

UNDERSTANDING THE RELATIONSHIP AND CONSENSUS OF RELIGION, SPIRITUALITY AND COUNSELLING

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ABSTRAK

Hubungan di antara agama, spiritualiti dan kesihatan mental memang tidak dapat dinafikan kepentingannya dalam kehidupan manusia dan sering perbincangkan oleh para ilmuan. Namun begitu, persoalan timbul apabila perbincangan saintifik yang menjadi falsafah dan tradisi dalam kebanyakan pengkajian kesihatan mental (khususnya bagi bidang psikiatri, psikologi dan kaunseling) kurang sesuai untuk dikaitkan dalam mengkaji hal-hal berkaitan agama dan spiritual, mengikut sebahagian pendapat. Bukan bermaksud kaedah tersebut tidak boleh digunapakai tetapi nilai perbincangan mungkin tidak dapat mencapai objektif yang sepatutnya. Ini kerana asas teori dan konsep keagamaan serta spiritualiti tidak begitu mudah untuk diperbahaskan melalui penggunaan kaedah berkenaan. Sehubungan itu, artikel ini ditulis bertujuan untuk melihat hubungan dan perkaitan atau konflik yang mungkin wujud di antara kedua-dua bidang ilmu tersebut seterusnya meninjau aspek-aspek bernilai yang boleh diketengahkan.

ABSTRACT

There has long been an interest in the relationship between religious spirituality and mental health. However, this interest has extended to the use of traditional scientific methods for examining this relationship. The use of this method to examine spiritual and professional knowledge has provoked critical discussions among researchers because

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the philosophy of the traditional method may conflict with the theoretical assumptions of many conceptions of religion and spirituality. This conflict could lead to unintended and unfortunate consequences. This article attempts to explore these issues and therefore, I begin by presenting the foundation of the theoretical discussion and empirical work in the important realm of religion and spirituality. Then, I will outline the intersection and interaction between these values and counselling.

Keywords: *religion, spirituality, counselling*

INTRODUCTION

For many centuries, religion has been pervasive and influential for many people worldwide. Most countries of the world are affected in profound ways by the religious beliefs and practices of their citizens or have their lives affected by religion and spirituality in important ways. Some of them believed in a God or spiritual force although they did not necessarily practise any specific religion.¹ Some of them prayed and performed others religious practices, meanwhile others acknowledged having spiritual needs associated either with conventional religion or with a more general desire for wholeness.²

Today, there has been a growth in the number of active religions. In both Western and Eastern countries, examples of these aspects are easy to find. Christianity, for instance, is not only the dominant religion in Europe, the United States, Australasia and numerous colonial countries, it is also has the largest number of followers in many of them.³ According to the Association of Religion Data Archives,⁴ it is estimated that more than one billion people worldwide are identified as Christian with major denominations of Roman Catholic, Anglican and Protestant. The

¹ Cox, J.L. (1997), "Psychiatry and Religion: Context, Consensus and Controversies", in Bhugra, D. (ed.), *Psychiatry and Religion*. London: Routledge, pp.157-166.

² Fontana, D. (2003), *Psychology, Religion And Spirituality*. United Kingdom: BPS Blackwell, p. 12- 13. See also Gallup, G., & Jones, S. (1989), *One Hundred Questions And Answers: Religion in America*. New Jersey: Princeton Religion Research Centre.

³ Loewenthal, K.M., (1995), *Mental HEALTH AND RELigion*. London: Chapman & Hall, p. 11.

⁴ The Association of Religion Data Archives, (www.TheARDA.com): Lineage and Membership Trends of American Denominations Online.

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fundamental beliefs of these denominations are the unity of God, the doctrine of trinity and the Ten Commandments.

In addition, some countries are officially declared religious. Countries such as Iran, Iraq, Saudi Arabia, Pakistan, Malaysia and Indonesia, are formally Islamic countries and most of them are Sunnis where the central tenets of this religion are the faith in Allah, the five pillars of Islam and its scriptures that guide human conduct and give precise instructions.⁵ Simply put, to most Muslims, Islam provides a total way of life. Besides that, Israel is officially a Jewish state. The Jewish people are obligated to practise a large number of different religious commandments, the belief in the unity of God governing more or less the total lifestyle to which this religious law applies.⁶ Hinduism instead is the religion of Indian subcontinent which tolerates a wide range of beliefs and practices and Buddhism has great influence in the Far East regions; not to forget other religions that are related to spiritual beliefs, supernatural and have a strong emphasis on meditation and mysticism.⁷ All of these religions somehow give essential and significant impact to all their followers' lives because of their ever-present and extremely important aspect of the cultural, social and psychological realities that people confront in their daily lives.⁸ In other words, religion influences people significant values, experiences, beliefs, dreams, wishes and actions.

RELIGION, SPIRITUALITY AND ITS DEFINITIONS

Religion and spirituality have been defined in variety of ways and surprisingly many scholars find difficulties in attempts to define the words,⁹ probably because of the complex task to identify the important threads that tie together those things referred to religion, religious and spirituality. Although there is no universally accepted definition of religion and

⁵ For a complete review see al-Faruqi, L. (1988), *Women, Muslim Society and Islam*. New York: American Trust Publications; al-Mawdudi, A. (1980), *Human Rights in Islam*. United Kingdom: Islamic Foundation.

⁶ Lowenthal, K.M. (1995), *op.cit.*, p. 13-14.

⁷ A review for this is in Galanter, M. (ed.) (1989), *Cults And New Religious Movements*. Washington: American Psychiatric Association.

⁸ Hood, R. W., Jr., Spilka, B., Hunsberger, B. & Gorsuch, R. (1996), *The Psychology Of Religion: An Empirical Approach*. New York: The Guilford Press, p. 23-24.

⁹ Paloutzian, R. F. (1996), *Invitation To Psychology Of Religion*. United States of America: Allyn and Bacon, p. 12. Also see for other arguments in Hood, R.W., Jr., Spilka, B., Hunsberger, B. & Gorsuch, R. (1996), *op.cit.*; Fontana, D. (2003), *op.cit.*.

spirituality, it is nevertheless useful and necessary to define it, at least for the purpose of this article.

To begin with, the word religion comes from the Latin *religio*, which is usually translated as obligation or bond. In the *English Oxford Dictionary*, religion represents the human recognition of superhuman controlling power, and especially of a personal God or gods entitled to obedience and worship.¹⁰ Wulff¹¹ also noted that the term *religio* may have connoted reference to a great power, or to people's feelings or acts in response to that power. However, Paloutzian¹² stated that this word related to the Latin word *legare*, means to bind or to connect. Religion then, refers somehow to the process of rebinding or reconnecting. An assumption is that unconnecting must have happened, and that, as a consequence, reconnecting is necessary.¹³ However, the word is not clear in what it is reconnecting to, whether people are supposed to be reconnected to God, nature, a state of mind, a cosmic force, each other as individuals or their communities.

Religion also has been conceived of as being either whatever fulfils religious functions for the person or group or a particular content or substance which the person or group expounds and to which they adhere.¹⁴ Whilst, Argyle and Beit-Hallahmi¹⁵ have offered a more appropriate definition of religion naming it as a system of belief in divine or superhuman power and practices of worship or other rituals directed toward such power. There are at least five aspects of religiosity related to the definition of religion according to Loewenthal,¹⁶ these are; *experiential*, to what extent the person has religious experiences; *ritualistic*, which religious practices that the person actually engages in; *belief*, what the person actually believes in; *intellectual*, what the person actually knows about the teachings of their religion; and *application*, a fifth dimension reflecting to the extent to which the first four are actually applied in daily life.

As for the word spirit, it also emerges from the Latin *spiritus* meaning breath, and is defined by the *English Oxford Dictionary* as the animating or vital principle of a person, which links to the idea that God breathed

¹⁰ Fontana, D. (2003), *op.cit.*, p. 7.

¹¹ Wulff, D. (1991), *Psychology of Religion: Classic And Contemporary Views*. New York: Wiley, p. 3.

¹² Paloutzian, R. F. (1996), *op.cit.*, p. 7.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ Argyle, M. & Beit-Hallahmi, B. (1975), *The Social Psychology Of Religion*. London: Routledge & Kegan Paul, p. 1.

¹⁶ Loewenthal, K.M., (1995).*op.cit.*, p. 9.

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the spirit of life into Adam, the first man.¹⁷ It is often associated to a formalized religious set of doctrines and can be experienced as a sense of connectedness with God.¹⁸ It also represents which the individual recognizes as his spiritual nature and allows this nature to express itself through the soul and in behaviour during daily life. In addition, spirituality sometimes has many meanings that are related to faith and a holistic view and these components are related closely with supernatural power and higher forces.¹⁹ Although, the term spirituality can refer to a set of religious doctrines, it can also refer to simply contemplating or holding existential values and beliefs that involve the meaning of life, the nature of reality, and the experience of death and dying.²⁰ Walsh²¹ describes this as a process of inner change and development and lists many metaphors for it such as awakening, enlightenment, freedom and wholeness. It stands for energy whether physical or psychological. Spirituality is concerned with components of human life and experience that are not material, and give human value and deep satisfaction to that life. These components are largely encompassed by, love, joy, peace and faith.²² These elements give meaning to what is beyond cognitive or rational explanation that consists of believing something to be true or of believing that something happened or will happen and can happen despite a lack of objective evidence.²³

Although the terms religion and spirituality have overlapping and related meanings, they are not entirely interchangeable. The term religion is more applicable to some traditions and value systems than to others and the term spirituality is more cross-culturally applicable and more

¹⁷ Gilbert, P. (2007), "Spirituality and Mental Health: Practical Proposals For Action". In Cox, J., Campbell, A.V. & Fulford, B. K.W.M. *Medicine of the Person: Faith, Science and Values in Health Care Provision*. London: Jessica Kingsley Publishers, p. 141-155. See also Fontana, D. (2003), *op.cit.*, p.11.

¹⁸ Prest, L.A. & Keller, J.F. (1993), "Spirituality and Family Therapy: Spiritual Beliefs, Myths and Metaphors". *Journal of Marital and Family Therapy*, 19(2), pp.137-148.

¹⁹ Bragdon, E. (1993), *A Sourcebook For Helping People With Spiritual Problems*. California: Lightning Up Press, p. 9.

²⁰ Jankowski, P.J. (2002), "Postmodern Spirituality: Implications For Promoting Change". *Counselling and Values*, 47, pp. 69-77.

²¹ See for a complete review in Walsh, R. (1999). *Essential Spirituality*. New York: Wiley.

²² Fryers, T. (2007), "Spirituality and Care. In In Cox, J., Campbell, A.V. & Fulford, B. (K.W.M). *Medicine of the Person: Faith, Science and Values in Health Care Provision*. London: Jessica Kingsley Publishers, p. 171-188.

²³ Anderson, D.A. & Worthen, D. (1997), "Exploring A Fourth Dimension: Spirituality As A Resource For The Couple Therapist". *Journal of Marital and Family Therapy*, 23(1), pp. 3-12.

inclusive.²⁴ For the purpose of this article, the terms are used together for maximal inclusiveness.

INTERACTIONS BETWEEN RELIGION, SPIRITUALITY AND MENTAL HEALTH

For decades, there have been discussions, arguments and controversies about the interaction between religion, spirituality and mental health. The assumption mainly derives from the different world view of these two historical and theoretical developments. Psychotherapy and its siblings in the helping profession such as psychiatry, psychology and counselling have developed in the twentieth century, largely as a scientific discipline.²⁵ As a branch of science, psychotherapy is assumed to be based on observation and experiment, and in principle, to be open to objective testing.²⁶ For instance, psychoanalysis that was pioneered by the work of Freud and his followers onwards, arose from medical and clinical studies. Their interests were in mental models and relied upon techniques that specifically gave significant effect to how psychotherapy was explained.²⁷ Behaviourism, meanwhile, focused on the influence of stimulus response bonds which operated on the assumption that people, especially their actions, were the result of the operation of natural cause-effect laws²⁸ and by this is meant that every act has antecedent causes that produced the behaviours and would reproduce them again if the same conditions were repeated.²⁹ In other cases, people's actions were judged through their cognitive operations. Cognitive psychologists and psychotherapists viewed cognitions as playing an important role in the

²⁴ Schulte, D.L., Skinner, T.A. & Claiborn, C.D. (2002), "Religious And Spiritual Issues In Counselling Psychology Training". *The Counseling Psychologist*, 30(1), pp. 118-134.

²⁵ Lipsedge, M. (1997), "Religion and Madness in History", in Bhugra, D. (ed.), *Psychiatry and Religion: Context, Consensus and Controversies*. London: Routledge, pp. 23-47. See also Gay, P. (1987), *A Godless Jew: Freud, Atheism and the Making of Psychoanalysis*. New York: Yale University Press, p. 21; and Jung, C.G. (1961), *Modern Man in Search of a Soul*. London: Routledge & Kegan Paul Ltd, p. 54.

²⁶ Fulford, K.W.M. (1997), "Religion and Psychiatry: Extending The Limits Of Tolerance". In D. Bhugra (Ed.). *Psychiatry And Religion: Context, Consensus And Controversies*. London : Routledge, pp. 5-22.

²⁷ Fontana, D. (2003), *op.cit.*, p. 88 and Gay, P. (1987), *op.cit.*, p. 56.

²⁸ Watson, J.B. (1930), *Behaviorism*. Chicago : University of Chicago Press, p. 277. See also Skinner, B.F. (1953), *Science and human behavior*. New York : Macmillan, p. 23.

²⁹ Paloutzian, R.F. (1996), *op.cit.*, p. 26.

Understanding The Relationship And Consensus Of Religion, Spirituality And Counselling maintenance and possibly the offset and onset of depression and anxiety.³⁰ And, psychiatry which was identified as a medical model, subsequently explained people's odd behaviour as illness of the mind, and employed an essentially deterministic model of science and medicine.³¹ Taken as a whole, the evidence is clear that the scientific strategy is an influential tool in the mental health world for understanding people's thought and behaviour.

In contrast, all this appears to be very different from religion and spirituality, those being based on divine revelation. They involve trust or confidence in something without having unequivocal evidence to offer in support and sometimes inaccessible to the normal sense.³² Sometimes it means beyond the limit of time and beyond human ability to analyse, contain or explain. Religion is seen as an institution, an element of culture that is defined in terms of individual, group, category or organization that involves a church, temple, mosque, sect or cult. It deals with people being categorized as the faithful, the believers and the chosen. This collectivity has a history that is associated with theological doctrines and may be taken over ready made and unquestioned from authority figures.³³ Although, religion and spirituality can be based upon data, these data do not meet strict scientific criteria. They may be simple or complex and sometimes may be illogical or may make no theoretical sense. They may be vague and may be relatively clear in meaning.³⁴ Thus, religion and spirituality lie outside what we understand as science. According to Fulford,³⁵ they are simply considerably less clear cut than what they are commonly assumed to be, but because religion and spiritual aspects influence people's beliefs, feelings, actions and experiences they become essential and explicit.

The scenario within the religious and spiritual world is quite different from psychotherapy models which invite prejudice and suspicion between the two worlds. Religion was equated with neuroses and irrationality by well known figures such as Freud and Ellis. The opinions of such figures carry significant weight. Freud, for example, associated religious beliefs and practices with the repression of instincts, intrapsychic conflicts and

³⁰ MacLeod, A.K., Williams, J.M.G. & Bekerian, D.A. (1991), "Worry is Reasonable: The Role of Explanations in Pessimism About Future Events." *Journal of Abnormal Psychology*, vol. 100, pp. 478-486.

³¹ Fulford, K.W.M. (1997), *op.cit.*

³² Fontana, D. (2003). *op.cit.*, p. 203.

³³ Hood, R.W., Jr., Spilka, B., Hunsberger, B. & Gorsuch, R. (1996), *op.cit.* p. 5.

³⁴ Allen, R.O., & Spilka, B. (1967), "Committed and Consensual Religion: A Specification of Religion Prejudice Relationships". *Journal for the Scientific Study of Religion*, vol. 6, pp. 191-206.

³⁵ Fulford, K.W.M. (1997), *op.cit.*

obsessional neurosis.³⁶ He asserted that God is nothing more than an exalted father-figure that man created in his image and religion is based on identification as described above.³⁷ His rationale was that people are basically insecure and unstable. As a result, they need religious doctrine, rules of conduct and religious social support in order to maintain a stable life. Therefore, the religion that he observed was essentially for weak people and a protection against anxiety.³⁸ For him, there were no accidents in mental health and everything could eventually be explained by naturalistic principles.

Another equal statement, such as that by Ellis, was that people will more emotionally healthy than they tend to be if they are less religious.³⁹ He argues forcefully that religion is bad for people and that no one and nothing is supreme.⁴⁰ According to Ellis,⁴¹ devout, orthodox or dogmatic religion was significantly correlated with emotional disturbance. People largely disturbed themselves by believing strongly in absolutes, shoulds, oughts and musts, and most people who dogmatically believe in some religion believe in these 'health-sabotaging absolutes'.⁴²

In contrast, others have suggested that religion is positively related to mental health.⁴³ Jung saw religion as an expression of a natural human instinct. In his work, he found that from mid-life onwards the client's problem was typically religious and it was represented as an inner conflict arising from a failure to fully recognize and come to terms with religious instincts. Through his clients, he saw the journey towards this 'true' belief or knowledge as a process of psychological and of religious exploration.⁴⁴

³⁶ Gay, P. (1987). *op.cit.*, p. 11.

³⁷ Al-Issa, I. (2000), "Religion and Psychopathology", in I. Al-Issa (ed.) *Al-Junun: Mental Illness in the Islamic World*. Connecticut: International Universities Press Inc., pp. 3-42. See also Lowenthal, K.M. (1995), *op.cit.* pp. 23-24 and Gay, P. (1987), *op.cit.* p. 59.

³⁸ Paloutzian, R.F. (1996), *op.cit.* p. 25.

³⁹ Ellis, A. (1960), "There is No Place for the Concept of Sin in Psychotherapy". *Journal of Counseling Psychology*, vol. 7, pp. 188-192.

⁴⁰ *Ibid.*

⁴¹ Ellis, A. (1980), "Psychotherapy and Atheistic Values: A Response to A.E. Bergin's "Psychotherapy and Religious Values". *Journal of Consulting and Clinical Psychology*, vo. 48 (5), pp. 635-639.

⁴² *Ibid.*

⁴³ Mowrer, O.H. (1960), "Some Constructive Features of the Concept of Sin". *Journal of Counseling Psychology*, vol. 7, pp. 185-188. For other discussions see Jung, C.G. (1934), *The Soul and Death*. London : Routledge & Kegan Paul, and Allport, G.W. (1950), *The Individual and His Religion*. New York : MacMillan.

⁴⁴ Lowenthal, K.M. (1995). *op.cit.*, p. 37.

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Allport, another social psychologist, in the same tone as Jung has noted the importance of people's different styles of faith, what he called as religious orientation.⁴⁵ This referred to one's approach to the faith by what it means in the life of the individual. This orientation was categorized as the intrinsic and extrinsic religious orientations that reinforce the meaning of their faith styles.⁴⁶ Meanwhile, the writings of Carl Rogers, Abraham Maslow and Rollo May showed that religion was something that fulfilled people's needs for fulfilment, growth and meaning. This aspect was seen as one of positive potential for human growth.⁴⁷ Those who corroborate growth and fulfilment needs as the basis of religion have been more likely than Freudians and behaviourists to be tolerant or positive regarding the value of religion and spirituality. However, as stated above, religion and spirituality might have a positive impact for one client; whereas in another case it might supply a rigid set of rules that restrict individual growth.

Although relations between religion and psychotherapy have been varied, they occupy the same meaning, significance, belief, values, vision and healing.⁴⁸ In recent years, the mental health community has begun to recognize a connection between religion and spirituality and positive mental health outcomes. Therefore, substantial effort has been made to understand the impact of religion on individuals' health and psychological well-being. Research is being conducted and published by many different disciplines including sociology, psychiatry, psychology, medical science, gerontology and social epidemiology⁴⁹ and there have been a growing number of publications that addressed spirituality and religion.⁵⁰ Private foundations, professional societies and several institutions such as the John Templeton Foundation, the National Institute of Aging and the National Institutes of Health, have made a huge effort to fund research grant programmes that focused on religion and mental health.⁵¹ Studies also

⁴⁵ Allport, G.W. (1950), *op.cit.*, p. 149.

⁴⁶ Allen, R.O., & Spilka, B. (1967), *op.cit.*

⁴⁷ Paloutzian, R.F. (1996), *op.cit.*, pp. 26-27.

⁴⁸ Fulford, K.W.M. (1997), *op.cit.*

⁴⁹ Patterson, J., Hayworth, M., Turner, C. & Raskin, M. (2000), "Spiritual Issues in Family Therapy: A Graduate Level Course". *Journal of Marital and Family Therapy*, vol. 26 (2), pp. 199-210.

⁵⁰ Rivett, M. (2001), "The Family Therapy Journals In 2000: A Thematic Review". *Journal of Family Therapy*, vol. 29, pp. 39-58.

⁵¹ Lambert, M.J., Garfield, S.L. & Bergin, A.E. (2004), "Overview, Trends and Future Issues". In M.J. Lambert (ed.) *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th.Edi.) New York: John Wiley & Sons, Inc., pp. 805-821. Also see Barkan, S.E. & Greenwood, S.F. (2003), "Religious Attendance and Subjective Well-Being Among Older Americans: Evidence from

have shown that the general public would prefer a more holistic approach to health care that includes the incorporation of religion and spirituality into the realm of psychotherapy. According to a 1992 Gallup Poll, 66 percent of respondents said they preferred a professional counsellor who presented their spiritual values and beliefs and 81 percent preferred to have their own values and beliefs integrated into the counselling process.⁵² In a 1994 Gallup Poll, 50 percent of elderly people surveyed said they wanted their doctors to pray with them as they faced death, and 75 percent said that physicians and therapists should address spiritual issues as part of their care.⁵³ In other studies, therapists have reported that their clients were satisfied with their therapist's skills in using spiritual assessment tools to help clients organize their religious and spiritual needs in counselling sessions.⁵⁴ Authors also have found that various measures of religion were associated with lower rates of divorces, greater marital satisfaction, higher levels of marital commitment and greater use of adaptive communication skills.⁵⁵

It is also said that religiosity is more strongly related to social support, self-esteem and active problem solving. Nooney⁵⁶ in her research indicated that religion has helped adolescents to avoid stressors and their religious involvement worked primarily through the enhanced social and psychological resources associated with religious participation. Other literature suggests that religion helps people cope more effectively with stressful life events, and strong relationships in church have health enhancing effects.⁵⁷

the General Social Survey". *Review of Religious Research*, vol. 45(2), pp. 116-129.

⁵² Patterson, J., Hayworth, M., Turner, C. & Raskin, M. (2000), *op.cit.*

⁵³ Frame, M.W. (2000), "The Spiritual Genogram in Family Therapy". *Journal of Marital and Family Therapy*, vol. 26(2), pp. 211-216.

⁵⁴ Hodge, D.R. (2000), "Spiritual Ecomaps: A New Diagrammatic Tool for Assessing Marital and Family Spirituality". *Journal of Marital and Family Therapy*, vol. 26 (2), pp. 217-228.

⁵⁵ Fergusson, D.M., Horwood, L.J., Kershaw, K.L. & Shannon, F.T. (1986), "Factors Associated with Reports of Wife Assault in New Zealand". *Journal of Marriage and the Family*, vol. 48, pp. 407-412.

⁵⁶ Nooney, J.G. (2005), Religion, "Stress and Mental Health in Adolescence: Findings from Add Health". *Review of Religious Research*, vol. 46 (4), pp. 341-354.

⁵⁷ Krause, N. & Wulff, K.M. (2005), "Friendship Ties in the Church and Depressive Symptoms: Exploring Variations by Age". *Review of Religious Research*, vol. 46 (4), pp. 325-340.

The spiritual dimension of religious involvement is thought to help people deal with various kinds of personal trouble. By turning to their faith in times of trouble, they are better able to cope with the stress and other problems that accompany personal crises.⁵⁸ In their research, Barkan and Greenwood found that religious attendance was positively related to well-being in both life satisfaction subsets and in the happiness subset, especially among the elderly. Studies also have shown that those who attend worship frequently were less depressed than those who rarely attend.⁵⁹ Other researchers such as Helminiak,⁶⁰ Oakes⁶¹, and Parker, Horton & Watson⁶² explored religiousness as a coping resource that is a healthy defence against depression, crisis and other trauma. Religion appeared to provide a healing cognitive schema that enhanced well-being, and religious belief was related to less depression.⁶³ This element was a significant predictor to lower levels of hopelessness and had direct positive outcomes.⁶⁴ In another survey, researchers identified that one of the key factors in the process of change to modify same sex attraction was the client personal spirituality and faith.⁶⁵ Still others connected religiousness to value systems that give meaning and purpose to life.⁶⁶

Taking these into account, Garfield and Bergin (2004)⁶⁷ encourage psychotherapists to consider religion and spiritual issues as a part of

⁵⁸ Barkan, S.E. & Greenwood, S.F. (2003). *op.cit.*

⁵⁹ Pressman, P., Lyons, J.S., Larson, D.B. & Strain, J.J. (1990), Religious belief, depression and ambulation status in elderly women with broken hips. *American Journal of Psychiatry*, 147, 758- 760.

⁶⁰ Helminiak, D.A. (2001), Treating spiritual issues in secular psychotherapy. *Counseling and Values*, 45(3), 163-184.

⁶¹ Oakes, K.E. (2000), Reflection on religiousness and mental health. *Counseling and Values*, 44(2), 113-117.

⁶² Parker, R.J., Horton, H.S. Jr, & Watson, T. (1997), Sarah's Story: Using ritual therapy to address psychospiritual issues in treating survivors of childhood sexual abuse. *Counseling and Values*, 42(1), 41-53.

⁶³ Weaver, A.J., Koenig, H.G. & Larson, D.B. (1997), Marriage and family therapists and the clergy: A need for clinical collaboration, training and research. *Journal of Marital and Family Therapy*, 23(1), 13-25.

⁶⁴ Murphy, P.E., Ciarrocchi, J.W., Piedmont, R.L., Cheston, S., Peyrot, M. & Fitchett, G. (2000), The relations of religious belief and practices, depression and hopelessness in persons with clinical depression. *Journal of Consulting and Clinical Psychology*, 68(6), 1102-1106.

⁶⁵ Rosik, C.H. (2003), Motivational, ethical and epistemological foundations in the treatment of unwanted homoerotic attraction. *Journal of Marital and Family Therapy*, 29(1), 13-28.

⁶⁶ Oakes, K.E. (2000). *op.cit.*

⁶⁷ Lambert, M.J., Garfield, S.L. & Bergin, A.E. (2004), *op.cit.*

psychotherapy by noting that these perspectives can strongly contribute to a client's views of human nature, morality, rituals and practices. The therapist's and client's spirituality experiential resources can aid the participant's ability to meet therapy goals and the neglect of it can limit the therapist's full use of self as well as the client's ability to explore all potential directions for growth and healing.⁶⁸ For clients who have a system of beliefs, incorporating those beliefs into counselling sessions might prevent or reduce depression and hopelessness, and in addition it might facilitate faster and more effective cognitive restructuring of severe loss and emotional trauma⁶⁹.

As noted, religion and spirituality is considered as a mechanism for social integration with favourable outcomes for individual behaviour and health. Thus, therapists from different cultural backgrounds are encouraged to develop personal relationships with religiously conservative acquaintances to provide important insight into the normative beliefs and practices of such clients.⁷⁰ Generally, it seems logical that therapists should attend to the spiritual belief systems of their clients in order to better understand the people with whom they work,⁷¹ as more people tend to adopt some expression of religion and spirituality in the psychotherapeutic sessions.

RELIGIOUS AND SPIRITUAL ISSUES IN COUNSELLING

In practice, it is unavoidable that counsellors seek to meet diverse groups of clients and it is imperative to know clients' expectations and preferences. Clients who identify strongly with religious and spiritual ideas may have expectations that counsellors should be competent and efficient to address these needs; and clients who defer to religious authority in fundamentalist ways can provide a serious challenge to psychotherapy.⁷² Some counsellors may feel the urge to deal with these ideas and needs but some may find it disturbing. The situations that counsellors face may be influenced most by their personal view of religion and spirituality.⁷³ They reported that 65

⁶⁸ Anderson, D.A. & Worthen, D. (1997), *op.cit.*

⁶⁹ Weaver, A.J., Koenig, H.G. & Larson, D.B. (1997), *op.cit.* See also Murphy, P.E., Ciarrocchi, J.W., Piedmont, R.L., Cheston, S., Peyrot, M. & Fitchett, G. (2000). *op.cit.*

⁷⁰ Rosik, C.H. (2003). *op.cit.*

⁷¹ Prest, L.A. & Keller, J.F. (1993), *op.cit.*

⁷² Drewery, W. & McKenzie, W. (1999), Therapy and faith in deconstructing psychotherapy. In I. Parker (ed.). *Deconstructing Psychotherapy*. London: Sage, p.132-149.

⁷³ Shafranske, E.P., Malony, H.N. (1990), Clinical psychologist's religious and

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percent of these mental health practitioners agreed that spiritual issues were personally relevant; 40 percent had a personal, transcendent God orientation; 30 percent observed a transcendent dimension in all of nature; 26 percent believed that religious ideologies were illusory but had meaning; and only 2 percent considered all ideologies illusory and without meaning. This may suggest that counsellors' view of religion and spirituality may influence their counselling practice including the use of strategies, goals of treatment, the interventions used, the topics explored during the sessions, and evaluations of therapy outcomes.⁷⁴

As described before, another aspect that counsellors should be aware of in dealing with religious and spirituality is that religious and spiritual values systems and the epistemic systems of psychology have often been opposed to one another. Many religious institutions and individuals have viewed psychology as a competitor for influence over people⁷⁵ and this is the same perspective from which psychological institutions view these individuals and religious institutions. Some therapists have been antagonistic toward religion that often involves teaching doctrines and beliefs to which individuals are expected to conform and, yet there are religious people who have reacted negatively to counselling as a secular force and have viewed therapy with suspicion.⁷⁶ As a result, practitioners of organized religion and psychotherapy were in agreement regarding the separation of spirituality and psychotherapy and continued to foster this separation.⁷⁷ The contradiction between these two systems may disturb the counsellors' position and counsellors as people in their practice. Nevertheless, both religion and counselling help people ponder questions of "Who am I?" and "What is the meaning of my life?" At their best, both counselling and religion are able to foster healing through exploration of self; by learning to accept oneself; forgiving others and oneself; accepting personal responsibility; letting go hurt and resentments; dealing with guilt and learning to let go self-destructive patterns of thinking, feeling and acting.⁷⁸

spiritual orientations and their practice of psychotherapy. *Psychotherapy*, 27, 72-78.

⁷⁴ *Ibid.*

⁷⁵ Grimm, D.W. (1994), Therapist spiritual and religious values in psychotherapy, *Counseling and Values*, 38, 154-162.

⁷⁶ *Ibid.*

⁷⁷ Patterson, J., Hayworth, M., Turner, C. & Raskin, M. (2000). *op.cit.*

⁷⁸ For a complete review see Griffith, J.L. & Griffith, M.E. (1994), *The body speaks: Therapeutic dialogues for mind-body problems*. New York : BasicBooks and Corey, G., Corey, M.S. & Callanan, P. (2003), *Issues & ethics in the helping professions* (6th, edi.). USA: Brooks/Cole.

Whatever the discussions are about these dilemmas, religion and spirituality are considered to be essential to the counselling process. The literature has suggested that spirituality, religion and values were important issues to be discussed in counselling sessions and that counsellors have become more aware of the relevance of exploring these issues with client.⁷⁹ The inclusion of spirituality in counselling is justified because it affects client's behaviour, thought and morals. As for some clients spirituality and religion are critical sources of strength and finding meaning in life. They can also be an instrument in promoting healing and well being.⁸⁰ This spiritual emphasis within the counselling process served to offer an explanation for human nature, stabilize values through a moral frame of reference, and offer interventions based on spiritual methods.⁸¹ Furthermore, there are many compelling reasons for mental health professionals to develop religious and spiritual competencies. These reasons include that religious diversity is a cultural fact and counsellors and psychotherapists will encounter it in their practices. Mental health professionals will be viewed as more credible and trustworthy by spiritually diverse clients, leaders and communities if they develop competency in religious and spiritual diversity. Gaining competency in spiritual diversity will help mental health professionals understand how to make fruitful use of the potentially healing resources in diverse spiritual perspectives and communities to facilitate clients' growth and development.⁸²

If mental health practitioners are to effectively serve diverse clients, it is essential that these helpers pay attention to their preparedness to be helpful to their clients. Researchers assert that in order to help religious clients, counsellors must be comfortable with their own spirituality and must be aware how counsellors' personal religious biases may affect the client. Therefore, it is been argued that personal spiritual development should be an integral part of counsellor education programs.⁸³ This kind

⁷⁹ Drewery, W. & McKenzie, W. (1999), *op.cit.* See also Grimm, D.W. (1994), *op.cit.*

⁸⁰ Andrew, J. & Kotzé, E. (2000), New metaphors for old: Healing spiritual talk. In E. Kotzé (ed.). *A chorus of voices: Weaving life's narratives in therapy and training*. Pretoria, South Africa: Ethics Alive, p. 322-339.

⁸¹ Bergin, A.E. (1991), Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46, 394-403.

⁸² Further discussion can be found in Richards, P.S., & Bergin, A.E. (eds). (2000), *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.

⁸³ Pate, R.H., & Bondi, A.M. (1992), Religious beliefs and practice: An integral aspect of multicultural awareness. *Counselor Education and Supervision*, 32, 108-115.

Understanding The Relationship And Consensus Of Religion, Spirituality And Counselling of program is important when considering the preferences of potential religious clients and providing adequate preparation so that counsellors can deal with religious and spiritual matters.⁸⁴ Despite their importance, these topics seem to receive modest to mixed treatment in counsellor training. In his study, Kelly⁸⁵ found that of 341 accredited and non-accredited counsellor education programs, only 25 percent reported that religion and spirituality were included as a course component. In Pate and High's⁸⁶ study of CACREP accredited counsellor training programs, only 60 percent of the respondents reported attention given to clients' religious belief and practices. In other study of 136 programs that are accredited by CACREP, just under half of the respondents (46%) viewed themselves as prepared or very prepared to infuse the competencies into their teaching and supervision of counsellors, which raises questions regarding the likelihood that counsellors in training will receive experiences around these spiritual and religious issues.⁸⁷

Although some authors considered these values are essential in their practice, this does not mean that they have to be an expert while encountering these values with their clients. Sensitivity and responsiveness to spiritual diversity do not require that one personally be a believer or share in the client's perspectives, any more than one must change skin colour to respect and communicate across racial differences.⁸⁸ Spiritual sensitivity in counselling requires counsellors to understand perfectly the beliefs and values implicit in a client's worldview.

CONCLUSION

Review of religion, spirituality and counselling has generally suggested a positive relationship between them, but they are complex and sometimes

⁸⁴ Schaffner, A.D., & Dixon, D.N. (2003), Religiosity, gender and preferences for religious interventions in counseling: A preliminary study. *Counseling and Values*, 48, 24-32.

⁸⁵ Kelly, E.W., Jr. (1994), The role of religion and spirituality in counselor education: A national survey. *Counselor Education and Supervision*, 33, 227-237.

⁸⁶ Pate, R.H. & High, H.J. (1995), The importance of client religious belief and practices in the education of counselors in CACREP accredited programs. *Counseling and Values*, 40, 2-5.

⁸⁷ Young, J.S., Cashwell, C., Wiggins-Frame, M. & Belaire, C. (2002), Spiritual and religious competencies: A national survey of CACREP accredited programs. *Counseling and Values*, 47, 22- 31.

⁸⁸ Watts, R.E. (2001), Addressing spiritual issues in secular counseling and psychotherapy: Response to Helminiak's (2001) views. *Counseling and Values*, 45(3), 207-215.



contradictory findings. However, there is no doubt that these divisions are likely will come together for the benefit of clients mainly when they have an underlying emphasis on the understanding of human psyche and suffering. The values of religion and spirituality can be an ally in the work with people for whom the religious and the spiritual are powerful elements in both their life experience and their social phenomenology. Whilst, the psychological understanding and training of the professional counsellor are able to do more than offer advice and reassurance to people with mental health issues, with the counselling skills they acquired. The continuing collaboration and consensus between religion and counselling are essential for the well-being of the client, but it is also important to be aware of the conflict between two disciplines.

