Religiotherapy: A Panacea for Incorporating Religion and Spirituality in Counselling Relationship

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Abstract: *For majority of individuals, religion and spirituality are very important issues and guides all of their decisions throughout their lives. However, most counselling psychologists find it difficult to provide counselling to clients who comes with issues they consider religiously and spiritually unethical. Such issues often require integration of religious and psychological resources as part of the counselling process. Due to the ethical issues and challenges facing counsellors with respect to their religion and spirituality and that of clients', a proactive approach is what is needed at this time. Therefore, religiotherapy stands out to bridge the gap that has overtime created a lot of incredible heartache to all concerned in the counselling profession. Religiotherapy integrates client's faith and psychology to assist the genuinely motivated client(s) willing and ready to resolve their worries. The skills and conditions for the practice of religiotherapy were examined in this article. The article also demonstrates how researches and intervention programmes that incorporates religious resources and psychological techniques in therapy to assist individual(s) serves as theoretical and empirical evidence on the effectiveness of religiotherapy. Religiotherapy make the counselling process meaningful, flexible and respectful of diverse spiritual cum religious backgrounds of clients.*
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I. Introduction

History has it that psychology and religion have worked separately towards the goal of improving mental health among people (Haque, 2000). This being the case, Haque raised some pertinent questions one may want to ask: Can psychology and religion ever work together and reap better results for the client? How important is religion for the people and how important are religious values for counselling psychologists? What is the relationship between religion and mental health? How do today's schools of psychology deal with the religious client? How is religion integrated in counselling and psychotherapy? For Pimpinella (2011) one of the main tasks of counselling psychologists is to help clients deal with suffering. In order to assist the client, counsellors need to have an understanding of the client's beliefs about suffering. Pimpinella went further to argue that due to the importance of religion for much of the general population, and considering how beliefs influence clients when dealing with suffering, it is essential that counselling psychologists be mindful and respectful of religious beliefs in order to provide competent service. In order to do this, they need to have knowledge about the religious doctrine that their client observes. Therapists also need to be aware of their own belief systems and the attitudes toward suffering and religion visible in the field of psychology in order to understand how these beliefs may influence treatment. In a similar vein, Sumari and Jalal (2008) stressed that there is also the challenge for counselling psychologists to deconstruct counselling in a cultural context by modifying their counselling approaches to a more effective and accurate cross-cultural approach. Sumari and Jalal stated that the incorporation of religion and spirituality into counselling is one of the possible ways to tackle this issue. Thus, in recent history, counselling psychologists have taken an active leadership role in the area of multicultural issues (Heppner, Casas, Carter, & Stone, 2000; Sue, 2001) and have given expanded recognition to issues of religion and spirituality as important aspects of a person's culture and cultural identity (Constantine, et al., 2000; Fukuyama & Sevig, 1999; Worthington, Kurusu, Mc-Collough, & Sandage, 1996). For instance, at the 1999 National Multicultural Conference and Summit, spirituality arose as an important multicultural theme. The conference participants concluded that "people are cultural and spiritual beings" and that "spirituality is a necessary condition for a psychology of human existence" (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1065).

Spirituality is seen as the search for the sacred (Pargament & Mahoney, 2002). The core of 'the sacred' involves perceptions of the divine, God or transcendent reality, but may extend any aspect of life that takes on divine character and significance by virtue of its association with the core (Pargament & Mahoney, 2005). Spirituality is further conceptualized as a distinctive function of religion, with religion defined as a search for

significance in ways related to the sacred (Pargament, 1997; Pargament & Mahoney, 2002). Spirituality should be seen as the belief in and meaning search for sanctity and is transcendent. It reflects man's value of immortality. Religions offer people a myriad of spiritual beliefs or practices designed to elevate the status of a family relationship to the sacred realm (Onedera, 2008). Religion is derived from the Latin word religiō. That is, the word 'religiō' is the root of the English word "religion", and is used to refer specifically to peculiar reverence for God, careful pondering of divine things, piety (Muller, 1872, 1882, 1889). In addition, other researchers have observed that the word "religion" comes from a few different Latin words: religio (taboo, restraint), religare (to hold back, bind fast), and religere (to read over again, rehearse) (Brown, 1987; Pimpinella, 2011). These descriptions speak to an institution that is organized, has rules, and there is an element of behavioral practice involved in repetition. Religion is not simply a collection of rules and behaviors; its definition also needs to include some element of the numinous (Pimpinella, 2011). Religion has also been examined from different perspectives. Fowler (as cited in Brown, 1987) describes religion as an "attitude determined by the discrimination of an element of 'utterly-beyondness' brought about by a mental development which is able to appreciate the existence of more in the world than that to which existing endowment effects adequate adjustment" (p. 30). Religion can encompass much of a client's life. James (1936) describes religion as "man's total reaction upon life" (p. 35), which speaks to the idea of how steeped people's mentalities can be in their religious beliefs. Fowler's (1995) stages of faith have described faith through a developmental lens. These would suggest that the definition of religion appears to be problematic and there is no exact definition of the term that is all-embracing and indisputable. However, religion appears to encompass beliefs, faith, creed and convictions strongly by man and displayed in multifarious dimensions.

The historical advancement of religion has taken various forms in different cultures. Some religions place an emphasis on belief, while others emphasize practice. Some religions focus on the subjective experience of the religious individual, while others consider the activities of the religious community to be most important. Some religions claim to be universal, believing their laws and cosmology to be binding for everyone, while others are intended to be practiced only by a closely defined or localized group. In many places religion has been associated with public institutions such as education, hospitals, the family, government, sports and political hierarchies (Monaghan & Just, 2000). Many religions have narratives, symbols, and sacred histories that are intended to explain the meaning of life and/or to explain the origin of life or the Universe. From their beliefs about the cosmos and human nature, people derive morality, ethics, religious laws or a preferred lifestyle. Many religions may have organized behaviours, clergy, a definition of what constitutes adherence or membership, holy places, and scriptures. The practice of a religion may also include rituals, sermons, commemoration or veneration of a deity, gods or goddesses, sacrifices, festivals, feasts, trance, initiations, funerary services, matrimonial services, meditation, prayer, music, art, dance, public service or other aspects of human culture. Religions may also contain mythology (Oxford Dictionaries, 2012). These have led to proliferation of religion and now we have numerous religions. According to some estimates, there are roughly 4,200 religions in the world (Shouler, 2010).

Research outputs have established the degree of religiousness among the world's population. A global 2012 poll reports that 59% of the world's population is religious, and 36% are not religious, including 13% who are atheists, with a 9 percent decrease in religious belief from 2005 (WIN-Gallup International, 2012). In academic field, most of those studying the subject have divided religions into three broad categories: world religions, a term which refers to transcultural, international faiths; indigenous religions, which refers to smaller, culture-specific or nation-specific religious groups; and new religious movements, which refers to recently developed faiths (Graham, 2000). Besides, it has been observed that some individuals follow multiple religions and subscribe to multiple religious principles at the same time, not considering whether or not the religious principles they follow traditionally allow for syncretism (Mase-Hasegawa, 2008; Smith & Denton, 2005). These may leave an individual to keep pondering about the true nature of religiousness and if religiousness is worth incorporating into psychological practice.

The present status of psychological study about the nature of religiousness suggests that it is better to refer to religion as a largely invariant phenomenon that should be distinguished from cultural norms (Bulbilia, 2005). Few years ago, Mayo Clinic researchers examined the association between religious involvement and spirituality, and physical health, mental health, health-related quality of life, and other health outcomes. They also reviewed articles that provided suggestions on how clinicians might assess and support the spiritual needs of patients. The researchers reported that most studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, and health-related quality of life (even during terminal illness) and less anxiety, depression, and suicide (Mueller, Plevak & Rummans, 2010). The authors of a subsequent study (Seybold & Hill, 2001) concluded that the influence of religion on health is largely beneficial based on a review of related literature. According to James (2004) several studies have discovered positive correlations between religious belief and practice, mental health, physical health and longevity. An analysis of data from the 1998 US General Social Survey, whilst broadly confirming that religious

activity was associated with better health and well-being, also suggested that the role of different dimensions of religiosity in health is rather more complicated. The results suggested that it may not be appropriate to generalize findings about the relationship between religiosity and health from one form of religiosity to another, across denominations, or to assume effects are uniform for men and women (Maselko & Kubzansky, 2006). Yet, engaging individuals in a therapeutic encounter using a combination of religious and psychological resources could be helpful and a better means of resolving their psychological problems. This is simply 'therapy' as the counsellor and client(s) need to work together to understand problems and come up with plans for resolving them.

Therapy is derive from the Latin word 'therapīa' literally meaning curing or healing. It is the attempted remediation of a problem, usually following a diagnosis (Harper, 2010). Through therapeutic process, counsellors help people of all ages (children, adolescents, adults, elderly persons) live happier, healthier and more productive lives. Counsellors apply research-based techniques to help people develop more effective habits. Counsellors also provide a supportive environment that allows individuals to talk openly with someone who is objective, neutral and nonjudgmental. There are several approaches to psychotherapy, including cognitive-behavioral, interpersonal and psychodynamic, among others, that help people work through their problems. Most therapy focuses on individuals, although psychotherapists also work with couples, families and groups (American Psychological Association, 2014). In their own view, Sumari and Jalal (2008) opined that most approaches to psychotherapy are based on Euro-American counselling theory, research and practice as they are written and practiced in the United States. It is against this background that this research sought to provide a proactive approach that could be used by counsellors and psychotherapists no matter where they are, no matter who their clients are, and no matter their socio-cultural and religious beliefs. This approach is termed 'religiotherapy'. The term 'religiotherapy' is derived from two Latin words religiō + therapīa, that is, religiōtherapīa.

Religiotherapy is what is needed at this time by all practicing counselling psychologists. Prior to this time, Ajmal (1986) pointed out that "no systematic theory in psychology can be formulated without assuming a definite posture toward metaphysics" and says that psychologists resort to a flight into the laboratory because they are afraid of a serious encounter with humans as individuals and groups, and also with themselves. Ajmal further explains that formulating metaphysical assumptions in psychology is more important today, because human personality is afflicted with an acute "dispersion into multiplicity" and distancing oneself from religion and God "is equivalent to mental disease.

II. A Counsellor's Perspective Of Religiotherapy

The popularity of a theory, therapy, technique or a high degree of consensus among its practitioners does not guarantee its value or validity (Laungani, 2005). Lakatos (1978) had earlier argued that a theory may be valuable even if no one believes in it and it may be without any value even if everyone believes in it. In other words, the value of a theory is independent of its popularity and its reliability. For instance, a universal belief in the geocentric theory of the universe, lasting over a thousand years was destroyed by Copernicus and later by Galileo when they expounded the heliocentric theory. Thus, what is important is the quest for objective knowledge, not subjective knowledge (Laungani, 2005). The search for objective knowledge may therefore be considered as one of the characteristics of an effective counsellor.

No counsellor works in a social vacuum. Our ideas, approaches, techniques, skills, values, methodologies are to a very large extent influenced by our culture, the dominant epistemology (or epistemologies) and/or of course the religion to which we subscribe. It would be a rare Western counsellor or psychotherapist who would attribute a client's distress to the mysterious workings of evil, malevolent spirits that had invaded the client's body and soul. But such explanations play a fairly dominant role in many countries, including some parts of the West Indies, such as Haiti, Grenada, and parts of South America, Africa, in England among the African communities, in India, Pakistan, Malaysia, Indonesia, the South Pacific Islands, and elsewhere (Moodley & West, 2005). This is not to say that myths and mysteries, rites and rituals, divine interventions and God's will have no role to play in theory construction. They do. In fact they serve as excellent starting points. One has only to consider the growth of scientific thinking in ancient Greece to realize the important role played by myths, fables, mysteries and supernatural explanations that served as a stepping stone for formulating bold ideas and conjectures to explain the universe in natural terms instead of in terms of divine interventions. These were then subjected to critical tests and examinations to establish their value (Popper, 1963; 1972). As Popper pointed out, all science initially starts with myths and mysteries, which provide a rich source for ideas, conjectures and theories.

In recent history, as professionally certified psychological service providers began realizing the influence of religion on the general population, the American Psychological Association mandates its members to view religion as a significant aspect of human life, however, this may require special knowledge and training on the part of the psychologist. The 1992 APA Code of Conduct specifies that in the absence of such a service

from the psychologist, appropriate referrals for the clients should be made to ensure proper and complete treatment of the clients(American Psychological Association, 1992). Considering the importance of religion, the Diagnostic and Statistical Manual published by the American Psychiatric Association, includes in its 4th edition a classification on "religious problems" which further indicates a growing recognition among the scientific community of religion as a factor in mental health (American Psychiatric Association, 1994). In a review on religion and mental health, Schumaker gave instances of a number of contemporary psychologists who believe that the presence of religion among the people provides them with a "moral net" which helps people control their impulses and differentiate the right from the wrong (Schumaker, 1992). Literature on psychotherapy also suggests that therapists need to deal with client religious issues in the coming years, as people are more vocal now about their religious orientations and demand therapists who also understand their religious viewpoint (Bergin, 1980; Haque, 1998; O'Connor, 1998; Shafranske, 1996). If this so, it then implies that religiotherapy would be relevant and beneficial to both the clients and therapists.

III. Root Of Maladjustment As Perceived By Religiotherapists

Several years ago, Sigmund Freud described religion as "mass delusion" (Freud, 1930/1961, p.28). As such, religious faith is seen as the source of client's problems either in part or in whole (Presley, 1992). It is in this respect that the researchers hypothetically assume (of course still debatable and call for more in-depth research) that most of individual's problem behaviour could arise from:

i. Misconception about an organized collection of beliefs, cultural systems, and world views that relate humanity to an order of existence (see Geertz, 1993; 1973).
ii. Irrationality while expressing belief in, worship of, or obedience to a supernatural power or powers considered to be divine or have control of human destiny (see Collins English Dictionary, n.d.).
iii. Negligence and feeling of guilt in the practice of sacred ritual observances, sacred rites and ceremonies (see Collins English Dictionary, n.d.).
iv. Exaggerated perception about the state of life bound by monastic vows as well as conduct that indicate a belief in a divine power (see Harper, 2010).
v. Stereotyping spiritual practices and worship instead of seeing them as source of value orientation system that helps to interpret reality and define human existence.
vi. Undue claim of divine favour for themselves, over and against other groups. This sense of righteousness leads to violence because conflicting claims to superiority, based on unverifiable appeals to God, cannot be adjudicated objectively (see Hector, 2005)
vii. Belief that every person must belong to one's acclaim ideological community and system of doctrines otherwise they are doomed. Adherents of one religion sometimes think of other religions as superstition (see Boyer, 2001).
viii. Being dogmatic to the core and running counter to certain strongly held beliefs if made in the interest of common welfare (see Byron 2003).

IV. Reliogiotherapy: A Conceptualization

This research suggests the rendering of individual and group counselling service that may in part, pose ethical dilemma to the counsellor as it relates to client's religious beliefs through religiotherapy. This [religiotherapy] requires a combination of religious teachings' resources, psychological principles and theories as well as counselling skills and techniques to assist individuals resolve their worries with respect to their religious faith. In essence, religiotherapy is an innovative type of counselling which integrates religious principles and insights with psychology to help people think about and adjust their lives. The therapist seeks to incorporate the client's faith into the process to help the client progress towards wholeness. As such religious issues are dealt with in such a way as to respect the client's right to make a choice (Presley, 1992). Religiotherapy is multifaceted and does not only provide a religious analysis of the particular issue at hand, but more importantly, it explores the relation of the specific problem to the wider psychosocial cum cultural belief system governing client's behaviour and well-being. Religiotherapy, therefore, involves a step-by-step psychosocial and culturally sensitive approach that transforms the client's way of viewing the world, and ultimately, their very way of being.

The of religiotherapy aims at effecting change in the counsellee by encouraging the required adjustment and behaviour change based on the principles of counsellee's faith such that it does not pose a threat to the counsellee's or other persons' right, freedom, life and wellbeing. Religiotherapy recognize the different and sometimes complex factors that go towards making a person how they are–their emotional, mental and spiritual and sociocultural states and seek to address these through psychology and the individual's religious ideology or faith. Religiotherapy as a counselling approach should be utilized by counsellors, psychologists and psychologically trained individuals and others in the helping profession that provides counselling services. It is obvious that in religiotherapy, the therapist integrates modern psychological thought and method with religious

training in addition to the traditional spectrum of counselling services to address psychospiritual and sociocultural issues. Religiotherapy counsellors should make use of religious, psychosocial and cultural resources in helping the individual think about and adjust their life. Client's faith and belief system are explored with a view to assisting them. Here, the counsellor will engage client in a dialogue whose aim is to help the client think more clearly and deeply about their issues with respect to client's religious ideology and purpose of seeking for help.

Although some religiotherapy counsellors may specialize in working only with young people, it should be noted that many counsellors see clients of all ages including children, adolescents and adults. Some counsellors do this without acknowledging that there are differences between counselling children, adolescents and adults. Geldard and Geldard (2009) opined that there are important differences between counselling young people and counselling either children or adults. Despite the differences, there are some features which are common to counselling children, young people and adults. For most counsellors, those common features make it easier to move from counselling one age group to counselling another (Geldard & Geldard, 2009). However, it is the differences which, when ignored, may result in disappointing outcomes. Religiotherapy counsellor should recognize these differences and as such strive to tailor counselling approaches to engage client(s) directly and actively and to use strategies which will specifically address their needs in ways which are acceptable to them. Most professional counsellors working with religiously diverse clients have developed systematized intervention programmes to assist clients with issues of sexually transmitted infections, alcoholism, substance abuse and addiction, abortion, divorce, phobia, and depressive feelings among others because religious beliefs and spirituality are considered an important part of recovery for many individuals. This being the case, the researchers supports the resolution of individual and group concerns through the use of religiotherapy.

V. Skills And Conditions For Religiotherapy

It is often difficult coming to terms with oneself's weaknesses, worries, and the pain that one really feel, and what has brought about it. A significant number of religiotherapeutic skills and techniques can be utilized by counsellors to assist client (s) and also be applied on one's own – acting as one's own counsellor. Prior to counselling, client(s) must have been genuinely motivated by a specific religious conscience or other values, and client(s), not the therapist, have the right and freedom to choose the benchmark by which to define themselves during counselling. It is essential, however, that client(s) have confidence in the therapist. The counsellee need to feel that the therapist is listening and understanding him/her and has not disrupted their freedom and right of worship or discriminated against their faith and/or any of their human rights.

The religiotherapist is not 'Omniscience', so does exercise flexibility and lead the client to achieve their aim of seeking for help based on the client's faith. Taking cognizance, therefore, if client is inclined to Christian faith, Islamic faith, Buddha faith, Hindu faith, and Traditional beliefs amongst others is central aspect of religiotherapy. Religious empathy not sympathy in assisting the client(s) is essential in the therapeutic process. Structuring is not only necessary but very essential aspect of religiotherapy. The Therapist's own religious belief/ideology must not influence the helping relationship and should not prevent offering of professional assistance since it is the client, not the therapist that needs the assistance. Deducing from Arredondo, Toporek, and Brown et al.(1996) a religiotherapy counsellor should respect clients' religious and/or spiritual beliefs and values, including attributions and taboos because they affect worldview, psychosocial functioning, and expressions of distress. Religiotherapy counsellors should respect indigenous helping practices and respect helping networks among communities and are not averse to seeking consultation with psychologically trained religious leaders and practitioners in the treatment of religiously and culturally different clients when appropriate. This paper further posit that religiotherapy counsellors should be culturally and religiously skilled and as such familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders that affect various ethnic, racial and religious groups. Religiotherapy counsellors should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective counselling behaviour. Religiotherapy counsellors should also be actively involved with minority individuals outside the counselling setting (e.g., community events, social and political functions, celebrations, friendships, neighbourhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

An effective religiotherapist, like the social constructivists has the willingness to enter different worldviews, to help people understand their problems from the perspective of their own constructions, and to find solutions to suffering with the methods and metaphors of the client's orienting system (Zinnbauer & Pargament, 2000). A true religiotherapist prior, during and after (evaluation and follow-up) counselling process is often tactical and unbiased in their guidance and approach to issue presented by the client and should not make reference to other forms of faith whether for good or bad instance but all discussion should be drawn and centered 'only' on the client's acclaimed faith and purpose of seeking for counselling. Principles and traditions governing the client's acclaimed faith in relation to their purpose of seeking for helping should be explored,

integrated and used to help the client to resolve their worries. Religiotherapy counsellors should also be conscious of their stereotype, perceptions and beliefs about different religions and their faithful. A client of a specific religion, say Christian client, may see a Non-Christian counsellor as representing the perceptions of a rigidly biased society, thus, the more a religiotherapy counsellor is knowledgeable about the views, beliefs and values of different faith communities, the more therapist is able to differentiate their own biases and to become more sensitive to the diverse needs that exists within these communities.   A competent religiotherapy counsellor does not generalize every client based on personal knowledge or knowledge acquired from books alone. Thus, client is also often allowed to educate the religiotherapist on his/her religion, values, worldviews and connection to the society at large. Self-disclosure will usually only occur where there is a strong sense of privacy. Moreover, client-therapist genuineness, trust and frank discussion are necessary if behaviour change must take place. Counselling skills and techniques that supports relational style and individualism are sometimes employed as way of increasing the trust level in the counselling relationship because the client often realizes that the counsellor is objective about his/her assumptions and knows the boundaries of his/her religious ideology.

Although, religiotherapy counsellors are able to recognize the limits of their professional competency and expertise, Use of referral is not and should not be due to religious differences. Religiotherapy counsellors are encouraged to build up a wider understanding around issues of faith, religion and spirituality as conceived by different communities of faith as much as they can. No one's religion should be seen as 'an end' or the 'only means to an end'. According to Arredondo et al. (1996) serious problem arises when the linguistic skills of the counsellor do not match the language of the client. This being the case, the counsellor should refer client (s) to a knowledgeable and competent bilingual/multilingual counsellor. What distinguishes religiotherapy from other forms of counselling and psychotherapy is the role and accountability of the therapist and his/her comprehension and expression of the counselling relationship. In religiotherapy, clients also must be accountable and must accept responsibility for their resolution to change behaviour. Exploring client understanding of the implications of his/her action and decisions is vital aspect of the counselling relationship. A religiotherapist may be seen, therefore, as a representative of the central images of life and its meaning as affirmed by different religions. Thus, religiotherapy counselling offers a significant relationship to the understanding of life and faith.

Since people's religious values considerably affect mental health, this cannot be avoided by practicing religiotherapy counsellors. As Kudlac(1991) puts it, "if God is part of the problem-organized system, then God must be part of the solution". The implication of Kudlac's assertion is that though, the therapist does not have to believe in the same value system as that of the client, but the therapist also cannot ignore client values in the interest of positive therapeutic outcome. Religious values are often more sentimental to many people than other values which they hold and the religiotherapist must be careful not to ignore or ridicule such values, which the client considers spiritual or transcendental nature. Religiotherapists should also consider the spiritual climate of the society, which has the potential to operate outside the counsellor's awareness and ultimately affects both the client and the counsellor. For Ingersoll (1995), in order to enhance the counselling process when spiritual expression is involved, the counsellors should affirm the importance of the clients' spirituality; attempt to enter client worldviews with congruent vocabulary and imagery in conceptualizing problems and treatments; and be willing to consult with other 'healers' in clients' lives from ordained clergy to folk healers.

VI. Theoretical And Empirical Evidence In The Use Of Religiotherapy

In the beginning of the psychological study of religions, religion as a construct and its effects were not measured because different religious leaders feared that measurement could destroy the mystery of religion. The authority of religion was absolute and was not to be questioned. This idea enforced the concept that religion and science were not compatible (Pimpinella, 2011). In later years, there has been more interest in religion with Allport's (1966) examination of intrinsic versus extrinsic religious orientation. Peer-reviewed journals for religion also appeared, the early ones being the Review of Religious Research in 1959, and the Journal for the Scientific Study of Religion in 1961 (Brown, 1987). Since then, there has been a trend, which suggests a positive and growing relationship between psychology and religion (Bergin, 1980; Haque, 1998; O'Connor, 1998; Shafranske, 1996).

It should be noted that religiotherapists believes that any research and/or intervention programme which incorporates religion and psychological techniques in therapy to assist the client should be seen as empirical evidence on the effectiveness of religiotherapy. Although, researchers may be unaware of a generic name that could depict the nature of their investigation, while attempting to combine religion and psychological resources as a way of assisting individuals, families and groups. The findings of study by Meer and Mir (2014) support the incorporation of religious teachings within psychological therapies and highlighted the importance of therapists creating space to discuss religion with clients who wish to. Researches further indicates that interventions drawing on faith can be effective in addressing and preventing depression (Townsend, Kladder, Ayele & Mulligan, 2002), improving quality of life (Lee, Czaja & Schulz, 2010) and can contribute to wellbeing and decrease isolation(Ventis,1995). Religious coping strategies for depression have been integrated into a range

of psychological therapy approaches (Hayes, 2004; Mir & Sheikh, 2010; Paukert, Phillips, Cully, Loboprabhu, Lomax & Stanley, 2009). Townsend et al.'s (2002) review of clinical trials found therapeutic approaches incorporating religion as effective as those adopting a secular approach. Other works illustrated religion's importance to the practice of psychotherapy (Aten & Leach, 2008; Miller, 1999; Richards & Bergin, 2000, 2003; Sperry & Shafranske, 2005). Recently, journals are also publishing articles focusing on providing psychological services to specific religious groups, such as Muslims, in the United States (Haque, 2004). The following perspectives also provide support for the use of religiotherapy: psychoanalytic therapists' perspective, cognitive-behavioural therapists' perspective, existential-humanistic therapists' perspective, a continuum of care through clergy outreach and professional engagement (cope), spirituality as a therapeutic strategy, biopsychosocial model of counselling perspective, the tree ring technique, social constructivism perspective, and the not-knowing therapeutic stance.

Psychoanalytic Therapists' Perspective

Freud once regarded religion as an illusion, which is the result of wish fulfillment rather than reason. He contended that people must leave religion and rely on science, as this is the only way that a person and society could actually grow beyond their infantile stage (Freud, 1907/1989, 1928; Rizzuto, 1996). However, in recent time, the psychodynamic approach suggests that a client with religious orientation cannot be successfully treated unless there is some representation of religion and belief in God made available in the therapy. Contemporary psychoanalysts believe that the concept of God has played a psychic role in the child's mind throughout the development stages and its exploration may prove extremely helpful in the therapeutic process. As such, attending to religious issues will provide proper insight to the clients on their childhood experiences as well as repressed feelings and how those beliefs and experiences are affecting their present condition (Haque, 2000). Haque further states that research studies indicate that psychoanalysts have now started to routinely take a "religious history" of each client. This was not the case earlier, as the classical psychoanalysts did not recognize the importance of religion, except the Jungians. Jung believed that people have an inborn need to look for God, and this a natural and positive aspect of human psychological makeup (Jung, 1933, 1938). In the same vein, Smith and Handelman (1990) believe that there is continued and meaningful interaction between religion and psychoanalysis.

Cognitive-Behavioural Therapists' Perspective

Here, Propst (1996) is of the view that the attitude of cognitive therapists toward religion has come "full circle", from neglect to appreciation of the influence of religion on one's cognition, emotion, and behaviour. For instance, prior to this time, Albert Ellis, who is an influential cognitive psychologist, argued that religious beliefs incorporate the concepts of sin and guilt and are thus pathological for the client. Haque (2000) observed that Ellis' followers were also hostile toward religious issues until Ellis later clarified his position in 1992, explaining that his stance is relevant only for the devoutly religious client (Ellis, 1992). As such, present day cognitive therapists are more tolerant of religion and say that the "cognitive errors" made by religious beliefs can actually be corrected through cognitive restructuring procedures. Implicit in this statement is the stance of the cognitivists that they do not consider religion as a conducive source for mental health (Haque, 2000). Propst however, wrote a book on cognitive therapy from religious perspective and other cognitive therapists also recommends the use of such techniques with religious clients (Propst, 1988). Earlier in 1980, Propst demonstrated the positive effects of religious imagery (a form of cognitive therapy) on depression with certain clients. According to Propst (1996) self-examination and thought monitoring are two other examples within cognitive therapy that are used to treat clients successfully. Propst also wrote about how CBT is now more concerned with the kind of thinking the client is exhibiting (e.g., overgeneralization, personalizing, mind reading, catastrophizing) rather than the content of the thoughts. Propst noted that CBT can fit well in a religious framework because there is "…a similarity between cognitive restructuring and the religious idea of 'repentance,' which comes from the Greek, meaning 'to change one's mind about how one's self and the world is to be viewed'" (p. 394). Previous studies (e.g Miller & Martin, 1988) on behavioural therapy and religion also suggest positive effect on client's presenting problems in mental health.

Existential-Humanistic Therapists' Perspective

Psychologists who belong to this perspective regard religion as an important factor in the growth of personality and self-actualization. Gordon Allport, and Carl Rogers, among others, believed religion and spirituality to be a significant aspect of people's internal experience and well-being – one that was important to acknowledge and discuss in therapy because of its relevance to psychological functioning (Allport, 1950; Rogers, 1980). Existential theory is no stranger to dealing with religious issues, as the bedrock of the theory concerns meaning making and death (May, 1983, Yalom, 1980). Yalom further observed four ultimate concerns that humans have: (a) death, (b) freedom, (c) isolation, and (d) meaninglessness. These concerns are addressed

in most religions as well. Several proponents of existential and humanistic theories, such as May and Rogers, attended theological seminaries as part of their education and are well informed about religion (Eliason, Hanley, & Leventis, 2001). Due to its earlier beginnings, existentialism has an interesting relationship with religion. Existential theory incorporates the ideas of existential philosophers, such as Nietzsche, an antagonist against religion, and Kirkegaard, a philosopher who expressed belief in God, to build the theory (Pimpinella, 2011). Erich Fromm and Abraham Maslow are also two important names of psychologists who regard religion as a significant variable in the development of human personality (Haque, 2000). Another humanistic psychologist, Rollo May, points out that, "religion is the belief that something matters-the presupposition that life has meaning (Hergenhann & Matthew, 1999). What he is essentially saying is that the religious person has found meaning in life, while an atheist has not or cannot, and this discovery of meaning has great relevance on one's personality and mental health. Similarly, Allport believed that a religious orientation often makes a healthy adult personality. He wrote, "A man's religion is the audacious bid he makes to bind himself to creation and to the Creator. It is his ultimate attempt to enlarge and to complete his own personality by finding the supreme context in which he rightly belongs (Hergenhann & Matthew, 1999). For these psychologists, Haque (2000) states that the client's religious issues are important avenues for finding out those special personal feelings, which are far more important than searching for "signs" of abnormalities in the client. The existential-humanistic psychologists emphasize that the therapist must be "aligned" with the religious client and feel as if the client's words and statements are coming out from within the therapist. This would of course require the therapist to be free of his or her own personal attitudes toward religion whether positive or negative. Once the therapist and client have identified a certain special feeling toward religion, the therapist can then search for deeper meanings. This exercise can actually enable the client to discover himself and become a qualitatively new person and this is what a therapist should aim for.

Continuum of care through Clergy Outreach and Professional Engagement (COPE)
The continuum as proposed by Milstein, Manierre and Yali (2010) delineates boundaries between clinical care provided by mental health professionals and religious care provided by clergy, as well as describes pathways of collaboration across these boundaries. In this perspective, a prevention science based model of Clergy Outreach and Professional Engagement (COPE) is offered to guide this collaboration. There is the description of a continuum that moves from the care already present in religious communities, through professional clinical care provided in response to dysfunction and returns persons to their own spiritual communities. However, one challenge for clinicians as observed by Milstein, Manierre and Yali is that in addition to a wide diversity of beliefs and practices across religions, there is great ethnic diversity within religions. These diversities are reflected in varied correlations with mental health outcomes. Therefore, they recommended that clinical psychologists should assess religious beliefs and their cultural variations when designing religious inclusive psychotherapy specific to the client. Through spiritual assessment of clients and strategic collaboration with religious leaders through COPE, mental health professionals can focus their efforts on clinical care that respects and incorporates the religious views of clients and does not attempt to recreate the lived religions of the clients' communities.

According to Milstein, Manierre and Yali (2010) clergy outreach and professional engagement (COPE) is an adjunctive model that fits within the psychological expertise of the therapist. Inclusivity is achieved through the enactment of the COPE model and an assessment of religious salience and community supports that are available to that client. The therapist begins by adding the client's religion as part of a multi-modal assessment that helps to determine the course of religion inclusive therapy. The assessment would include a religious history, current religious practices, beliefs, and support (Pargament, 2007; Puchalski, 2006; Puchalski & Romer, 2000). It may be that some of the person's own religious traditions can be incorporated into the content of the clinical intervention (Onedera, 2008), or the clinician could make use of the religious vocabulary of their clients in order to improve their clients' clinical outcomes (Propst et al., 1992). Although these skills do not require shared religiosity on the part of the clinicians and clients to achieve competence, the therapist do need to actively assess the salience of religion to their clients, and mental health professionals could also benefit through dialogue with clergy.

Spirituality as a therapeutic strategy
This strategy was described by Karen Kersting in 2003. Christian psychologist William Hathaway as cited in Kersting (2003: 40) observed that using religion as a therapeutic tool is a little controversial and still emerging. For Hathaway, therapeutic techniques include use of prayer during a session, ways to direct clients to pray, spiritual journaling, forgiveness protocols, using biblical texts to reinforce healthy mental and emotional habits and working to change punitive God images. Hathaway uses spiritually guided forgiveness protocols to help clients deal with emotional problems that resulted from harm inflicted by friends or family members. Using religious teachings on forgiveness can direct clients to let go of unhealthy anger and move past an abusive

situation without justifying the abuse, said Hathaway. Hathaway found himself the latest in a long line of therapists to work with a family in crisis over the son's uncontrolled attention deficit hyperactivity disorder. Hathaway asked the family members about their religious beliefs and, finding that they were Jewish and that the boy's behaviour in temple was preventing them from attending services, encouraged them to go back to their religious rituals. They had made the decision not to and were tearful about it when asked, especially because none of their mental health providers had considered it before, noted Hathaway. For Hathaway, discussing the ramifications of spirituality in family life broadened the family's experience in the therapy room and allowed them to address religious issues as a serious component of their well-being and their religious practices might well have strengthened the family's ability to deal with their son's attention deficit hyperactivity disorder. Hathaway went further to explain that just being sensitive to a possible role of religion in a client's life can broaden therapist's evaluation and provide different solutions. Being able to help a person connect with the variable of spirituality in their lives can be a beneficial and important therapeutic accommodation. This heightens awareness of spirituality. Taking it a step further by directly incorporating religion and spirituality into therapeutic practices is now common for some psychologists. Moreover, the expansion of its use is leading to efficacy research, specific training and even tacit specialization (Kersting, 2003, p. 40)).

In the context of implementing these techniques, however, the possibility that religion may have a negative influence on a client's life – believing in an angry God, for example–should be assessed carefully so that therapy does not make emotional crises worse, asserts Carrie Doehring, a psychologist at the lliff School of Theology in Denver who studies how people use religion to deal with experiences of violence. During assessment, Doehring usually asked about religious and spiritual backgrounds, asked the client if they pray and if it helps or not. And if they do have a belief in a personal God, Doehring asked them what they think God wants from them right now, and that leads them to talk about their experience with God. It is the sum of that conversation that helped Doehring to understand what religion's impact is on their life. With religious or spiritual clients, that sensitivity and willingness to interact in a religious way helps them to trust the therapist. Doehring asserts that this can bring a beautiful aspect of the human experience into the therapy room. For some people, the beauty of spiritually guided therapy could be described as experiencing a third presence in the room – a spiritual presence or a God presence. Thus, there is a mystery being revealed to the patient in that presence and it is a sort of an epiphany that can be extremely useful in therapeutic process (Kersting 2003, p. 40).

Psychologist Kenneth Pargament of Bowling Green State University have noted that research evaluating the efficacy of specific therapeutic techniques, such as forgiveness interventions, spiritual meditation, rituals and religious coping resources, is under way. Some of Pargament's graduate students have created spiritual interventions for people who have struggled with significant problems, including cancer, incest and serious mental illness. As Pargament noted, the evidence indicates that the sense of hope, meaning and spiritual support that clients gain from discussing religious issues and drawing upon spiritual resources helps them cope better with their situation. For Pargament, the research is showing that spiritual dimensions brought into therapy can add something distinctive to health and well-being. The finding is showing that there is something special about the religious dimension that cannot be easily reduced to traditional psychological constructs. Pargament cited research done at the University of Minnesota by psychologists Patricia Frazier and Andrew Tix, which demonstrates that patients undergoing kidney transplants who turn to God or a higher power for transcendent support had greater life satisfaction following their surgery, even after taking into account their general secular coping methods (Kersting 2003, p. 40). Researchers have also continued to find that spirituality and religion assist in coping with and transformation of life stressors (Baumeister, 2001; Piedmont, 2009a, 2009b). Researchers further demonstrate that spirituality and religion often play a central role in post-loss meaning-making processes (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013; Marrone, 1999).

However, while using this technique, there are healthy and unhealthy aspects of religious beliefs which therapists must take cognizance of. For Gordon, Hoffman and Tjeltveit (2010) healthy aspects of religious beliefs and practices include positive identification with family and heritage, social support, a source of comfort, meaning, and spiritual connection beyond material existence. Unhealthy reasons for religion include its use as a defense against reality, moral aggression, and splitting people into "the saved" or the demonized. Likewise there are healthy reasons for being an atheist, such as facing reality without magical thinking, and having faith in secular institutions and verifiable knowledge. Unhealthy reasons for atheism include concreteness and cynicism. When religious issues emerge in psychotherapy, therapists need to attend carefully and without bias to both its healthy and pathological elements. Although, recent studies suggests that religious-accommodating approaches yield equal if not improved outcomes to counselling that places no focus to the religious identity of the client (Paukert et al., 2011; Ripley et al., 2014). Such results are no surprise as by integrating religious elements, the counsellor shows acceptance and respect for the religious client, which in return is likely to increase trust and elevate the therapeutic alliance. Research also clearly demonstrates that religion can be an invaluable factor in the process of instilling and facilitating positive coping, psychological well-being, and resilience in religious clients (Brewer-Smyth, & Koenig, 2014; Faigin & Pargament, 2011; Blando, 2006; Koenig, 2001). Encouraging

the client to conduct prayers, to engage in religious events, or to increase visits to the place of worship are all examples of religious elements that can be integrated into counselling to drive these processes (Korsinek, 2014).

Biopsychosocial Model of Counselling Perspective

Counselling psychologists are expected to consider their clients from a holistic point of view. This essentially means that they need to distant themselves from taking the reductionistic orientation of most medical thinking. Instead, counsellors ought to work on the assumption that starting from a particular initial condition different factors interact with each other thereby producing properties that are highly dependent on the individual person involved (Borrell-Carrió, Suchman, & Epstein, 2004; Korsinek, 2014). This perspective is referred to as the biopsychosocial model. Its founder, George Engel, described this approach to (mental) health as interactional and dynamic in nature (Engel, 1980). Counselling based on a biopsychosocial formulation requires a complex assessment in which the psychologist needs to examine biological, psychological, and social factors influencing the client's problem. When thinking about the biopsychosocial model and religion, there is no doubt that religion can be a vital aspect of the client's social and psychological identity that notably shapes his values, beliefs, and behaviours. Moreover, religion satisfies the instinctive human need for the meaning of experiences (that is, the experience of health or illness) and the general purpose of life (Cook, Powell, & Sims, 2009; Park 2010; Korsinek, 2014).

The Tree Ring Technique

In 2014, Ybañez-Llorente and Smelser, using the tree ring technique proposes six levels that allow for the ease of assessing and including a client's spirituality in counselling sessions. According to them, just as a tree's development is represented by its rings, a client's spirituality develops over time. An examination of each level of the client's spirituality represented in this technique allows the client to teach the counsellor about the growth of his or her "spiritual tree." In addition to the client's spiritual development, two outer levels have been added, bringing the counsellor into the process as a guide and safety net through which a client's exploration of spiritual conflict can more easily occur. Proponents of this approach stressed the importance of integrating spirituality in counselling from a multicultural and ethical perspective, including a discussion of obstacles and barriers hindering the successful integration of spirituality. The tree ring technique was introduced as a means to facilitate objectivity on the part of the counsellor when addressing issues of spirituality with clients, not only by fostering awareness of the counsellor's own spirituality, but also by assisting the client to explore his or her own spiritual history, current perspective, and spiritual conflict (Ybañez-Llorente & Smelser, 2014). When counsellors and clients discuss spiritual concerns, encouraging clients to serve as the expert ensures that counsellors will maintain an unbiased stance when negotiating the meaning behind spiritual beliefs guiding clients' thoughts and behaviours. In this technique, impartial exploration can serve as the basis for problem solving and social support development for the client, particularly when couched in terms of spirituality as a cultural variable. To further the metaphor attached to the this technique, the proponents believe that it is important to remember that although two trees of the same species may look similar on the outside, it is only from their internal rings that one learns how they have developed into unique entities. This multicultural approach to counselling serves to remind counsellors that the spiritual development of each client is unique and should be treated as such.

Social Constructivism Perspective

The application of social constructivism in exploring a client's spiritual beliefs allows the counsellor to convey acceptance and understanding of the client's problems, thereby promoting positive therapeutic outcome (Bishop, 1995). Zinnbauer and Pargament (2000) compared four theoretical approaches and deemed constructivism to be one of the most flexible and respectful of diverse spiritual backgrounds. Most notably, "the willingness to enter different worldviews, to help people understand their problems from the perspective of their own constructions, and to find solutions to suffering with the methods and metaphors of the client's orienting system" (p. 167) is the main factor in its strength of application. Cottone (2007) pointed out that the tenets of constructivism support the multicultural perspective and approach in counselling—that of recognizing the unique aspects of each individual, while simultaneously recognizing that individuals are created within a social context. These relationships point to the importance of including the "social" aspect of constructivism when integrating spirituality in counselling practice. A concern for the counsellor using a constructivist approach is how to proceed when the client's beliefs are considered unhealthy or dangerous. For example, when a client considers abusing children, another person, or one's self based on a religious offense or one's failure to abide by religious tenets, the counsellor must decide how to intervene (Ybañez-Llorente & Smelser, 2014). Zinnbauer and Pargament (2000) asserted that, in these cases, counsellors must respond by first considering ethical and legal guidelines related to danger to self or others before considering the rationale of the client.

Not-knowing Therapeutic Stance

This not-knowing therapeutic stance was born of Anderson and Goolishian's (1988) ideological shift in the way they started to see clients as "language meaning-generating systems" (p. 377), with the implication that the interaction between the counsellor and client would result in a unique relationship within therapy. Anderson (1995) described not-knowing as the attitude and belief that the therapist does not have access to privileged information, can never fully understand another person, and always needs to learn more about what has been said and not said. Not-knowing means the therapist is humble about what she or he knows; is more interested in learning what the client has to say than in preselecting what she or he wants to hear, telling what she or he knows, validating or promoting what she or he knows, or leading the client to a therapist-predetermined replacement story (p. 34).

In the same vein, Jankowski (2002) highlighted the power of counsellors to create change through the use of a not-knowing stance, thereby "helping ensure that the client's experience of the counsellor is one of feeling heard and understood" (p. 73). The therapeutic conversation coming out of a not-knowing stance is characterized by the counsellor listening respectfully, being actively engaged in and genuinely interested in the client's story, learning from the client, and participating in the exploration of the client's issue (Anderson, 1995, 2005; Anderson & Goolishian, 1992), all the while incorporating the client's language to build a therapeutic relationship (Harper & Gill, 2005). Anderson (1995) went on to note that "the client is the expert on his or her lived experiences and the therapist is the expert on inviting the client into and creating a meaning-generating conversational process characterized by connecting, collaborating, and constructing" (p. 38). The application of a not-knowing stance to explore a client's spiritual beliefs allows the counsellor to convey acceptance and understanding of the client's problems, thereby promoting positive therapeutic outcome (Bishop, 1995).

VII.   Ethical Issues And Conclusion

There are ethical concerns as to the place of religion in counselling psychology. The "Resolution on Religious, Religion-Based and/or Religion-Derived Prejudice" adopted by the American Psychological Association has stated that it is not the role of professional psychologists to be spiritual guides. Within the Resolution are discussions of the circumstances in which the professional practice of Psychology would interact with religious thought and action, or alternatively, when the use of religious content would be outside the purview of the professional practice of Psychology. The Resolution reminds psychologists that although, "contemporary psychology as well as religious and spiritual traditions all address the human condition, they often do so from distinct presuppositions, approaches to knowledge, and social roles and contexts" (American Psychological Association, 2008, p. 432). This in part, explains why some counselling psychologists and psychotherapists hold distinctive views on religious counselling and therapy. Religiotherapy uses both psychological and theological resources to deepen its understanding of the counselling relationship. In recent history, partnership and membership in several organizations and faith communities that incorporates religious teachings in therapy has grown. To that extent, counselling psychologits all over the world are therefore, encouraged to critically examine the ideologies of religiotherapy and explore them as guide while dealing with their religiously, ethnically and culturally diverse clients. The review shows that religiotherapy as a counselling approach have been documented, however unknowingly to some practitioners, and that counselling using this approach has been effective. Although, Meer and Mir, (2014) observed that therapists who recognised that religion could be a useful resource often feel ill-equipped to engage with a religious framework within therapy. To ameliorate this, there should be incorporation of psychology of religion in both undergraduate and graduate level course works for counselling psychologists in training.

In the same line of thought, Gordon, Hoffman, and Tjeltveit (2010) argued that the ethical practice of psychotherapy with respect to religion is not derived from the prevalent illusion of achieving a value-free therapeutic dialogue. Values are embedded in all presuppositions, including those that guide some psychologists to ignore religion. As such, when psychologists practice in ways that invite the full participation of clients (including their religious sensibilities), respect the clients (including their choices to not address religion), are aware of religious differences, are informed by relevant knowledge (obtained either before or after therapy begins), and strive to benefit clients, the treatment they provide will be both efficacious and ethical. The anecdotal evidence of the impact of spiritually-inclined therapy could be said to be strong. This has recently reached a point where there is a substantial body of high-quality literature that discusses the connection between mental health and spirituality. However, counselling psychologists must develop both more research and theoretical models to understand the connection between religion and spirituality in practice. In other words, therapists and researchers need to have good, solid empirical evidence and studies about how to integrate religion into practice, so as to encourage it widespread use (Shafranske, 1996). Caution must be paid as it is not yet fully clear how the constellation between religious client and conservative therapist, or vice versa impacts therapeutic results (Norcross, 2002). Moreover, not each and every client, who identifies himself as religious, wishes to incorporate or discuss religious elements within the context of counselling (Korsinek, 2014). Thus,

more research still is needed in this area to substantiate how therapist can effectively integrate religion into practice without running into ethical conflict.

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