

Religious Coping in the Process of Counseling / Psychotherapy

Dweep Chand Singh^{1*} and Atul Madan²

AIBHAS, Amity University UP, India

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*Corresponding author: Dweep Chand Singh, AIBHAS, Amity University UP, Noida, India, Tel: 09891424656 / 57; Email : drdweepsingh@gmail.com

Introduction

Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Religious coping is an effort to understand and deal with life stressors in ways related to the sacred, which includes prayer, congregational support, pastoral care, and religious faith. Religion is an integral part of most of the peoples' life and it may be defined as a set of beliefs, attitudes, and practices pertaining to supernatural power, whether that power is force, gods, spirits, ghosts or devils [1]. Religion strengthens coping [2]. People use religious methods of coping to find meaning, gain control, gain comfort and closeness to God, gain intimacy with others and closeness to God; and to achieve a life transformation. Empirical studies have demonstrated that many people turn to religion as a resource in their efforts to understand and deal with the most difficult times of their lives. 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 [3-6]. Appropriately integrating religiosity/spirituality into the counseling setting can be effective in instilling insight, hope, and change, each of which is an essential element of the counseling process.

More and more people are seeking ways to cope with their stress, anxiety etc. Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Recent development shows that religious inputs in the process of counseling / psychotherapy are significant [2]. Religion is an integral part of most of the peoples' life. However, atheists (nonbelievers) are spread all over world. Maximum atheists (47 percent) live in China and lowest number (3 percent) is in India [7]. Prevalence of atheists in other countries varies between these two extremes. Religion may be defined as a set of beliefs, attitudes, and practices pertaining to supernatural power, whether that power is force, gods, spirits, ghosts or devils (Preet, 1995). Religiosity is faith in power beyond himself (believer) whereby he (believer) seeks to satisfy emotional need and gains stability of life and which he (believer) expresses in acts of worship and service [8]. Religiosity has closely associated with human behavior and undergoes change with great difficulty

It can be measured on the following dimensions [9,10]: Religious beliefs (ideological dimension), Religious practices (ritualistic dimension), Religious feeling (experiential dimension), Religious knowledge (intellectual dimension), and Religious effects (consequential dimension). Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices [11].

There is no single, widely agreed definition of spirituality [12,13] According to Waaijman [14], the traditional meaning of spirituality is a process of re-formation which aims to recover the original shape of man, the image of God. It plays an important role in contemporary discussions of issues in mental health, managing substance abuse, marital functioning, parenting, and coping. Those who speak of spirituality outside of religion often define themselves as spiritual but not religious and generally believe in the existence of different spiritual paths, emphasizing the importance of finding one's own individual path to spirituality. According to one 2005 poll, about 24% of the United States population identifies itself as spiritual but not religious [15]. Modern spirituality is centered on the deepest values and meanings by which people live [16]. It embraces the idea of an ultimate or an alleged immaterial reality. It envisions an inner path enabling a person to discover the essence of his/her being. Not all modern notions of spirituality embrace transcendental ideas. Secular spirituality emphasizes humanistic ideas on moral character (qualities such as love, compassion, patience, tolerance, forgiveness, contentment, responsibility, harmony, and a concern for others) (Lama, 1999). These are aspects of life and human experience which go beyond a purely materialist view of the world without necessarily accepting belief in a supernatural reality or divine being. Generally, religion has following functions:

- I. **Meaning:** Religion plays a key role in the search for meaning. In the face of suffering and baffling life experiences, religion offers frameworks for understanding and interpretation [17].

II. **Control:** Confronted with events that push the individual beyond his/her own resources, religion offers many avenues to achieve a sense of mastery and control [18].

III. **Comfort/Spirituality:** From the religious perspective, spirituality, or the desire to connect with a force that goes beyond the individual, in search of comfort and seeking reassurance, is the most basic function of religion [19].

IV. **Intimacy/Spirituality:** Sociologists generally have emphasized the role of religion in facilitating social cohesiveness [20]. Religion is said to be a mechanism of fostering social solidarity and social identity. However, intimacy with others, often is encouraged through spiritual methods, such as offers of spiritual help to others and spiritual support from clergy or members.

V. **Life Transformation:** Religion also may assist people in making major life transformations, that is, giving up old objects of value and finding new sources of significance [21].

Thus, religious beliefs and practices may offer social and emotional support, help people find meaning and purpose in life, provide comfort in time of grief, and provide ethical and moral guiding lines that many choose to live their life by. Religion and spirituality positively correlate with coping with stress [22]. Religion strengthens coping [2].

Religious Coping

Religious coping is an effort to understand and deal with life stressors in ways related to the sacred, which includes prayer, congregational support, pastoral care, and religious faith [21]. Religious coping (RCOPE) measure [23,24] is most commonly used. Based on this scale, people use following religious methods of coping -- to find meaning, gain control, gain comfort and closeness to God, gain intimacy with others and closeness to God, and to achieve a life transformation:

Finding Meaning

- Benevolent Religious Appraisal: Redefining the stressor through religion as benevolent and potentially beneficial.
- Punishing God Reappraisal: Redefining the stressor as a punishment from God for the individual's sins.
- Demonic Reappraisal: Redefining the stressor as an act of the devil.
- Reappraisal of God's Powers: Redefining God's power to influence the stressful situation.

Gaining Control

- Collaborative Religious Coping: Seeking control through a problem solving partnership with God.
- Active Religious Surrender: An active giving up of control to God in coping.
- Passive Religious Deferral: Passive waiting for God to control the situation.

d. Pleading for Direct Intercession: Seeking control indirectly by pleading to God for a miracle or divine intercession.

e. Self-Directing Religious Coping: Seeking control directly through individual initiative rather than help from God.

Gaining Comfort and Closeness to God

- Seeking Spiritual Support: Searching for comfort and reassurance through God's love and care.
- Religious Focus: Engaging in religious activities to shift focus from the stressor.
- Religious Purification: Searching for spiritual cleansing through religious actions.
- Spiritual Connection: Experiencing a sense of connectedness with forces that transcend the individual.
- Spiritual Discontent: Expressing confusion and dissatisfaction with God's relationship to the individual in the stressful situation.
- Marking Religious Boundaries: Clearly demarcating acceptable from unacceptable religious behavior and remaining within religious boundaries.

Gaining Intimacy with Others and Closeness to God

- Seeking Support from Clergy or Members: Searching for comfort and reassurance through the love and care of congregation members and clergy.
- Religious Helping: Attempting to provide spiritual support and comfort to others.
- Interpersonal Religious Discontent: Expressing confusion and dissatisfaction with the relationship of clergy or congregation members to the individual in the stressful situation.

Achieving a Life Transformation

- Seeking Religious Direction: Looking to religion for assistance in finding a new direction for living when the old one may no longer be viable.
- Religious Conversion: Looking to religion for a radical change in life.
- Religious Forgiving: Looking to religion for help in shifting to a state of peace from the anger, hurt, and fear associated with an offense.

Positive or Negative Religious Coping

Although the concept of coping has a positive connotation, coping can be positive as well as negative. There are positive religious coping methods, which reflect a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a benevolent world view (e.g., benevolent religious reappraisal, collaborative religious coping, etc.). Whereas, the negative religious coping methods reflect underlying spiritual tensions and struggles within oneself, with others, and with the divine (e.g., Demonic

Reappraisal, Reappraisal of God's powers, etc.). The findings indicated that the use of positive religious coping methods was linked to fewer psychosomatic symptoms and greater spiritual growth after dealing with a stressor. In contrast, negative religious coping was correlated with more signs of psychological distress and symptoms, poorer quality of life and greater callousness toward other people. A measure, The Brief RCOPE [24] mentions following items for Positive and Negative Coping Subscales:

Positive Religious Coping statements:

- a. Looked for a stronger connection with God.
- b. Sought God's love and care.
- c. Sought help from God in letting go of my anger.
- d. Try to put my plans into action together with God.
- e. Tried to see how God might be trying to strengthen me in this situation.
- f. Asked forgiveness for my sins.
- g. Focused on religion to stop worrying about my problems.

Negative Religious Coping statements:

- a. Wondered whether God had abandoned me.
- b. Felt punished by God for my lack of devotion.
- c. Wondered what I did for God to punish me.
- d. Questioned God's love for me.
- e. Wondered whether my church had abandoned me.
- f. Decided the devil made this happen.
- g. Questioned the power of God.

Integration of Religious Coping in Counseling

Empirical studies have demonstrated that many people turn to religion as a resource in their efforts to understand and deal with the most difficult times of their lives. Surveys [25] indicate that 70-80% use religious or spiritual beliefs and activities to cope with daily difficulties and frustrations. Studies indicate that the outcome of psychotherapy in religious patients can be enhanced by integrating religious elements into the therapy protocol. There was a time when the realm of spirituality and religion was clearly separate from the counseling process. Indeed, many practitioners were hesitant to broach the topic of their clients' religious or spiritual concerns, lest they be seen as inappropriately mixing counseling with spiritual-religious matters, which were viewed as the domain of the clergy, not of the counselor. Nevertheless, counseling psychologists are expected to consider their clients from a holistic point of view. For this holistic perspective, attention needs to be given to matters of body, mind, and spirit. Hence, with the development of the central importance of the multicultural dimensions in counseling, religion and spirituality have been given increased attention as a requisite for more deeply understanding a client's cultural background. Currently, awareness of and willingness to explore spiritual and

religious matters in the practice of counseling and in counselor education programs is growing. A client's spiritual journey is now considered part of the multicultural and diversity movement.

Reasons For Integrating Religious Elements Into Counseling

By integrating religious elements, the counselor 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 [3-6]. 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 counseling to drive these processes.

Process of Religious Coping

Maintains Hope

Religion may help patients to enhance emotional adjustment and to maintain hope, purpose and meaning. Patients emphasize that serving a purpose beyond one's self can make it possible to live with what might otherwise be unbearable.

Coping Mechanism

For many, religious/spiritual beliefs play a significant role in the ability to cope with adverse events in life. These practices may offer social and emotional support, help people find meaning and purpose in life, provide comfort in times of grief, and provide ethical and moral guidelines that many choose to live their lives by. Religion and Spirituality positively correlate with coping with stress [22].

As an intervention

A Spiritual / Religious intervention may include discussion around specific issues such as faith, purpose, and meaning (Pargament & Saunders, 2007), and exercises relevant to client's beliefs and practices. For example, imagery congruent with a client's beliefs can be introduced in relaxation exercises [26]. Music therapy, bibliography, and prayer have also been used to incorporate spirituality in therapy [27]. Other interventions included assisting the client to develop personalized spirituality-related activities and rituals to incorporate into their daily management of their illness.

The Extended Bio-Psycho-Social Model

In psychiatry and psychosomatic medicine, the bio-psycho-social model introduced by Engel [28], is the predominant concept in clinical practice and research. It shows that biological, psychological and social factors interact in a complex manner in health and disease. In the extended bio-psycho-social model, religion and spirituality constitute a fourth dimension. This holistic and integrative framework is a useful tool to understand how religion and spirituality influence mental as well as physical health. Interactions with the biological, psychological and social dimension constitute the distinct disciplines of - biology of religion, psychology of religion and sociology of religion. The extended bio-

psycho-social model illustrates that a holistic approach in mental health has to integrate pharmaco-therapeutic, psychotherapeutic, socio-therapeutic and spiritual elements.

Effectiveness

In a psychosocial rehabilitation program, 80% participants said that religion and spirituality had been helpful to them [29]. Baetz et al [30] demonstrated among psychiatric inpatients that both public religion (e.g., worship attendance) and private spirituality were associated with less severe depressive symptoms. Religious patients also had shorter lengths of stay in the hospital and higher life satisfaction. Pargament [31] found consistent connections between positive styles of religious coping and better mental health outcomes. Religious coping styles such as perceived collaboration with God, seeking spiritual support from God or religious communities, and benevolent religious appraisal of negative situations have been related to less depression [32], less anxiety [23] and more positive affect [33]. Individuals who have a healthy spiritual identity heal at faster rates and are able to establish healthier lifestyles. A healthy spiritual identity involves feeling connected to God's love, feeling self-worth, having meaning and purpose in life, and being better able to fulfill one's greatest potential [34]. When asked how they cope with their most stressful situations, many people make mention of religion. Among some groups, particularly the elderly, minorities, and individuals facing life-threatening crises, religion is cited more frequently than any other resource for coping [35].

Furthermore, indices of religious coping have been associated with a variety of salient outcomes, including lower rates of depression, [36], better mental-health status [37], better physical health [38-40], stress-related growth [41], spiritual growth [40], and reduced rates of mortality [42,43]. Numerous studies have reported significant relationships between Spiritual / Religious factors and positive mental health characteristics such as wellbeing, hope and optimism, meaning and purpose, reduced levels of depression and anxiety, and positive coping skills [44-46]. Furthermore, research suggests that Spiritual /Religious beliefs and practices may impact physiological outcomes including an individual's recovery outcomes, health behaviours, pain, and immune and cardiovascular functions [44,45,47,48]. Addiction counseling often involves addressing addictions through combining the medical model, conditioning theory, social learning theory, family systems, and a lens of spirituality [49]. One of the best known approaches, Alcoholics Anonymous and Narcotics Anonymous contains a spiritual component that is identified as more of a religious healing process rather than behavioral transformation [50]. Spiritual Mindfulness techniques, such as Acceptance and Commitment Therapy have been shown to be effective in treating clients with substance abuse [51].

Faith Really Matters

In a survey, the US based Pew Forum on Religion and Public Life [52] found the following: 92% Americans believe in the existence of God or a universal spirit, 63% of American women and 44% of American men say that religion is very important to their lives.

Americans are nearly unanimous (92%) in saying they believe in God, and large majorities (74%) believe in life after death, and (63%) believe that Scripture is the word of God. Fifty four percent Americans say they attend religious services fairly regularly (at least once or twice per month), 39% say they attend worship services every week. Americans also engage in a wide variety of private devotional activities. Nearly 58%, for instance, say they pray every day. People who are not affiliated with a particular religious tradition do not necessarily lack religious beliefs or practices. In fact, a large portion (41%) of the unaffiliated population says religion is at least somewhat important in their lives, 7-in-10 say they believe in God, and more than a quarter (27%) say they attend religious services at least a few times a year. Therefore, it can reasonably be assumed that religion is of relevance to the lives of a large portion of the clients every psychotherapist will come in contact with. Thus, as Principle E of the APA Ethics Code [53] addressed, psychologists should be sensitive to, aware of, and respect all individual differences, to include religious and spiritual beliefs, values, and practices.

Relevance of Religion to the Practice of Psychotherapy

Two major reasons why this is so important for every psychotherapist are:

- i. First, the religious and spiritual issues may be relevant to the underlying issues that prompt clients to seek treatment. These can include conflicts over religious values, crises of faith, feelings of alienation from one's religion, and distortion of religious beliefs and practices, among others.
- ii. Secondly, the client's religious and spiritual beliefs and faith may be the sources of strength and support that may be accessed in the course of psychotherapy to assist clients to achieve their treatment goals.

Thus, to overlook or to intentionally ignore or avoid addressing each client's religious and spiritual beliefs and practices may be doing them a great disservice.

The Initiation

It is recommended that during the initial intake or assessment phase of treatment, every client be asked about these issues. This does not mean that addressing religious and spiritual issues will be a focus of psychotherapy. Rather, asking these questions and raising these issues for the client to respond, helps to promote each client's autonomous decision making about treatment planning. If counsellor never raises these issues or asks these questions, clients may naturally assume that these are not issues to be discussed with psychotherapists. Thus, it falls on the counselor to let clients know that these are issues that may appropriately be addressed in psychotherapy if the client so chooses.

Ethical Issues

A number of ethics issues are relevant to thoughtfully and appropriately addressing religious and spiritual issues, beliefs, and practices in psychotherapy. These include

i. **Informed Consent:** As in all therapeutic processes, clients have the right to be presented with all information that might reasonably be expected to influence or impact their decision to participate in psychotherapy. Informed consent should also address all aspects of religious and spiritual issues and their possible relevance to treatment.

ii. **Clinical Competence:** To be able to provide competent psychotherapy to their clients, psychotherapists must educate themselves about the major religions and spiritual beliefs and practices.

iii. **Consultation and Collaboration with other Professionals:** In general when faced with challenges and dilemmas, and with the client's consent when sharing specific information about a client, psychotherapists should consult with knowledgeable colleagues and members of the clergy on an ongoing basis.

iv. **Boundaries and Multiple Relationships:** When addressing religious and spiritual issues in psychotherapy with clients, psychotherapists should be cognizant of the potential to move from the role of psychotherapist to the role of the clergy. This is especially relevant when integrating religious and spiritual practices into psychotherapy.

v. **Imposition of One's Values on Clients:** Psychotherapists should also be cautious about imposing their values on clients and taking on a prescriptive approach in treatment.

Clinical Competence of Counsellor

Every nation has become now host to people belonging to almost all religions and foreign cultures. Some 'guests' may get 'culture shock' in the host country. Many natives may also have intriguing queries about their own faith and coping in general. Therefore, to be able to provide competent psychotherapy to their clients, psychotherapists must educate themselves about the major religions and spiritual beliefs and practices. Psychotherapists also should know the limits of their knowledge and clinical expertise, seeking consultation from expert colleagues and from members of the clergy when unsure of what knowledge they should have and when facing clinical situations outside their competence. Psychotherapists should ensure they receive comprehensive training and clinical supervision before attempting to integrate religious or spiritual practices into psychotherapy.

The DSM-IV added "religious or spiritual problem" to its list of issues a client may bring into counseling, creating a need for counselors to have the needed skills to deal with clients suffering from religious or spiritual issues [54]. American Psychological Association [55] formally acknowledged religion in their ethical guidelines as an issue counselors need to take into account in their practice. In Section A of the ACA Code of Ethics, counselors are required to avoid all discrimination based on religion, required to actively increase their understanding of clients with diverse cultural backgrounds, and to reflect upon how their own cultural/ethnic/racial identity has an impact on decisions in the counseling

process [56]. The Association for Spiritual, Ethical, and Religious Values in Counseling [57] has given following Competencies for Addressing Spiritual and Religious Issues in Counseling:

a. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.

b. The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

c. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

d. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

e. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources and leaders who can be avenues for consultation and to whom the counselor can refer.

f. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

g. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

h. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and are acceptable to the client. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

i. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

j. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can

i. enhance well-being

ii. contribute to client problems

iii. Exacerbate symptoms.

k. The professional counselor sets goals with the clients that are consistent with the client's spiritual and/or religious perspectives.

- l. The professional counselor is able to
 - i. modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and
 - ii. Utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.
 - m. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

Limitations

In general, in the field of counseling, religious and spiritual issues are often avoided [58]. Many psychology and counselor education programs give only cursory training in the area, if the topic is even addressed [59]. This is due to the fact that counseling is based in psychology, a scientific field, which has traditionally neglected issues of a spiritual nature. Because of the lack of adequate training, most of the integration of spirituality and religion that occurs in counseling happens through intrapersonal integration of therapists' own spiritual or religious experiences, resulting in risks to the client, such as the counselor imposing his or her own beliefs on the client, or inappropriately applying religious or spiritual interventions [58].

Though it is important for counselors to increase their knowledge in diversity issues, materials representing certain types of clients may not be readily available. Few articles focus on atheistic and non-spiritual/non-religious clients, and no article is available addressing non-religiosity as a diversity issue [60]. There are also barriers for counselors at the individual-level. Counselors may be fearful about bringing up beliefs, particularly if they hold differing views from the client and believe they cannot relate [61]. It is inappropriate to have too much religion or spirituality as an intervention in the counseling session. Some clients attempt to address problems exclusively and prematurely on the spiritual level, ignoring other levels of healing, such as emotional, cognitive, or interpersonal levels. When this happens, it is termed spiritual bypass, and it significantly hinders client healing [62].

Conclusion

Need based spirituality and/or religion can be very beneficial when utilized in counseling, and should be considered strength in clients who have strong spiritual or religious beliefs. Many clients use religious coping strategies, which have been found to be beneficial. Studies have reported positive outcomes of Spiritual / Religious inclusive treatment across a range of disorders including depression, anxiety, PTSD, schizophrenia, and trauma, as well as for patients coping with illnesses such as cancer [63]. Appropriately integrating spirituality into the counseling setting can be effective in instilling insight, hope, and change, each of which is an essential element of the counseling process [2,64-66].

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