

Integration Of Spirituality Into Psychotherapy – A Potential Model For Nigeria

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Abstract

Although Sigmund Freud, reputed to be the father of psychoanalysis was not favourably disposed to religion, recent developments indicate that interest in religion and mental health and psychotherapy has grown. Most clients that come to psychotherapy are likely to have a religious orientation and will benefit from integrating spirituality into therapy. Psychotherapists need to learn the techniques and skills of how this integration can best be achieved especially in Nigeria where religion is a very sensitive issue.

Key words: *Religion, psychotherapy, Nigeria.*

Introduction

Long before the development of modern psychological treatments, it has been known that giving psychological and social assistance to people in distress was helpful. The psychosocial assistance may sometimes involve religious approaches such as prayers. Traditionally, Sigmund Freud is often credited as the father of formal psychoanalysis. Freud's views about religion have been a matter of academic debate. Freud is said to have regarded religion as an illusion on one hand and as having originated from the father figure in the Oedipus complex (Ahmed 2012; Okon 2012). Freud saw belief in God as an attempt to reconcile humankind with its embeddedness into nature that is mostly experienced as traumatic. He interpreted the formation of religions in terms of their function in this conflict between nature and culture, or between the ego and the drive.

In recent times, although skepticism remains, there seems to have been a flood of interest in spirituality, in respect of people's health, mental health and psychotherapy. A myriad of issues surround this subject.

In this paper, the author will attempt to briefly examine the potential opportunities for integrating spirituality into psychotherapy in Nigeria.

Religion and Spirituality

Susanto and Idris (2017) in reviewing Freudian view of religion, opined that Freud theorized that religion was a tool to make people believe in the existence of God or Gods and that the gods function as a medium to overcome the threat of nature, to make people accept the cruelty of their fate and promise rewards for the suffering and the frustration demanded of human beings. In other words, through religion, men merely attempt to protect

themselves against all kinds of threats and suffering. This protection is said to be only an illusion: gods do not really protect human beings, but are only imagined to have protected them.

This line of thought thus dismisses religion more or less as a psychological defence mechanism.

While many Christian writers present Carl Jung as being non-religious, or in fact anti-religious, especially with respect to Christianity, those who ascribe the initial thoughts or ideas leading to the formation of alcoholic anonymous regard Jung as deeply religious (James, 2016). In fact the tones of the steps of the alcoholic anonymous look very spiritual. The first of the twelve steps is particularly remarkable, indicating that the client has reached the point of human limit and requires a Higher Power, which is a very spiritual laden position.

The famed Psychiatrist, Jerome Frank is often generally quoted to have averred that psychotherapy is not primarily an applied science but rather that in some ways it more resembles a religion (Dow 1986; James 2016).

In themselves, the two concepts of religion and spirituality have been difficult to define universally.

According to Dew *et al* (2008), religion is an “organized system of beliefs, rituals, practices, and community, oriented toward the sacred”. It is said that religion tends to focus on formal organizations with specifically defined and widely accepted beliefs, practices, and traditions. *Spirituality*, in contrast, can be thought of as a “search for the sacred, a process through which people seek to discover, hold on to, and, when necessary, transform whatever they hold sacred in their lives” (Hill & Pargament, 2008). Unlike religion

which is practiced in communities of individuals, spirituality can be a very private experience and need not be part of experiences in organized religion. Authorities in the field have argued that it is possible for someone to be religious but not spiritual, spiritual but not religious, neither religious nor spiritual, or both spiritual and religious (Worthington et al 1996). Different people from all walks of life fall into these various groups of religious orientations. In most parts of the world there is no doubt that quite a number of people are religious.

Although the distinction has been made between religion and spirituality yet at the same time, the concepts may be seen as just terms and words. Some, [for example Nolan and Crawford (1997)] argue that spirituality is subsumed by religion while others see religion as one dimension of spirituality (Hill et al., 2000). People who are spiritual may be involved in establishing religion organizations. Therefore spirituality and religion may be interchangeable. In this paper, any expression of personal or communal belief or practice about God will be taken as spirituality or religion. Therefore throughout this paper, the two terms will be used interchangeably.

Psychotherapy and Religion

Psychotherapy has many definitions but Meltzoff and Kornreich (1970) provided a classical conceptualization. They defined Psychotherapy as the informed and planned application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply these techniques with the intention of assisting individuals to modify such personal characteristics as feelings,

values, attitudes, and behaviors which are judged by the therapist to be maladaptive or maladjustive. (p. 6). This is the definition adopted in this paper. The psychotherapy may involve simple talk between the therapist and the client or any other technique used to produce a change in the feeling, thinking or behaviour of the client.

Perhaps for political and other reasons, there does not seem to be an official documentation of the religious orientation of Nigerians, distributed across the main stream faiths of Christianity and Islam. There is no official documentation by the National Population Commission as to how many Nigerians belong to which religion. However, in general, most people believe that Nigeria is a very religious country and that most of its citizens belong to one or another religious faith. In many western and non-western countries many people are to a large extent religious.

Pew Research (2008) reported that more than nine-in-ten Americans (92%) believe in the existence of God or a universal spirit, sixty three percent of American women and 44% of American men say that religion is very important to their lives and Americans are nearly unanimous in accepting a belief in God and religion (92%), and large majorities believe in life after death (74%) and believe that the Scripture is the word of God (63%).

According to the same report, more than half of the studied American population (54%) claim that they attend religious services fairly regularly (at least once or twice per month), with about four-in-ten (39%) saying they attend worship services every week. The report indicates that Americans also engage in a wide

variety of private devotional activities. Nearly six-in-ten (58%), for instance, profess that they pray every day. The report states that some 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 admits that religion is at least somewhat important in their lives, seven-in-ten accept that they believe in God, and more than a quarter (27%) claim that they attend religious services at least a few times a year (Pew Research, 2008).

From these findings, the authors think that it is safe to assume that religion and spirituality are of relevance to the lives of a large portion of American clients every psychotherapist will come in contact with. This is most likely the case in Nigeria and perhaps a huge number of countries throughout the world.

While religious and spiritual issues may not be a primary focus of treatment, they are likely to be relevant aspects of each client's life, helping to define their values, beliefs, lifestyle choices, and decision making. The authors of the American religious survey hitherto referred to; contend that many people find spirituality and religiosity extremely comforting. Some people may consult psychotherapists when there is something wrong in their lives that their faith does not help them with. Feelings of depression, existentiality, anxiety, etc affect people of all faiths.

Most religious faiths have rules, regulations and prohibitions against such things as masturbation, pre-marital sex, extra marital sex, or, sex during a woman's menstrual cycle, stealing, forgiveness, generosity, etc. These may

become areas of conflict for some people for which psychotherapy may be needed. There are other areas of life where religious faith can become a complicating problem for many people. These problems include such things as homosexuality, divorce, abortion, inter faith marriage, depression and many heterosexual practices. 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.

On the other hand, the client's religious and spiritual beliefs and faith community may be sources of strength and support that may be accessed in the course of psychotherapy to assist clients to achieve their treatment goals. Yet it has been reported that many psychotherapists do not enquire about the religious and spiritual aspects of their clients (Frazer & Hansen, 2009; Hathaway, Scott & Garver, 2004).

Post and Wade (2009) contend that the recent resurgence of interest within the mental health professions to understand and address the sacred is probably attributed to the following developments: research showing a positive relationship between religion and health; the majority of the general public in the United States identifying as religious or spiritual; and the ascendancy of multicultural counseling encouraging sensitivity to cultural diversity, which includes the religious and spiritual (Hage, Hopson, Siefel, Payton, & DeFanti, 2006). The authors cited the study by Delaney, Miller, and Bisono (2007) who surveyed the religiosity and spirituality of some

members of the American Psychological Association (APA) to make comparisons to both a sample of psychologists surveyed in 1985 and reported that the psychologists remain much less religious than the population they serve.

Post and Wade (2009) were of the view that psychologists as a group tend to embrace spirituality more commonly today than they did in the mid-1980s. Psychologists today, they argue, are more likely to describe themselves as "spiritual but not religious" than the population they serve (Delaney *et al.*, 2007).

Still, it seems that most psychologists view the religiosity of their clients positively.

The widespread nature of religious orientation among a great number of people in the world implies that the majority of people who come for psychotherapy are likely to belong to one or another religion. The question is whether these clients can be treated without any reference to their spirituality or if it is possible to integrate their religion with their psychotherapeutic treatment.

Integration of Spirituality in Psychotherapy

Some have advocated the integration of spirituality in psychotherapy when appropriate and if the therapists have the competence to do so. According to Plante (2016) mindfulness, a method that originated from Buddhist tradition has been found to be commonly used in psychotherapy in recent times. This is also true of yoga, prayer, meditation from other traditions etc. Hodge (2006) in a review of the then extant literature demonstrated that incorporating spirituality into cognitive therapy for depressive disorders was effective.

More recently, Pearce et al (2015) have developed a manualized psychotherapeutic approach, Religiously Integrated Cognitive Behavioral Therapy (RCBT) which is designed to assist persons with depressive disorders to develop depression-reducing thoughts and behaviors informed by their own religious beliefs, practices, and resources. The treatment approach has been developed for five major world religions (Christianity, Judaism, Islam, Buddhism, and Hinduism), making it useful for ill individuals from a variety of religious backgrounds. Kennedy, Macnab and Ross (2015) reviewed published literature from 2010, and reported that spirituality has been found useful in psychotherapy when dealing with a number of psychosocial conditions including anxiety, depression, schizophrenia and coping with physical illness.

Peres, Smao and Nasello (2007) regard religious beliefs and practices as constituting an important part of culture and principles which clients use to shape judgments and process information. Therefore, it is said that Psychotherapists may use knowledge of these belief systems and appreciation of their potential to leverage client adherence and achieve better outcomes. The humanistic psychotherapies believe that humans have the innate tendency to grow and self-actualize. These potentialities can be harnessed in clients when their religious beliefs and practices are taken into account in therapy. In doing this, a key issue is the maintenance of neutrality and ethical standard.

Challenges and Suggestions

Integration of spirituality into psychotherapy poses a number of

challenges, not only because most therapists have neither the training nor the experience in the area but also because religion and spirituality can be highly personal and it can be an exceedingly great challenge for professionals to separate their personal beliefs (or lack of beliefs) and practices from their professional ones (Plante, 2006).

In Nigeria the challenge can be quite huge and more complicated, not only because of the likely nature of the training and experience of therapists but because of the sensitive nature of religion in the country. In both Islam and Christendom, the beliefs are not homogenous and denominational/ sectarian conflicts are not uncommon. How can religion be integrated into psychotherapy with an acceptable coherent marriage that does not evoke bias, prejudice, and unwitting overt or covert conflict?

Plante (2016) provided some suggestions on the principles that should guide the integration of spirituality into psychotherapy. The author argues that spirituality and religion should be treated as a multicultural and diversity issue demonstrating respect for and attention to multiculturalism that includes religion and spirituality on par with race, ethnicity, gender, sexual orientation, and so forth (American Psychological Association, 2002).

In the helping professions such as education, medicine, social works etc, clients and therapists come from mixed different backgrounds –both cultural and religious. Once there is mutual respect and understanding, Jews, Shintoists, Buddhists, Muslims, Jainists, Animists etc could be attended to by Christians, Confuciusnists, vice versa. Plante (2006) states that other principles to consider in

integration of religion into psychotherapy include keeping biases in check, staying within one's own area of expertise, referring to experts including clerics, being aware of best practices and evidence based assessments and interventions, and using resources where available. A psychotherapist must be ethical and mature and avoid imposing his or her religious disposition on the client while attempting to integrate religion into psychotherapy. The overriding issue will be what the client believes in. There is need for extra caution in cases where the client and the therapist do not share the same beliefs. Barnett and Johnson (2011) recommend that in taking such an integrative decision, the therapist must carefully consider and do the following:

- i. Respectfully assess the client's religious or spiritual beliefs and preferences.
- ii. Carefully assess any connection between the presenting problem and religious or spiritual beliefs and commitments:
- iii. Weave results of assessment into the informed consent process.
- iv. Honestly consider the therapist's counter- transference to the client's religiousness.
- v. Honestly evaluate the therapist's competence in any given case.
- vi. Consult with experts in the area of religion and psychotherapy.
- vii. If appropriate, clinically indicated, and client gives consent, consult with client's own clergy or other religious professional.
- viii. Take a decision about treating the client or making a referral.
- viii. Assess outcomes and adjust plan accordingly.

In the same vein, the American Psychiatric Association, 2006 (as cited by Peres Smao and Nasello, 2007) recommend that psychotherapists working with the question of spirituality and religiousness should do the following:

- i. Determine whether religious and spiritual variables are clinical characteristics relevant to the complaints and symptoms presented.
- ii. Examine the role of religion and spirituality in the belief system.
- iii. See whether religious idealizations and representations of God are relevant and approach this idealization clinically.
- iv. Demonstrate the use of religious and spiritual resources in psychological treatment.
- v. Use interview procedures to access history and involvement of religion and spirituality.
- vi. Get trained in appropriate interventions for religious and spiritual subjects and update knowledge of ethics in relation to religious and spiritual themes in clinical practice.

It has been suggested that psychotherapists can learn how to integrate spirituality in their session by learning from the experience of those who already know how to do it and also by becoming more self-aware to enhance their work with religious/spiritual clients (Bartoli, 2007). Being aware of one's own beliefs and biases regarding religion/spirituality for example by exploring one's own spiritual ideas and values through writing a spiritual autobiography is thought to help therapists avoid imposing their own values on their clients. (Wiggins, 2008). Peres,

Smao and Nasello (2007) opine that religious belief is an important part of culture, principles and values used by clients to shape judgments and process information. The authors argue that confirming clients' beliefs and perceptive leanings may boost the ability to organize or comprehend painful, chaotic, or unexpected events. The authors further state that to be successful in integrating spirituality into psychotherapy, it will be helpful for therapists to be versed in some of the basic tenets of their clients' religions but not necessarily for therapists to be experts in comparative religion. Instead, approaching religious/spiritual clients with an openness and willingness to engage the religious/ spiritual conversation will help clients to feel comfortable expressing their needs.

Post and Wade (2009) gave the following summary:

Psychotherapists can routinely assess clients' treatment preferences for including or not including spirituality. Therapists should routinely assess for religious/spiritual history and concerns. Empirical evidence suggests that religious/spiritual interventions are often effective.

Consequently, integrated psychoreligious interventions can be delivered effectively by therapists of all religious/spiritual beliefs.

In one study in south western Nigeria, Adegoke (2007) concluded that many Nigerians use spiritual healing homes to solve their various problems, with great influence of education and

economic factors associated with such religious use. Before they reach formal psychiatric care, up to 80% of Nigerians would have contacted a spiritual guide (Toftegaard *et al* 2015). More recent studies indicate that for both physical and psychological illnesses, Nigerians copiously use religious therapeutic approach (Amadi *et al* 2016; Busari & Muftau M. A. 2017).

Therefore Nigerians are already used to religiously delivered therapy.

The questions to consider are: to what extent is psychotherapy taught and practised in Nigeria? In view of the multicultural and multi-religious nature of Nigeria, with a very sensitive ethnoreligious characteristic, what practical steps are necessary in integrating spirituality into formal psychotherapy in Nigeria? How can the only school of psychotherapy in Nigeria (School of Psychotherapy and Health Sciences; www.sphs.com.ng), especially at its early phase, establish the culture of integrating spirituality in psychotherapy training?

There are no available records to show the level of psychotherapy practice in Nigeria. It is also not clear to what extent Nigerian practising psychotherapists and clinical psychologists weave spirituality into psychotherapy in their local practice. These issues need to be properly studied to permit an assessment of what may already be in place.

Conclusion

It is likely, given the very religious nature of Nigerians, that bringing spirituality into psychotherapy would be a potentially useful model. It has been reported that therapy seems more effective when the therapist and the client have common

cultural heritage ((Hayes, McAleavey, Castonguay, & Locke 2016). Religion in itself is a culture (Cohen and Hill 2007). It can therefore be speculated that the results of treatment may be more effective if religious Nigerian clients and therapists adopt spirituality in therapy.

Although there are no available research reports to show how religious Nigerian clinical psychologists and psychotherapists are, nevertheless, one can speculate that the majority of these Nigerian professionals are doubtless religious in view of the religiocultural milieu of the country. Given that many Nigerians are already religiously inclined with respect to their mental health, Psychotherapists in this environment will need to seriously consider and attune themselves to incorporate religion into psychotherapy. Religious healers should not be seen as competitors but complementers and psychotherapists should be ready and willing to synergize with them in resolving clients psychosocial problems (Uwakwe & Otakpor 2014). In other words, while adopting religion integration into psychotherapy, therapists should feel free to refer clients to religious guides when and if necessary. Taking into account the suggestions and experiences of therapists in other climes, there is need for home grown local studies to guide the way to proceed in integrating religion into psychotherapy in Nigeria.

Religion is part and parcel of the psychological fabric of human beings and cannot be separated from their mental health. Research evidence shows that religiousness has been associated with positive outcomes in many investigated psychosocial and physical problems. If psychotherapists maintain good ethical

and professional standards and learn the art and skill of integrating religion into psychotherapy, the process can be successful. This will be useful in Nigeria where religion matters much to most people.

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