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► **[Adapting psychotherapy to the individual patient: Religion and spirituality.](#)**

Worthington E.L., Hook J.N., Davis D.E. et al. [Request reprint](#)

Journal of Clinical Psychology: 2011, 67(2), p. 204–214.

Meta-analytic review commissioned by a US task force concludes that psychotherapy patients who identify with the religious or spiritual orientation of a therapy improve more than if untreated or treated with exclusively secular therapies, but not more than if treated with otherwise equivalent established therapies.

Original abstract Many clients highly value [religious](#) and [spiritual](#) commitments, and many psychotherapists have accommodated secular treatments to these perspectives. We meta-analysed 51 samples from 46 studies involving 3290 patients which examined the outcomes of non-religious spirituality therapies or therapies which have been adapted to religious perspectives. In the vast majority of studies, the patients in the samples identified with the particular religion or spirituality perspective on which the tested therapy was based. Outcomes were expressed as psychological or spiritual variables. Religious or spiritual therapies were compared to a no-treatment control condition or an alternative treatment. Some studies used a 'dismantling' design, testing the impact of adding religious content to therapies otherwise equivalent in theory, content and duration. Comparison conditions may differ in strength, so dismantling studies most rigorously test whether it is helpful to tailor psychotherapy to a client's religion or spirituality. We excluded studies of 12-step groups such as Alcoholics Anonymous and meditation or mindfulness interventions which were not explicitly religious or spiritual.

Patients allocated to religious or spiritual psychotherapies showed greater improvement than those allocated to alternative secular psychotherapies both on psychological (a small [effect size](#) of 0.26) and on spiritual (a medium [effect size](#) of 0.41) outcomes. In the dismantling studies, accommodating otherwise equivalent treatments to religious or spiritual perspectives improved spiritual (a small to medium [effect size](#) of 0.33) but not psychological outcomes. These findings may have been subject to bias due to the non-publication of negative studies or the religious commitments of the authors or publishers.

We conclude that religious/spiritually oriented psychotherapy works and can result in better psychological and spiritual outcomes than secular alternatives among patients who identify with those perspectives. However, adding religious/spiritual adaptations to an established secular psychotherapy does not reliably improve psychological outcomes for religious or spiritually inclined clients, so there is no empirical basis to recommend religious/spiritual psychotherapies over established secular psychotherapies when the primary or exclusive treatment outcome is psychological symptom remission. On the other hand, even in these studies, religious/spiritual psychotherapies do offer added spiritual benefits to clients. Religious/spiritual preferences may be among those which therapists can profitably adapt their approaches to.

FINDINGS

This article was in a [special issue](#) of the *Journal of Clinical Psychology* devoted to adapting psychotherapy to the individual patient. For other Findings entries from this issue see:

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