

Religious Issue in Psychotherapy

Johana E. Prawitasari

Faculty of Psychology, Gadjah Mada University, Yogyakarta
e-mail: jepe@ygy.centrin.net.id/ johana@ugm.ac.id

Abstract. Spirituality and religiosity are two different terms and different contexts. Religiosity is considered as a term to be used related to religion, while spirituality will not be perceived as related to any religion. Spirituality is a general term to refer to the attitude toward surrendering to the super power beyond individual's control. The tendency of psychotherapy to use religion in the process, I am afraid, will confuse the clients since they are asked to use their religion norms, yet their underlying problems are related to the norms. In the process of psychotherapy, therapist may offer different views of individuals' existence. The two terms, religiosity and spirituality: the pro and contra in the psychotherapeutic process are discussed.

Key words: psychotherapy, religion, religiosity, spirituality

Abstrak. Spiritualitas dan religiositas adalah dua istilah yang berbeda dan dipakai dalam konteks yang berbeda. Religiositas dipakai dalam kaitan dengan agama, sedangkan spiritualitas tidak dipersepsikan terkait dengan agama mana pun. Spiritualitas adalah istilah umum yang merujuk pada sikap penyerahan diri pada kekuatan adikodrati di luar kendali individu. Kecenderungan psikoterapi memakai agama dalam prosesnya, menurut penulis, akan membingungkan klien mengingat mereka diminta menggunakan norma agamanya, pada hal penyebab masalahnya terkait norma tersebut. Dalam proses psikoterapi, terapis dapat menawarkan pandangan yang berbeda mengenai eksistensi si individu. Didiskusikan kedua istilah, religiositas dan spiritualitas: yang pro maupun yang kontra dalam proses psikoterapi.

Kata kunci: psikoterapi, agama, religiositas, spiritualitas

Psychotherapy is a long learning process to find what is better than before for oneself. When someone, who is called a client, comes to, what we call, a therapist, then the learning process begins. The task of the therapist is facilitating the client to search within self to find the source of his/her sufferings. To do so, a therapist uses different techniques to facilitate the client to express what s/he thinks, feels, and acts during psychotherapy process. For the novices in psychotherapy, techniques become very important. Yet, for more experienced therapists, techniques become secondary in their practices (personal observation during Evolution of Psychotherapy Conference, December 2005 and my own experience as a psychotherapist since 1982; Yalom,

1997, 2000, 2005). The main concern the therapist in facilitating the client is how to build trust between him/herself and his/her client and therefore, the client will trust and have faith in him/herself to grow to a better condition than the previous one. Being with the client and available every time in need, the therapist is to be there. The more experienced a therapist the more s/he is willing to share and disclose of him/herself for the sake of the client. Although the misery because of any malfunction or dysfunction in a client's life is still there, the quality of life of the client is improved when the therapeutic process is a success.

From the description above, so what is the difference between a religious leader and a therapist? What is then the difference between religion and psychotherapy? A religious leader may act as a therapist for some people who have trust in him/her as well as the religion itself. A religious leader, however, has different education background than a therapist. Diverse range of education can be experienced by a religious leader dependent upon what

This paper has been presented at the 5th Congress of the Asia Pacific Association of Psychotherapists on April 5-7, 2008.

Correspondence concerning this article should be addressed to Prof. Johana E. Prawitasari, Ph.D., Faculty of Psychology, Gadjah Mada University, Jalan Humaniora No. 1, Bulaksumur, Yogyakarta 55281, Indonesia.

religion s/he has. A psychotherapist is a professional in serving clients. The education background of a psychotherapist usually is limited to university degree whether in medicine and specialist in psychiatry, in clinical psychology, and some other master's level specialist in many different psychotherapy modalities such as family therapy and couples therapy. What about the difference between religion and psychotherapy? Noel Woodbridge (2008) from South African Theological Seminary wrote that psychotherapy is another religion. In his writing he made some critics, citing from many different sources, that psychotherapy is to replace religion specifically Christianity since modern people come to psycho-therapist instead go to the church and their clergy-men. People do not have faith in the Bible anymore, but render their faith in their psychotherapists.

To my view, once we claim that we do psychotherapy, then we need to use theoretical and conceptual based approach in our practice. Every step in our psychotherapeutic process has to be based on validity and reliability of our approach. We could explain to other disciplines of what is the basis of our approach to the problem statements of the client and the goal of coming for a psycho-therapeutic process. I do not agree with Woodbridge that psychotherapy is another religion that modern people have more faith in it than the Biblical scriptures. Both religion and psychotherapy in practice are based on trust, yes of course. Religion is pure faith and belief system within individual's mind. Psychotherapy is based on psychological theories and concepts that have been studied empirically. We could say the limitation of each approach in psychotherapy. A professional psycho-therapist will set up a contract with the client as to how the psychotherapeutic process will be conducted. There is no limitation of the belief system in religion. It is a dogma. We do not have to prove the existence of God. We also proclaim according to our credo. Whether there is really heaven or hell, we just belief in live after death. There is no need to prove any of them.

Religiosity and spirituality, to my view, are two different terms in different contexts. Religiosity is related to specific religion, whereas spirituality is not necessarily related to it even though both are related to the surrender of people to the Supreme Being. In spirituality people is not only belief in the

Supreme Being, but they belief in how to reach unity with nature as well as the contemplation and transcendence within self and that of the existence of the Super Power outside their selves. Religiosity seems to restrict people to follow their religion rules and norms. On the other hand, spirituality will free people to choose any belief system or maybe free them to not having any religion at all. Religiosity might involve rituals in the religion domain, whereas spirituality may free people from those rituals related to the belief system within religion they choose to follow. Spirituality may manifest in observed behavior as people having free spirit and seem having free soul.

Religion somehow, to my view, at times do more harm than good for some people who are followers without any awareness toward the spirituality behind the religion. They are more afraid of going to hell when violating their religion rules and norms, yet they still do what their religion is restricting. Mostly sexual experience beyond marriage in any age becomes the source of anxiety since most religions restrict it. Specifically, the case of homosexuality in young people, usually once they have experienced having sex with same sex, then they tend to repeat the pleasure experience with shame and guilt altogether. Similarly the phenomenon exists in extra marital sexual encounter or adultery in adults, since most religions prohibit such behavior. Other sins seem to be tolerated without any severe punishment from the society. For example, bigotry becomes tolerable when practice to the out-group members.

For normal people, religion provides comfort and security to face hard life. Similar to obsession and compulsion, rituals in religion have to be done, otherwise for some who experience religion superficially; this will become the source of insecurity without. Religion, then, is to become a source of neurotic behavior. For example, Freud had speculated that religion became the source of neurosis (Fontana, 2003).

Another matter to be considered is about the ethical issue when a therapist uses religion to preach for what supposed to do by the client in facing the hardship of life. Is it ethical to push client to follow specific religion rules and norms for the client to cope with the presenting complaints? To my view, it is unethical when a therapist uses religion in the the-

rapeutic process unless agreed upon by the client since the beginning of therapy. Even so, when religion is the focus of the psychotherapeutic process, then it is more a religion dialogue rather than psychotherapy.

Religious issue, to my view, is creating pro and contra in psychotherapy even though some studies have proved that religiosity and spirituality have effects on the process of psychotherapy or psychotherapy supervision (Goodman & Manierra, 2008; Schnall, 2006; Tan, 2007; Weinrach et al., 2004). The purpose of this paper is to present on the pro and contra of religiosity and spirituality in psychotherapeutic process. Ethical consideration and religion as the source of neuroticism will be highlighted.

What I write here is my own point of view based on my life experience and my readings toward the subjects being discussed. There is no intention to neither degrade nor devalue any religion.

Religion, Religiosity, and Religious Issues

Religion is related to the formal organization to govern, religiosity refers to the feelings and practice of being religious related to specific religion. Someone who is religious is the one who follows certain rules and norms of specific religion. Yet, in our beloved country Indonesia, people claim to be Moslem or Catholic, but they do not pray nor go to Mosque nor Church as required by their religions. Then there is a joke, "Islam KTP" or "Roman Catholic KTP" meaning claiming as Islam or Catholic only in the Identification Card. Some people do not follow the rituals, but claim as having faith according to the religions they belong to. They might be religious but they go to the mosque or church as they pleased. They do not follow the rules and regulations of formal religions. According to these people, rituals are parts of formal religions only. Religiosity on the other hand is the experience according to their belief system and the religions they claim as part of.

One book in my collections is on psychology, religion, and spirituality by David Fontana (2003). He writes this text book and claims that he is in sympathy with religions, therefore, his book consists more on the positive sides of religions. To balance though,

he also presents the small part of negative sides of religions. Almost all positive and negative sides he presents in his books are based on empirical findings. In his text book, Fontana presents his arguments on many different issues. In the introduction he explains why he is interested in the psychology of religion. He then presents definitions and meanings of religion. Many different topics like introspection and inner experience, approaches to the psychology of religion and spirituality, religious beliefs and practices, approaches to spiritual development, spirituality and the brain, the origins of religious belief, religious expression in myth and the creative arts, varieties of religious and spiritual experience, concepts of self, soul, and brain. What is more interesting to me is his last chapter on religion, health, and well-being since lately my concern is on the psychology of well-being focusing more on the macro applied of clinical psychology.

Religion to my view is the organizational side of any religion. According to Nielsen et al. (1988) who is cited by Fontana (2003), it is only one aspect of religion. He then summarized the characteristics of religion as follows:

1. Belief in a supernatural or other reality beyond, yet basic to, ordinary existence and experience.
2. The presence of a distinction between sacred and profane, or between ultimate and apparent reality.
3. Some emphasis upon ritual or corporate worship or observance.
4. The possession of a moral code or ethical principles, or of a belief that spirits must be "appeased" in some way (by offerings, sacrifice etc.).
5. A striving to attain levels of consciousness beyond normal human experience.
6. The use of sacred texts, prayers, chants, mantras, hymns etc. in an attempt to influence divine will (whether this will is thought of as transcendent or imminent).
7. The presence of a worldview and of the place of the individual within this view.
8. A personal commitment by adherents to this worldview and to the demands it places upon the individual.
9. The presence of formal organization (in the form of institutions, social groupings etc.).
10. The promotion of inner states of harmony with the divine and with one's own true nature.

11. A belief in an afterlife of some kind (in other dimension and/or through reincarnation in this world).
12. A desire (stronger in some instances than others) to proselytize themselves. (Fontana, 2003, pp: 9-10).

For the working definition in his book, Fontana (2003) proposes: (1) belief in spiritual dimension; (2) observance of a set of spiritual rituals or practices; (3) adherence to a doctrine of ethical conduct arising from spiritual teachings. For this working definition, he does not include organizational or institutional aspect of religion. He then groups people according to his working definition as people who are spiritual rather than religious if they belief only the first one (belief in spiritual dimension). People are spiritual/religious if they belief the first and the second ones (belief in spiritual dimension and observance of a set of spiritual rituals or practices). The third group is people who accept all three and called religious (belief, in spiritual dimension, observance of a set of spiritual rituals or practices, and adherence to a doctrine of ethical conduct arising from spiritual teachings).

In this paper then, I refer religion as the formal belief system in a formal organization and institution like Roman Catholic that has the Pope as the spiritual leader. Islam has Mohammad as the Prophet whom unites people in one religion, but it does not have one spiritual leader like the Roman Catholic Church does. Similarly is the Christian religion that does not have one spiritual leader, but the followers believe in Jesus Christ as the Savior. Religiosity then, is the concept of being religious according to one's religion. When measured, religiosity items may include "how frequent someone attends rituals in church, mosque, pagoda, *pura*, *kuil*, *klenteng*, or other places related to religious rituals. Another favorable item might be: "when people have severe hardship temptations in their lives, they turn to their religion." Unfavorable items may be like: "people will turn to themselves to solve their problems; therefore, there is no need to turn to prayers." Another unfavorable item looks like this: "The important aspect in people's life is their confidence in them rather than the rituals in any religion."

To study religious issue in psychotherapy then, may use those sample items to see whether people

are more religious or less religious as a starting point to involve religiosity in the therapeutic process. It is no use to using religiosity in psycho-therapy when clients are agnostic or do not belief in any religion at all. It might be helpful for clients who are religious to involve religious issues in therapeutic process. Nonetheless, success of psycho-therapy is due to unknown factors (Dawes, 1994). We may not conclude as simple as that whether religiosity is really the turning point to be used in psychotherapy to become a success story in this country where almost 90 % people claim Islam as their religion.

Another reason the use of religious issue in psychotherapy somehow is unethical, specifically when the therapist has the same religion as the client's and seems to push the client to adhere to the faith including rituals and norms as means to solve the presenting problems. The process then is not psychotherapy, but religious dialogue. Some psychologists seem to prefer using this dialogue than psychotherapeutic process and claim that they use Islam Psychology instead of Western Psychotherapy. This is based on my own personal observation than empirical findings.

My own personal bias toward religion is that for some young people this is the source of anxiety, fear, and uncertainty due to the behavior that they engage. Specifically when they are engaged in sexual activities beyond marriage either heterosexually or homosexually, this becomes the source of their anxiety. They feel that they are living in sin, yet they continue doing their promiscuous behavior. For these young people, religion is perceived as threatening and they are more afraid of going to hell than anything else. When they go to the therapist complaining about this dilemmatic problem, and the therapist suggests going back to their religion rules and norms, then it sounds that the therapist does not understand the underlying psychological problems at all. Religiosity then is not the issue in this case.

For other young people who are still searching for identity, doing rituals in any religion seem more as obsessive and compulsive behavior when done without consciousness and genuineness. Religion for these people becomes the source of their neurotic behavior. When they do not perform the rituals, they feel anxious. Superficially they seem to follow rules and norms within one's religion, yet they are doing other things that might be violating those

rules and norms. For some of them, this becomes the source of their dilemmatic problem and for some they could live with ingenuity and dissonance in their young lives without any substantial psychological problems.

Religion, religiosity, and religious issues in psychotherapy are a matter of professional choice to become the focus of the psychotherapeutic process according to the needs of the client. Otherwise, it will be unethical if the client does not mention about those issues as the source of their presenting problems in the first place.

Spirituality in Psychotherapy

To my view, spirituality has a higher level of self-understanding related to the acknowledgment of something exists within and beyond self. In the process of psychotherapy this will open up people's mind to be aware of their limitation in life. There is something beyond, yet part of their existence. The wholeness in perceiving self, others, nature, and the universe is part of spirituality (Rowan, 2002, Wilber, 2002). People, who are following certain religion, do not necessarily being spiritual.

To cite Fontana (2003:12-13), spirituality according to Nielson et al. is characterized as (1) belief in supernatural reality; (2) distinction between sacred and mundane reality; (3) a striving to attain higher levels of consciousness; (4) belief in afterlife; (5) promotion of inner harmony. Spirituality, therefore, is a way of life and I will not agree more.

Another book I have in my collections related to spirituality is DMT: the spirit molecule. Strassman (2001), who is a medical doctor, writes his experiment into the biology of near-death and mystical experience. DMT is "N-dimethyltryptamine, an extremely short-acting and powerful psychedelic" (p. xv). The source of DMT is pineal gland, "a tiny organ situated in the center of our brains" (p. xv). In his book Strassman describes his experiment and argues about theories related to the function of this tiny organ. One theory is related to the melatonin model and the other is related to DMT model. The melatonin inhibits reproductive function. He hypothesizes that within this tiny organ there is "a powerful dynamic or tension between the two roles it may play—one spiritual and the other sexual" (p.

79). Many religious leaders and disciples have some beliefs that celibacy is to attain the highest spiritual states. It is because the sexual activity diverts the energy "required for full spiritual development" (p.79).

To my view though, the sexual activity involving deep emotional experience during orgasm may activate the DMT. Based on my observation that some people specifically women are crying and calling for "God" when they are experiencing deep and genuine orgasm. Men are too rational and believing that ejaculation is only biological in nature than women who belief in more into deeper emotional attachment in their relationship with their men. Combination of the ecstasy in orgasm and the spiritual experience may enhance psychological well-being in both women and men who also belief that serving and guiding their women in the sexual activities to reach orgasm is mandatory. The Javanese says that man is "*Guru Laki*" confirms this notion.

Spirituality then in psychotherapy may be explored to enhance the well-being of the clients. Transpersonal psychotherapy has some techniques to guide the client to reach their transpersonal experience whether it is imminent or transcendence. Rowan (2002) suggests to reach spirituality in the psychotherapeutic process will help client to realize their existence as part of the universe. We have plenty to offer in this approach since we do have spirituality and mysticism in each part of this country. Each ethnicity has its own local wisdoms as to how to behave with others, with the divine, and with nature. For example to facilitate students to grow Ki Hadjar Dewantara, the founding father of education, a teacher has to model, motivate, and support them. The famous education system is "*ing ngarso sung tulada*," "*ing madya mangun karsa*," and "*tut wuri handayani*."

The Baduy in West Java retain their ancient life without using any modern products to preserve nature. The Samin in Blora speak up their mind straightforwardly to say the truth as the truth. The Dayak in Kalimantan use their cultivation without destroying the land. Suryamentaram developed the psychology of Java using harmony and becoming lay person to reach the real self. Spiritual movement using breathing exercise is also prominent to reach healthy body, mind, and spirit. Many more are available to be explored to be part of psychotherapeutic process.

Empirical Findings and Review of the Literatures

Fontana (2003) cites many studies indicate the benefit of religious and spiritual beliefs from different empirical findings. He groups the findings into religion and physical- psychological health; religion, spirituality, and psychological health; mysticism and psychological health; health and the clergy. Almost all findings present good sides of religion, spirituality, and mysticism. Religious people have more positive attitude toward being in the group and exercise more in coming to their congregations. Women who have breast cancer ease their suffering by turning to religion. Fontana says that "there seems little doubt that religion and spirituality are quite strongly associated with better physical health and increase longevity" (p. 213). The clergy men have longer life than lay people. There are also associations between religion, spirituality and life satisfaction and overall psychological well being. People who experience mysticism in their life will be motivated to dedicate real action for others in need as they perceive this as the divine purpose for their life to continue.

Fontana (2003) also presents negative effects of religion on physical-psychological health; negative sides of religion like wars and violence; religion and over exploration of nature. It is unclear though whether people who have higher life satisfaction are religious or religion has some effects on their life satisfaction and happiness. Fontana (p. 214) argues that "both might develop together." Some people find personal difficulties related to the religious teaching, specifically upon sin and divine punishment (p. 231). These people will feel more guilt and fear for the wrath of God. Fontana states that it is quite difficult to find cause and effect in these empirical studies. Wars and violence are side effects of religion to separate in-group and out-group or defending what people perceive as "God's will" for the righteous of the religion against other religion. Also some people use the bible as the source to exploit nature for their own benefit without considering how to sustain and preserve it.

Recent studies indicate also positive effects of spirituality and religion in psychotherapy. Goodman and Manierre (2008) present the use of group psychotherapy process and drawing of God representa-

tions for small number of borderline patients. Since the beginning of psychotherapy, they set purpose of the treatment using psychoanalytically-oriented and exploratory spirituality group process. Nine patients were in the group. Five patients who perceive God as punitive similar to the representation of their parents have positive out-come of treatment than four patients who represent God in a more abstract term. They argue that the abstract representation of God is more as the patient's defense mechanism to deny their presenting problems; therefore, the outcome is not as good as the other five patients.

Fitspatrick, Snadish, Berger, and Kim et al. (2007) investigate the associations between survival and use of psychological and spiritual activities over one year in HIV-positive patients. This seemingly epidemiological study participants were 901 HIV-positive adults living in the United States who were involved in mind-body therapies included group psychotherapy, support groups, individual therapy and participated in spiritual activities like prayer, meditation, affirmations, psychic healing, and visualization. Patients who participated in spiritual activities over the previous year were found to be at reduced risk of death compared to those who did not practice spirituality. This study concludes that participation in spiritual and psychological therapies may be related to positive outcome and survival in HIV-positive individuals. Nurlaila Effendi's (in the process of final examination for her dissertation), my doctorate student, findings in her study on the use of transpersonal psychotherapy using meditation, visualization, and praising on HIV and AIDS patients confirms Fitspatrick et al. study. She found that almost all 6 participants' CD4 increase according to CDC/WHO standard from low level to high level. All participants experience reduced self-report on stress and anxiety. They also report on the improvement of self-acceptance, group activities, and meaning of life.

Specifically in clinical supervision between Christian supervisor and Christian supervisee, Tan (2007) describes the use of spiritual disciplines such as prayers, silence, and Scripture study in clinical supervision. This author presents the verbatim of the clinical supervision on one to one basis using cognitive behavioral approach. This study suggests that the use of spiritual disciplines and Scripture study is worthwhile to be used in group supervision and with other approach in psychotherapy. This ar-

ticle is very specific for Christian approach to clinical supervision only. To my view, it would also be good for Islamic psychology to turn to spiritual disciplines and Scripture study during clinical supervision in the application of their approaches in psychotherapy.

Another article written by Schnall (2006) presents literature study on the barrier of Orthodox Jew to use mental health services. The title of this article is "Multicultural counseling for Orthodox Jew." This is not an empirical study.

The development of studies in religion, spirituality, and psychology is promising. The American Psychological Association Division 36: Psychology of Religion has launched its journal *Psychology of Religion and Spirituality*. The editor is Ralph Piedmont, Ph.D. of Loyola College in Baltimore. He states that "The journal creation reflects the wave of new, empirical work in the areas of religion, and spirituality, and the fact that religion has motivated many major human achievements. Spirituality is one of those few qualities that's uniquely human" (APA Monitor, December 2007, p. 63).

Although this is not an empirical finding on the religious issue in psychotherapy, the following article is worth to note. Benjamin Ziemann (2006) reviews literatures on therapeutic concepts and the scientific of pastoral care in the West German Catholic Church in 1950-1980. In this article Ziemann describes how Catholic Church rejected psychoanalysis in the pastoral care in early 1950s, but slowly accept psychoanalytic approach by Carl Gustav Jung. He stresses the importance of combination and fusion of organized religion and the human sciences, specifically psychological intervention and group process adopted from the United States in the 1960s.

Concluding Remarks

Before I read the textbook by Fontana (2003) and some findings of empirical studies, I belief more on the spirituality than formal religion practice. My bias is that people who are more spiritual become more aware of their relative existence in this universe that they will not be too worry about materialism. They live with specific mission according to their belief in divine purpose. Spirituality will be the

guiding light in every hardship of life conditions. People, who belief in specific religion, are not necessarily become spiritual. They follow the religion mechanistically without any specific meaning for their peace of mind that they could use their rationality in violating their religion norms and rules. After I read the literatures carefully, for some people who belief truly on the religion, they become religious and spiritual. Following the religion truthfully and genuinely, people become healthier physically and psychologically.

The religious issue in psychotherapy somehow is controversial. On the one hand, it is important to raise the clients' awareness toward their religiosity when they present complaining problems related to their existence. On the other hand, raising the religious issue in psychotherapy becomes unethical when the therapist push the clients to follow specific formal religion that is because both therapist and client have the same faith. It is also contra productive to raise the religious issue in psychotherapy when the presenting problem is related to the religion norms as the source of the anxiety and personal difficulties. Specifically for young clients who are still searching for their identity, it is unethical to guide them to specific religion unless they agree to do so. Then again, this encounter is more a religious dialogue than psychotherapeutic process.

Since the success of psychotherapy is based on many factors, religious issue might be the focus of the healing process for some clients who are in pain physically. Specifically focus on spirituality in the process might open clients' awareness toward the purpose of their lives related to the whole universe. Retaining to the divine wisdom, the clients might find peace in facing their life problems. It is my belief that spirituality will enrich the life of the client and the therapist as well during the psychotherapeutic process.

References

- Dawes, R. M. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: Free Press.
- Effendi, N. (in press). *Pengaruh psikoterapi transpersonal terhadap kualitas hidup pasien HIV & AIDS* (The effects of transpersonal psychothe-

- rapy on the quality of life of HIV& AIDS patients). Unpublished dissertation. Yogyakarta: Fakultas Psikologi UGM.
- Fitzpatrick, A. L., Standish, L. J., Berger, J., Kim, J. G., Calabrese, C., & Polissar, N. (2007). Survival in HIV-1-positive adults practicing psychological or spiritual activities for one year. *Alternative Therapies in Health and Medicine*, 13(5), 18-20, 22-24.
- Fontana, D.(2003). *Psychology, religion, and spirituality*. Oxford, Uk: BPS Blackwell.
- Goodman, G., & Manierre, A. A. (2008). Representations of God uncovered in a spirituality group of borderline inpatients. *International Journal of Group Psychotherapy*, 58(1), 1-15.
- Nielsen, N.C., Hein, N., Reynold, F. E., Miller, A. L., Karff, S. E., Cowan, A.C, McLean, P., & Erdel, T. P. (1988). *Religions of the world*. New York: St. Martin Press (2nd ed.).
- Rowan, J. (2002). *The transpersonal: Psychotherapy and counselling*. East Sussex: Brunner-Routledge.
- Schwartz, D. (2007). The science of religion: The first editor of psychology and spirituality will include diverse perspective. *APA Monitor*, 38(11), 63.
- Schnall, E. (2006). Multicultural counseling and the orthodox Jew. *Journal of Counseling and Development*, 84(3), 276-282.
- Strassman, R. (2001). *DMT: The spirit molecule*. Rochester, Vermont: Park Street Press
- T, S-Y. (2007). Using spiritual disciplines in clinical supervision. *Journal of Psychology and Christianity*, 26(4), 328-335.
- Weinrach, S. G., Dryden, W., DiMattia, D. J., Doyle, K., MacLaren, M.O., & Malkinson, R. (2004). Post-September 11th perspective on religion , spirituality and philosophy in the pseronal and professional lives of selected REBT Cognoscenti. *Journal of Counseling Development*, 82(4), 426-438.
- Wilber, K. (2002). *The spectrum of consciousness* (Indian Ed.). New Delhi: Motilal Banaesidass Publishers Private Limited.
- Woodbridge, N. (2008). Psychotherapy: Science or religion? Some implications for today's church. www.satsonline.org/satsdrupal/userfiles/woodbridge/psychotherapy.pdf. 03-03.
- Yalom, I. D. (1997). *Lying on the couch*. New York, N.Y.: HarperCollins.
- Yalom, I.D. (2000). *Love's executioner: Other tales of psychotherapy*. New York, N.Y.: HarperCollins.
- Yalom, I. D. (2005). *The Schopenhauer cure*. New York, N.Y.: HarperCollins.
- Ziemann, G. (2006). The Gospel of Psychology: therapeutic concepts and the scientific of pastoral care in the West Germany Catholic church 1950-1980. *Central European History*, 39, 79-106.