

The Psychologies in Religion: Working with the Religious Client.

Dowd, E. T., & Nielson, S. L. New York: Springer Publishing Company (<http://www.springerpub.com/>), 2006, 334 pp., \$52.00 (hardcover).

Americans tend to be religious. For many people, their religious behaviors and beliefs play an integral part in their lives. Unfortunately, the mental health community has historically struggled with how to address religious material. In the past, religious belief and behavior was often viewed as a sign of pathology or irrationality. However, as our field has matured, there has been a greater understanding and acceptance that for many people religious belief and practice can be helpful.

The question is how do we work with patients who have explicit religious beliefs and practices? Dowd and Nielsen have attempted to address this issue through their book, *The psychologies in religion: Working with the religious client*. This book should not be confused with previous works on the psychology of religion. The psychology of religion focuses on religious experiences. This book is about beliefs and practices. It is intended to provide a conceptual and clinical framework for the clinician.

The authors believe that religions imbue their adherents with a distinct psychological worldview (p.2). The book attempts to elaborate on these psychological worldviews. Each chapter provides an introduction, epistemological tools accepted by the religion, theory of personality, theory of human development, theory of psychological health and pathology, common moral issues, and common clinical issues. The editors provide a broad overview of the religious landscapes. It is a relatively comprehensive examination of the majority of religious expressions found in North America. These groups include Roman Catholics, Eastern Orthodox, Lutherans, Mainline Protestants, Evangelicals, Conservative Christian, Fundamentalist Christians, The Church of Jesus Christ of Latter Day Saints, Reformed and Orthodox Judaism, Sunni and Shia Muslims, Spiritualist, and Buddhism.

Like any book where multiple authors are used, some chapters address the editors' framework better than others. The chapters on Fundamentalism, Orthodox Judaism, and Mormonism did the best job. The weakest chapter was the one written from the Mainline Protestant perspective.

Some interesting clinical gems were also found in this work. For example, the chapter on Eastern Orthodoxy explained how Orthodox believers may be reluctant to seek therapy for minor disorders but willing to seek therapy for major disorders. The chapter on Fundamentalism provided an interesting view of the process of forgiveness and how to obtain a spiritual history. The chapter on Orthodox Judaism and Mormonism also provide the reader with a well-thought out explanation of personality development from their faith traditions.

There were a few weaknesses in this work. The first is the unevenness of the chapters. As stated earlier, some authors did a better job than others of addressing the framework for the book. Second, there was not enough case material. It would have been interesting to have one case example presented throughout the book. That way the reader could see how this patient would present himself or herself from these different frameworks. In spite of these few weaknesses, the book was very readable and quite enjoyable. It provided a great deal of

information and provides an excellent framework for working with religious patients. This volume can serve as a valuable aid in integrating the client's religious material into therapy.

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