifting of her depression and her spiritual experience, he replied, "Good, the medicines must be working." Shocked by this, embarrassed, and confused, she learned not to talk of her spiritual experiences again to her doctor or therapist.

Rebecca's experience is not unique. Our clients have noticed how quickly therapists change the subject when the topic of spirituality is raised. They have listened to their mental health professionals attribute spiritual experiences and healing to other factors, such as medications, social support, or ego defenses. Many mental health professionals completely side-step religious or spiritual questions. Some would understand Rebecca's transformation as an expression of her psychopathology, while others would reduce it to more basic psychological needs and motives. Still others would quickly ascribe it to biological processes.

Did Rebecca's spiritual transformation simply mask other biological, psychological, or social processes? Was the psychiatrist correct? We argue that, while a myriad of factors determine outcomes in a person's life, spirituality deserves its own attention in psychotherapy. Spirituality can be the source of painful struggles and problems. It can also be a powerful resource in coping with life's major difficulties. At times, spirituality can be transformative. In this paper, we offer a particular kind of rationale, an empirically-based rationale, for a particular kind of psychotherapy, a spiritually-integrated psychotherapy. The integration of spirituality into psychotherapy, we believe, will transform the character of psychotherapy and, in turn, breathe new life into spirituality.

An empirically-based rationale for a spiritually-integrated psychotherapy

Reason #1: Spirituality can be part of the solution

Although mental health professionals have frequently viewed spirituality as a cause of problems, rather than a source of solutions, case examples like Rebecca's suggest that this view is inaccurate. Rebecca's spiritual transformation helped her to stop her medications and resume her daily life. She continued to cope with the trauma, but her shame and depression lifted, and her spiritual life began to blossom.

Empirical research has demonstrated that Rebecca's case is not unusual. Many people turn to their spirituality for support and guidance in times of stress (Pargament, 1997). In fact, among some groups, spirituality appears to be one of the most commonly used methods of coping. For example, in a study of elderly women facing medical problems, ninety one percent of the women coped through prayer, outnumbering those who coped by going to a doctor, resting, prescription drugs, or seeking information (Conway, 1985–1986). Following the September 11 terrorist attacks, 90% of a random sample of people drawn from across the United States said they coped with these attacks by turning to religion (Schuster, Stein, & Jaycox, 2001). Furthermore, most people who turn to their faith for support find it helpful. In studies of veterans of combat, hospital patients, parents

of children with physical handicaps, widows, and physically abused spouses, 50% to 85% reported that religion was helpful to them in coping with their difficult situations (Pargament, 1997).

Among the seriously mentally ill, expressions of spirituality have often been interpreted as symptoms of an illness rather than signs of a potentially valuable coping resource. A few empirical studies have challenged this perspective. For example, in a survey of over 400 people with serious mental illness, over 80% reported that they used some sort of religious belief or practice to help them cope with their symptoms and daily problems for an average of 16 years (Tepper, Rogers, Coleman, & Malony, 2001). Most (65%) found their religious coping helpful. Further, religious coping was related to fewer frustrations, lower levels of depression and hostility, and fewer hospitalizations.

These findings are clear. Many, if not most, people in the United States draw on their spiritual beliefs and practices when they encounter significant problems. Why might this be the case? There appears to be an existential dimension to our problems. Illnesses, accidents, interpersonal conflicts, divorces, layoffs, and death are more than "significant life events." They raise profound and disturbing questions about our place and purpose in the world, they point to the limits of our powers, and they underscore our finitude. The depth of these questions seems to call for a spiritual response. As Malony (1990) wrote: "The ultimate anxieties of knowing one will die, of feeling alienated and alone, and of experiencing powerlessness can only be assuaged, in the final analysis, by answers which are metaphysical or supernatural" (p. 18).

In contrast to the major psychological paradigms which focus on maximizing control in life, spirituality offers a distinctive solution to the uncontrollable nature inherent in many of life's problems (Pargament, 1997). Spirituality helps people come to terms with human finitude, or the ultimate reality of one's lack of control over the events in one's life and over death itself. Through spirituality, people may find answers to seemingly unanswerable questions, support when other sources of support are unavailable, solace when life appears out of control, and new sources of value and significance when old dreams are no longer viable. Spirituality represents a distinctive resource for living, one particularly well-suited to the struggle with human limitations. By bringing the spiritual dimension into the helping process, psychotherapists could tap more fully into this reservoir of hope and source of solutions to life's most profound problems. Promising steps have already been taken in this direction (e.g., Greenberg & Witztum, 2002; Nielsen, Johnson, & Ellis, 2001; Richards & Bergin, 1997; Schreurs, 2002; Shafranske, 1996).

Reason #2: Spirituality can be part of the problem

Freud, Skinner, Ellis, and other psychologists who have criticized religion haven't been wrong so much as they've been incomplete. They have focused on the dark side of faith to the exclusion of its other qualities. And yet, there is a seamy side to religion; for some, spirituality can be part of the problem.

A few years ago, a young couple with two small daughters came in for marriage counseling. When I (Nichole) spoke with the husband and wife separately, Cindy expressed the constraints that she felt in the marriage. She became pregnant and married at an early age. Although she loved her children and motherhood, she began to feel more and more confined in her marriage, describing herself as a caged bird that no longer wanted to sing. Cindy discussed how she was not privy to any family financial information, her social activities with her friends were restricted, and she could not work outside the home. She felt trapped, isolated, and depressed. John,

her husband, described his difficulties in the marriage. He felt that he could no longer control Cindy, that her "wild side" from her childhood was taking over. She was disobedient, which he felt was inconsistent with the Biblical value inherent in marriage. Both John and Cindy described themselves as devout and active Christians, stressing the importance of following the Biblical way.

Cindy became more depressed as time progressed and spoke more and more of suicide; she wondered whether there was another solution. After a few more sessions, she began to consider a separation from her husband. John suggested that they talk to their minister at Church. Cindy returned from this meeting feeling terribly guilty for her actions, convinced that she was not respecting God in her life and would be a failure as a mom to her children.

At the next session, Cindy appeared more depressed and guilty. Gone were her desires for independence and change in the marriage. A few nights prior, she dreamed that the devil came to her and told her that she would be condemned if she left the marriage. At first, she thought it might be better to be in Hell than in the marriage. She shared her thoughts with her sister, who told her that the devil was winning her over. Her husband and minister agreed that the dream was accurate.

The following week, Cindy found her resolution. She would stay in the marriage to be the mother and wife that God had ordained her to be. She was convinced that her ideas about freedom and change in her marriage came from the devil. Her husband, in turn, instituted more rules for Cindy to discourage her from straying off the righteous path. I tried to convince Cindy to continue psychotherapy to cope with the guilt and shame that she felt. She declined, stating that her problems were resolved. Her blank stare as she spoke convinced me that they were not.

Spirituality, in this case, was a central part of the problem. The crisis that Cindy faced was more than marital, psychological, or even existential. It was spiritual. Cindy had made a sacred vow to God in her marriage, yet a voice within her, the devil's voice she believed, was telling her that she wanted more in her life. Her spiritual solution became problematic. Research has found that certain types of religious coping may be problematic: inappropriate deferral to God, anger at God, feeling punished by God, feelings of anger and alienation from congregations, perceptions of sacred loss and sacred violation, and making attributions of personal troubles to the devil (e.g., Exline, Yali, & Sanderson, 2000; Magyar, Pargament, & Mahoney, 2000; Pargament et al., 1998; Pargament, Magyar, Benore, & Mahoney, 2005; Pargament, Murray-Swank, Magyar, & Ano, 2005). Cindy, for example, attributed her desire for change to the devil, and felt punished by God for even considering separation. In the end, she felt that she deserved her punishment. These are signs of spiritual trouble or spiritual struggle.

Several studies have demonstrated that negative forms of religious coping are associated with poor mental health, impaired physical health, and even a higher risk of mortality. For example, in a sample of hospitalized medical patients, negative religious coping (e.g., feeling punished by God) predicted mortality over a two year period, even after controlling for physical health, mental health, and other demographic variables (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). In another sample of hospitalized older adults, negative religious coping was related to a higher number of active medical diagnoses, increased cognitive impairment, higher depression, and reduced quality of life (Koenig, Pargament, & Nielsen, 1998). In a college student sample, spiritual discontent was associated with poor mental health, decreased physical health, and higher current distress (Pargament, Koenig, & Perez, 2000).

Of course, many of the world's greatest religious figures – from Moses to Jesus to Buddha to Muhammad – experienced their own spiritual struggles, their own dark nights of the soul, only to emerge from their trials steeled and strengthened. In fact, recent research has indicated that the risk lies less in the spiritual struggle itself than in "getting stuck" in the struggle (see Pargament et al., 2001, 2005). In many areas of psychology, we help our clients become "unstuck." Spiritual struggles deserve the same attention as other types of struggles. We can help our clients confront and resolve the spiritual struggles in their lives before they become "stuck."

Reason #3: People want spiritually-sensitive help

Certainly many clinicians might worry about overstepping their bounds by raising religious or spiritual issues in the context of psychotherapy. And, of course, there is a potential danger of over-intrusiveness on the part of therapists with respect to any domain, including the religious realm. There is, however, some evidence to suggest that a good proportion of our potential clients would welcome spiritually-integrated treatment.

Several years ago, I (Ken) worked with a middle-aged woman who had experienced years of emotional pain and the upheavals of bi-polar disorder. A pivotal moment in therapy occurred when Alice was in the midst of another deeply depressive period. She had been withdrawing from social contact for a few weeks (always a danger sign for Alice) and was thinking more and more about suicide. In this session, Alice was wracked with pain, sobbing so hard it was difficult for me to follow her. I was about to raise the need for hospitalization when Alice spoke in a kind of language that was unusual for her. "When will my suffering end?" she cried. The question had a spiritual, almost Biblical, sound to me. I was struck by the spiritual tone of her question, and responded in kind with a question of my own. "I've often wondered, Alice, how in the midst of your terrible suffering, you are able to find some consolation?" She paused for a long moment and then told me a story.

"When I was first hospitalized," she said, "they put me in restraints and threw me in a seclusion room. I was only 16 at the time and I didn't know what was going to happen to me. I was so frightened. I was so scared. I thought I was going to die. And then, lying on my bed, I felt something warm in the center of my chest. And the feeling spread through the rest of my body."

"How did that feeling affect you?" I asked.

"It calmed me down. I felt comforted."

"Did that feeling speak to you in some way?"

"Yes, I knew that God was speaking to me. God was with me, telling me that He would always be with me no matter how badly I felt. I would be okay."

Alice and I sat quietly in the room. From a corner of my mind, I noticed that her sobbing had stopped.

"Alice," I went on, "have you felt this presence at other times in your life?"

"Oh, yes," she said immediately.

It turned out that Alice's spiritual feelings had been a powerful resource for much of her life and had helped sustain her through her most painful times. As Alice was leaving the office, I asked her whether she had ever spoken about her spiritual experiences in her many years of treatment in the mental health system.

"Oh, no," she said.

"Why not?" I asked.

"Well, they already think I'm crazy," Alice answered.

Like Alice, many of our clients would welcome us into their spiritual homes if we knocked on the door. The results of a few empirical studies have suggested that people are looking for spiritually-sensitive care. For example, Lindgren and Coursey (1995) surveyed a sample of adults with serious mental illness. Two thirds of the sample stated that they would like to discuss spiritual concerns with their therapists, but only half of this group was doing so. In another study, participants in a spiritual issues group for the seriously mentally ill welcomed the opportunity to talk about the role of religion and spirituality in their lives (Phillips, Lakin, & Pargament, 2002). As a group, they agreed that this was the first chance they had in their many years of treatment in the mental health system to talk about spiritual matters. Finally, in a study of medical patients, 45%

of the participants reported that too little attention was paid to their spiritual and religious concerns, and 73% indicated that no one from the staff spoke to them about spiritual matters. In this study, 48% of patients revealed that they would like their physicians to pray with them and 64% believed that physicians should pray with their patients if the patients ask (Post, Puchalski, & Larson, 2000).

If these experiences are any guide, it appears that many of our clients would like to speak about the role of spirituality in their lives. It seems that the reluctance is largely ours. Of course, we need to be careful here, as in other sensitive terrains that we walk through with our clients. In the Lindgren and Coursey study, about one third of the sample admitted that they did not want to talk about spiritual concerns in therapy. In these cases, therapists should not intrude; these are, after all, sacred matters, and our clients have every right to steer clear if they choose. The point is that many clients would like to raise spiritual issues in psychotherapy and we, as therapists, should be ready for this dialogue.

Reason #4: Spirituality cannot be separated from psychotherapy

Although many therapists are open to the spiritual dimension in psychotherapy, they remain uncomfortable about the topic, feeling unsure about how to deal with spiritual issues, and fearful about intruding in areas too private for psychotherapy. As a result, they do their best to avoid the spiritual domain. Nevertheless, spirituality cannot be easily separated from psychotherapy.

For example, Rye and Pargament (2002) were interested in comparing the effects of two forgiveness interventions for college women who had been wronged in a romantic relationship. One of the forgiveness interventions explicitly drew upon religious models and spiritual beliefs in a program designed to promote forgiveness. The other forgiveness intervention was explicitly secular; the group leader purposely avoided raising religious or spiritual topics in the forgiveness program. Both groups proved to be effective in facilitating forgiveness and well-being without significant differences between them. In our efforts to explore why, we asked participants in both groups to describe the strategies that they used to help them forgive their offenders. We were surprised to learn that two of the three top strategies for participants in the secular forgiveness were religious in nature: "I asked God for help and/or support as I was trying to forgive" and "I prayed for the person who wronged me as I was trying to forgive." Although the therapy group was explicitly secular in nature, participants in the secular groups were as likely as those in the religious forgiveness groups to make use of religious resources! We suspect the same process takes place among clients who are receiving ostensibly secular psychotherapy.

Secular psychotherapy is not designed to affect people spiritually, and yet, spiritual changes are likely to accompany other changes that unfold through the process of psychotherapy. Tisdale and her colleagues (1997) illustrated this point in an evaluation of a secular inpatient treatment that included individual, group, milieu, and psychotropic interventions. Not surprisingly, patients in treatment demonstrated significant improvements in their personal adjustment. In addition, the results indicated that the secular inpatient treatment resulted in significant increases in the patients' positive images of God. Once again, we suspect that this is not an unusual finding. The spiritual dimension of life is fully interwoven with other life domains and efforts to create change along one dimension are likely to affect the other dimensions as well. In psychotherapy, our choice is to look the other way or to address spirituality more directly and knowingly.

Envisioning a spiritually-integrated psychotherapy

There are many good reasons to integrate the spiritual dimension more fully and explicitly into the process of psychotherapy. So, what will a spiritually-integrated psychotherapy look like? We argue that it should have several defining characteristics.

First, a spiritually-integrated psychotherapy should be based on a theory of spirituality. How can we integrate spirituality into psychotherapy if we don't know what spirituality is? How can we integrate spirituality into psychotherapy if we don't understand how spirituality develops and changes over the lifespan? How can we integrate spirituality into psychotherapy if we cannot tell when spirituality is a source of problems or a source of solutions? Existing models of personality, psychopathology, and psychotherapy offer some thoughts about religion and spirituality, but they fall far short of providing comprehensive theories of these phenomena, theories capable of providing us with a road map in our work. A spiritually-integrated psychotherapy will require far more theoretical and theological attention to the meaning of spirituality and its roles in people's lives.

Second, a spiritually-integrated psychotherapy must be empirically-oriented. At this point, empirically-based work is in its infancy. When it comes to spirituality and psychotherapy, few of us know what we're doing, at least not yet. Questions far outnumber answers. How do we address the spirituality of our clients? How do we address our own spirituality? What forms of spiritual interventions are most helpful to our clients? Are there types that are less helpful, or even harmful, to our clients? What is our ethical obligation to our clients when we believe their faith is misguided, or when we feel their faith is destructive to them or to those around them? We can try to answer these questions solely based on our own instincts, beliefs, values, and world views. Or we can put some of our ideas to test and see what the world has to teach us.

Third, a spiritually-integrated psychotherapy should be ecumenical. The world is becoming increasingly diverse. In the United States, there has been a sharp increase in the number of spiritual organizations, immigrants with diverse religious traditions, and alternative spiritualities (Hoge, 1996). Over the course of their careers, few psychotherapists will find it possible to work entirely with members of their own religious tradition. And even when working with members from their own tradition, therapists will encounter more and more clients who have created their own idiosyncratic religions (cf., Bibby, 1987), picking and choosing selectively from the many options within their traditions, or experimenting with beliefs and practices that fall outside of their own tradition. To speak of the Christian, the Jewish, the Buddhist, the Hindu, or the Muslim approach to psychotherapy is a misnomer. A spiritually-integrated psychotherapy will need to be spiritually multi-lingual in years to come.

Finally, spirituality-integrated psychotherapies will transform the nature of psychotherapy. We are not suggesting that spiritually-integrated psychotherapy is a new form of treatment that stands on its own, that competes with, or replaces, other forms of help. It makes little sense to focus on a spirituality divorced from other dimensions of life – the psychological, social, and physical. A spiritually-integrated psychotherapy is just that, integrated. It weaves greater sensitivity and explicit attention to the spiritual dimension into the process of psychotherapy. Spirituality can be interwoven into virtually any psychotherapeutic tradition – psychodynamic, cognitive-behavioral, family systems, humanistic, and existential. However, through this process of integration, we believe the character of each of these forms of psychotherapy will be deepened and enriched, and psychotherapy as a whole will be transformed.

Some dangers of a spiritually-integrated psychotherapy

There is a lot to be excited about when envisioning a framework for spiritually-integrated psychotherapy. However, any good scientist couples enthusiasm with caution and some skepticism. There are several potential dangers in spiritually-integrated psychotherapy that deserve recognition.

First, there is the risk of trivializing spirituality, of turning it into one among many tools that can be selectively applied by cool dispassionate therapists interested in returning their clients to normalcy. The danger here is failing to recognize that we are talking about sacred matters, that sacred matters *matter*, touching upon the most profound of beliefs, practices, emotions, and relationships. Sacred aspects of life are more than means to the end of normalcy, health, and mental health. For many people, the sacred is the ultimate end of living. And for some people, spirituality will not be a tool or a resource for psychotherapy, but the goal of life itself.

A second danger is spiritual reductionism. Our tendency as practitioners is to interpret spiritual phenomena in terms of ostensibly more basic psychological, social, or physiological processes. As one immunologist asked me (Ken) at a conference: "Aren't we talking about a bunch of hormones here?" Certainly, spirituality can and should be understood at various levels – biological, psychological, and social. However, there is an important difference between explaining spirituality and explaining spirituality away (Pargament, 2002). It is a mistake if we, as clinicians, try to fully reduce the search for the sacred to a search for something presumably more basic, be it freedom from anxiety, intimacy with other people, self-actualization, or meaning in life.

Third, psychotherapy is a value-laden process. Empirical studies have demonstrated that the values of the therapist affect the choice of goals of therapy as well as the preferred modes and methods of treatment. Over the course of treatment, we know, the values of clients tend to converge towards those of their therapists (Beutler, Machado, & Neufeldt, 1994). Values cannot be removed from the therapeutic process, so we need to be aware of the dangers of imposing our values on clients, subtly or not so subtly. Although this warning has often been applied to religiously-oriented therapy, it is as applicable to secular therapies as it is to spiritually-integrated psychotherapy. The best way to reduce the risk of value imposition is greater openness about our own values while respecting the client's right to choose

Finally, there is a danger of overstating the importance of spirituality. The risk here is falling victim to the "Law of the Instrument" which concludes that when you have a hammer in your hand everything around you starts to look like a nail. Spirituality is an important aspect of life but it is certainly not the only one. Just as we should be careful not to reduce spirituality to other aspects of living, we have to be careful not to reduce other aspects of living to purely spiritual concerns.

Conclusions

We have attempted to offer an empirically-based rationale for including spirituality as an important component in the psychotherapy process. We have provided the beginnings of a framework for developing spiritually-integrated therapies and discussed the inherent dangers in this process. However, we believe that the greater danger we currently face in psychotherapy is to neglect the spiritual domain. David Elkins (1995) stated this point quite boldly: "Medical and mechanistic models have made useful contributions that should be integrated into any comprehensive theory of psychotherapy, but when

these models serve as the foundation of our profession, they participate in the further desacralization of our society and in the de-souling of individual lives. Make no mistake: Soulless therapies produce soulless results" (p. 82).

When working with matters of the soul, we are attempting to help clients make lasting changes in the areas that matter most. This is important work. We have good empirical reasons to turn our attention to spirituality, to learn more about it, and to address it as a significant dimension in the lives of our clients, the dimension that makes us most distinctively human. It is time to begin this process by developing theories, integrating theology, and putting the theories to test with empirical research.

Several researchers have begun to evaluate the efficacy of spiritually-integrated psychotherapies (e.g., McCullough, 1999; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). As one further step in this direction, the papers that follow in this special issue of *Mental Health, Religion, and Culture* describe promising spiritually-integrated interventions for populations such as victims of child sexual abuse, people with or at risk for HIV/AIDS, adults dealing with divorce, women with cancer, and people struggling with social anxiety disorder. The authors have creatively integrated spiritual perspectives of these various traumas with empirically tested psychological perspectives. The Spiritual Self-Schema (3-S) Therapy described by Avants, Beitel, and Margolin unites a cognitive model of self with a non-sectarian Buddhist framework to help drug addicts transform their 'addict self' to a 'spiritual self-schema', which has implications for HIV preventive behavior. The group therapy intervention for people with HIV/AIDS developed by Tarakeshwar, Pierce, and Sikkema describes how spiritual resources and struggles raised by contracting HIV can be addressed within stress and coping theory. The Solace for the Soul model developed by Murray-Swank and Pargament provides a rich way to address spirituality in the lives of survivors of sexual abuse, and examines how spirituality can be integrated into theories of trauma recovery to alleviate psychological distress. Rye's forgiveness intervention for divorced individuals integrates theoretical models of forgiveness with cognitive behavioral techniques for managing the impact that divorce can have on thoughts, feelings, and behaviors. Cole's Spiritually-Focused Therapy uses spirituality to address existential challenges that can be raised by living with cancer. Finally, McCorkle and colleagues describe an innovative group treatment for individuals with social anxiety disorder that can enhance their perception of the sacred dimension of their lives.

To note, this issue presents preliminary results of the effectiveness of spiritually-integrated psychotherapy interventions developed by these authors. Hence, the sample sizes are small and there is room for improvement and growth. These interventions have to be tested with larger samples and with individuals from other religious traditions who might be best served through this approach. Although the descriptions of some of the interventions have specific reference to Christian resources (e.g., scripture), these can be easily modified to meet the needs of clients from other religious traditions.

Nevertheless, we have to start somewhere. Readers will find that these interventions represent a very promising start for the future of spiritually-integrated psychotherapy. In addition to increasing the overall efficacy of psychotherapeutic interventions, these types of interventions may provide a more direct, effective way to address the spiritual concerns that are intimately interwoven with psychological concerns. As research accumulates on the potentially beneficial effects of spiritually-integrated psychotherapy, we may see an increase in the number of skeptical, but open-minded psychologists who are willing to consider the role of spirituality in the lives of their clients. The result will

be a more comprehensive, holistic, and integrated system of care for the diverse individuals we encounter.

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