



The Effects of Integrating Religion and Spirituality into Counselling Process

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ABSTRACT

Spirituality and religiosity have become influential and important constructs in the mainstream of counselling. And, there have been many unanswered questions pertaining to the effects of spirituality and religion in the context of counselling. These aforementioned constructs play a very transforming role in the developmental processes of every individual and thereby, shape the mental, psychological, emotional and the private logical interpretation of clients. This research focuses on the depth nature of how spirituality and religiosity affect counselling. This literature will competently educate counsellors and therapists about the effects and significance of integrating and incorporating spirituality/religiosity into counselling. Also, it will help and knowledgably enlighten counsellors concerning the importance of spirituality, religiosity and for them to understand why they have to integrate and do spiritual assessment during counsellor-client encounter. This research is going to be a qualitative research and the primary way in which data is going to be gathered is from the library. In terms of gathering the necessary information from the library, theological, counselling and psychological databases will be use to retrieve data to complete the research. Additionally, research journals, articles, counselling, theological, psychological books and dictionaries will be some of the resources that will be use to gather information for this research. Upon the completion of the research, the positive influences and impacts of spirituality and religiosity on counselling are going to be outline and seen. It will be evident that, spirituality and religiosity may act as psychological mechanisms, biological mechanisms, social support mechanisms, religious coping mechanisms and behavioural mechanisms.

Keywords: Religion, Spirituality, Counselling, Counselling Process, Psychological Mechanisms, Biological Mechanisms, Social Support Mechanisms, Religious Coping Mechanisms, Behavioural Mechanisms

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INTRODUCTION

Rationale & Background

Spirituality plays a significant role in an individual's culture and development. However, counsellors and therapists ignore the assessment, incorporation, integration and relevance of spirituality and religion in the context of counselling. Precisely, some counsellors/therapists view the presence and addressing of spirituality in counselling to be pathological rather than beneficial. Despite the growing professional awareness of the importance of religion and spirituality in counselling and for psychological functioning, clients' religious backgrounds and spirituality are often overlooked during the assessment phase of the counselling process. Undoubtedly, it is highly evident that; all counselling and therapeutic encounters are multicultural and therefore, the significance and incorporation of the effects of spirituality cannot be undermined during the process of counselling. The undermining, rejection and absence of spirituality in counselling can devalue the core aspect of the counsellee as a person and the holistic interventional rights of the client. We believe that religious, spirituality and spiritual assessment is relevant to counselling for several reasons.

By understanding clients' spiritual worldviews, counsellors are better able to empathically understand them. Significantly, misunderstanding clients' worldviews can undermine the therapeutic relationship, and the mutual understanding that may facilitate positive counselling outcomes. Also, assessing clients' spirituality enables counsellors to better respect the religious values of their clients. Spiritual assessment can also help counsellors to decide if spiritual interventions would be needed for clients, and, if so, which ones would be most helpful. In addition, such assessment can help counsellors determine if clients have unresolved spiritual concerns or needs that should be addressed in counselling. Spiritual assessment helps counsellors determine whether clients' religious and spiritual beliefs are deleterious to their mental health or

if they could be used as a resource to promote healing (Richards, Bartz & O'Grady, 2009). Analyzing the aforementioned relevance of spirituality or spiritual assessment and religiosity in counselling prove that, the absence of spirituality or religiosity in the process of counselling is detrimental to the effectiveness of psychotherapy/counselling and the well-being of all clients who come for counselling. Also, the elimination of spirituality and religion from the context of counselling or psychotherapy deprives clients their welfare, personal needs and values, disrespecting of diversity, and categorizing therapists as professionally and spiritually incompetent to address clients' spiritual needs. This research looked into the thorough effects and merits of integrating spirituality/religiosity in the contextual aspect of counselling process.

Purpose & Significance of the Research

The purpose of this research was to look into the depth, thorough effects, and significance of integrating and incorporating spirituality into the process of counselling. Also, this research focused on the influence of assessing clients' spirituality during the process of counselling or therapy, ways in which religion/spirituality affect counselling in terms of the client, counsellor and the counselling process. Significantly, this research will help and knowledgably enlighten psychotherapists, counsellors and other mental health professionals concerning the importance of spirituality or religiosity in counselling. Morrison, Clutter, Pritchett and Demmitt (2009) stated, many individuals in today's society are pursuing a journey of spiritual development consistent with their belief that spirituality is vital for growth and essential for dealing with life's problems. "Approximately 95% of Americans polled declared that they believe in God or a Higher Power and many have stated that their faith is a central guiding force in their lives. There are also signs that public interest in spirituality is rising. And, recent research indicates that approximately 75% of Americans surveyed report that religion and spirituality are important to them" (Morrison et

al., 2009). It is evidently blatant based on the above stated statistics by Morrison and his colleagues that, the comprehensiveness of psychotherapists pertaining to the effects of spirituality/religion in counselling is undeniably important.

Each individual has within himself or herself a spiritual component and this spiritual aspect of clients has to be explored in order to bring wholeness during counselling or psychotherapy. Moreover, this research will enable therapists to understand how and why they have to integrate and perform spiritual assessment during therapist-client encounter. This research presented within itself the depth understanding and knowledge of clients' view of the impact of spirituality/religiosity in their daily life, the necessity of the presence of spirituality in counselling and the holistic influence of these constructs in counselling. The unravelled knowledge of this research will motivate, propel and intrigue counsellors to consider spiritual intervention during counselling. Additionally, the embodiment of knowledge that this research has presented may educate counsellors/therapists about the essence of spirituality and religion in counselling. This literature has revealed the positive correlation between counselling and spirituality/religion; whereby, it has made known the positive effects of spirituality in counselling process. The intellectual, psychological, emotional, and practical view of counsellors and counselees will be enlightened in regard to the presence of spirituality and religiosity in the contextual view of counselling.

In spite of the significance of this research, it has affirmed, confirmed and provided concrete and researched information or literatures that support the hypothesis guiding this study. It may also educate counsellors, psychotherapists and the public with researched information pertaining to the topic- spirituality/religion in counselling. This study may authenticate, support and supply the field of counselling with the knowledge of the significance of involving

spirituality or religion into the counselling process. It may motivate and encourage the public who believe in spirituality and religion to seek and request for spiritual assessment from their counsellor if the need be, because they have come to understand and gain knowledge about the positive impacts of spirituality-religiosity in counselling process. Finally, this literature may open the insight of counsellors and clients regarding the essence of assessing spirituality or religiosity in the scope of counselling.

Definition of Important Terms

Religion:

Religion is widely recognized as complex and multidimensional phenomenon. The sophistication and multidimensional aspects of religion make it controversial to define. But religiosity refers to beliefs, practices, behaviors, and feelings that are expressed in institutional settings or ways associated with a denominational affiliation including attendance at church, synagogue or mosque, participation in public religious rituals, prayer and publicly reading scriptures or sacred writings (Richards, Bartz & O'Grady, 2009). Also, religion was viewed as relating both to the individual, and to the institution and it has come to represent the extrinsic and public expression of belief (Daniels & Fitzpatrick, 2013). Religion, unlike spirituality, is confined by the predetermined beliefs, values, and practices of a socially based institution whose focus extends beyond the transcendent to also include social, cultural, economic, and political endeavours.

Daniels et al. (2013) stated, "Religion has to do with the conceptualization of spiritual experience and tries to codify and capture that experience in a system." Religion provides the platform for the expression of spirituality. The terms extrinsic and intrinsic religiousness convey a sense of the underlying motivation behind religiosity. Extrinsic religiousness connotes a

religiousness which serves a practical purpose or use in one's life, for instance; church attendance as a source of solace or sociability and the motivations for intrinsic religiousness, on the other hand, are more aptly looked upon as the conforming or living of one's life to one's religiosity; for example, finding pleasure in prayer or reading about one's faith (Daly, 2005). Religiosity/religion is the tangible, practical and visible aspect of spirituality. Within the contextual view of religion, it cannot be separated from spirituality in a sense that, the ultimate underscore of the construct-religion, is spirituality. The exhibition of religion or religious beliefs and practices is not limited to public settings but also includes private settings.

Additionally, Koenig (2012) also defines religion as beliefs, practices, and rituals related to the transcendent, where the transcendent is God, Allah, Hashem or a higher power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions but includes ceremonies that are in some way derived from established traditions that developed over time within a community. Every aspect of religiosity is related to a sacred, transcendent, immanent or supernatural being and it is very dynamic in regards to its practices, rituals and central core beliefs of that specific religion.

Spirituality:

Spirituality and religion are both thought to relate to the sacred, yet spirituality is usually described as a more subjective experience, and religion is defined as a set of beliefs or doctrines that are institutionalized (Morrison, Clutter, Pritchett and Demmitt, 2009). Spirit may be defined as the animating life force, represented by such images as breath, wind, vigor, and courage that constitute the objective component of spirituality (Steen, Engels & Thweatt III, 2006). Spirituality is the drawing out and infusion of spirit in one's life, and it is experienced as an active and passive process. Spirituality is also defined as a capacity and tendency that is innate

and unique to all persons (Steen, Engels & Thweatt III, 2006). This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices.

Additionally, spirituality is approached from a variety of perspectives, including psycho-spiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture. Furthermore, spirituality may also include personal experiences, such as feeling compassion, hope, love, receiving inspiration, feeling enlightened, being honest, congruent, feeling a sense of meaning and purpose in life (Richards, Bartz & O'Grady, 2009). It is a critical component of life that is central to all beliefs and faiths both within organized religion and outside it. However, with the rise of secularization in the 20th century, in addition to socio-demographic changes and socio-cultural trends such as individualization; spirituality has come to be defined as the intrinsic, immaterial, relational and personal experiencing of the transcendent (Daniels & Fitzpatrick, 2013).

Also, spirituality has to do with experience, focuses on what happens in the heart and refers to a broader dimension. Some would also assert that spirituality does not necessarily have to do with belief in God but more with connection with nature and the relationship between animate and inanimate things around us. This assertion is vague and not true because, if spirituality has to do with an individual's connection with the transcendent, divine, sacred and anything above the individual, then; spirituality has to do with believing and relating to God- the only divine, transcendent, sacred being that is above all human beings and things in terms of intellect, capacity, purpose, creativity, power and essence.

From a spiritual perspective, spirituality may be sequestered from religiosity because not all spiritual endeavours, purposes and practices relate to religion. The scope and focus of spirituality are broad, extensive and its inclusiveness is very wide. It is very significant in the development of human, individual and personal growth and due to its tremendous influence on people's life; its presence and impact cannot be ignored. Spirituality is concerned with the interaction of human beings with their own depths, transpersonal activity, the experiential and personal side of their relationship to the sacred, believes in the world without acknowledging God, inner strength, and peace and relationships with self which leads to in-depth meaning in life (Carr, 2000; Nelson, 2009; McBrien, 2005). It also emphasizes on the quest and discovery of the transcendent and sacred being, things or objects.

Counselling:

Counselling is a learning-oriented process, which occurs usually in an interactive relationship, with the aim of helping a person learn more about the self, and to use such understanding to enable the person to become an effective member of society (Guez & Allen, n.d). In addition, Collins (2007) simply defines counselling as, the process of change. And, change is one of the most relevant concepts in our everyday life but also, change is challenging, it takes time and it is possible or doable. If counselling is all about change, then; the aforementioned concepts of change are applicable to counselling.

Counselling is a collaborative effort between the counsellor and client. Professional counsellors help clients identify goals and potential solutions to problems which cause emotional turmoil, seek to improve communication, coping skills, strengthen self-esteem, promote behavior change and optimal mental health (American Counseling Association, 2015). Professional counselling is a professional relationship that empowers diverse individuals, families, and groups

to accomplish mental health, wellness, education, and career goals. Counsellors work with clients on strategies to overcome obstacles and personal challenges that they are facing. There are different types of counselling such as individual, couples, family, career, educational, marital, group, addiction, pastoral counselling and etc.

Moreover, counselling is not about giving advice but it takes a systematic approach, skills such as clinical and interventional, competence, knowledge and certain attitudes in order to effectively carry out counselling. On the other hand, therapy is the treatment of physical, cognitive, illness and behavioural disorders. MacDonald (n.d.) stated different types of therapy such as, 'behavioral, brief therapy, cognitive behavioral, existential, humanistic, psychoanalytic, psychodynamic, systemic and transpersonal therapy.' From private logical understanding, counselling process is the methodology, strategy and tentative operational step through which counselling takes place. Some of the counselling processes are; rapport building, exploring, planning, progressing, stopping or termination (Collins, 2007) and also include, application of psychological or therapeutic interventions/strategies, probing, empathy, intake and follow up.

Research Question

How does spirituality and religiosity affect counselling process? In the process of analyzing this research question, it is highly evident that; it focuses and surrounds on ways in which these profoundly relevant constructs affect counselling in a positive way. The above stated question talks about any possible ways in which spiritual factors and religious practices influence the effectiveness of the counselling process on the part of the counsellor, client, counselling methodologies and the counselling environment. To be more precise, the research question emphasizes on identifying the mechanisms through which spirituality and religiosity bring wholeness to clients, increase the competencies of counsellors, improve the effectiveness of applicable counselling interventions and making the counselling environment more comfortable, suitable and convenient for the clients to foster change in them. Interestingly, spirituality and religiosity play a significant role in the development of some individuals and shape the character of people; therefore, this question is tantamount to exploration using research procedures. This research question has provided knowledgeable ways by which the fundamental core aspects of some clients are affected by their spiritual and religious experiences.

Literature Review

Introduction:

In the past 20 years, there has been clear evidence that spirituality is a vital aspect of an individual's culture and development, and as such, simply cannot be ignored in the counselling process (Giordano & Cashwell, 2014). If spirituality plays a significant role in client's culture and development, then; it is highly imperative to consider spirituality during counselling. And this review was conducted in order to have a broader view and understanding of the effects of spirituality or religiosity in the context of counselling. According to Steen, Engels and Thweatt (2006), 79% of clients surveyed said that religious, spiritual values, experiences are important to address in counselling and in the U.S. populace polls taken over 10 years stated that, 84% believe in God, 41% believe they have experienced the miraculous personally, 33% have had a profound mystical experience that they report changed their lives, 11% report having seen a spiritual figure, and 90% of alcoholic individuals who reported staying sober also reported they have had a spiritual experience. Such compelling statistics support a view that many clients prefer an orientation to counselling that is sympathetic, welcoming and open to spiritual perspectives. Due to the limited and onset growing of studies on effects of spirituality, and religiosity in counselling and to establish an informative foundation for the research, this review examined different areas of the literature that focuses on specific concerns and ideas relating to the client and counsellor's spirituality or religiosity.

Spirituality/Religiosity and the Client:

Most counsellors/psychotherapists view the presence and addressing of spirituality and religiosity in counselling to be problematic rather than beneficial. Despite the growing professional awareness of the importance of religion or spirituality in counselling, and for

psychological functioning, clients' religious backgrounds and spirituality are often overlooked during the assessment phase of the counselling process. These actions of counsellors mitigate the efficacy of counselling because, spirituality and religiosity are the fundamental aspects of most clients who come for counselling and thus, the presence of these aforementioned constructs will enable them to receive the best help or service in counselling.

Stanley, Bush, Camp, Jameson, Phillips, Barber, Zeno, Lomax and Cully (2011) examined patient preferences for incorporating religion or spirituality into therapy/counselling for anxiety or depression, and examined the relations between patient preferences and religious or spiritual coping styles, beliefs and behaviours. Stanley et al. (2011) recruited adult participants who were 55 years or older from earlier studies of cognitive behavioral therapy for late life anxiety and depression in primary care. The participants completed these measures by telephone or in-person: geriatric anxiety inventory, client attitudes toward spirituality in therapy, patient interview, brief religious coping, religious problem-solving scale, santa clara strength of religious faith, and brief multidimensional measure of religiousness and spirituality.

Spearman's rank-order correlations and ordinal logistic regression examined religious/spiritual variables as predictors of preferences for inclusion of religion or spirituality into counselling. Stanley et al. (2011) found that, most participants (77%–83%) preferred including religion and/or spirituality in therapy for anxiety and depression. Participants who thought it was important to include religion or spirituality in therapy reported more positive religious-based coping, greater strength of religious faith, and greater collaborative and less self-directed problem-solving styles than participants who did not think it was important. Stanley et al. (2011) found that, for individuals like most participants in this study (Christians), incorporating spirituality/religion into counselling for anxiety and depression was desirable.

It is without doubt that, all counselling encounters are multicultural and multiculturalism consists of spirituality. Therefore, spirituality is important in the context of counselling. In a research conducted by Giordano, Prosek, Daly, Holm, Ramsey, Abernathy and Sender (2015), they investigated religious coping and spirituality in relation to hazardous drinking, marijuana use and psychostimulant use. Giordano et al. (2015) collected data from 300 to 350 participants and identified potential undergraduate classes to serve as the sampling population for the study. They used convenience sampling methodologies and identified classes based on size, time of day, and academic level to provide a greater chance for sufficient sample distribution. Religion and spirituality are protective factors against collegiate substance abuse (Giordano et al., 2015); however, considering the variance among different types of drug abuse is important.

The literature provided ample reports related to the relationships among religion, spirituality and substance abuse, specifically within collegiate populations. Giordano et al. (2015) found that students with higher religious or spirituality scores engage in lower levels of alcohol and drug abuse. Also, they stated that; involvement in a faith community provides social support, which served as a protective factor against drug and alcohol abuse. Significantly, those students who coped with distress through positive religious mechanisms relied less likely on marijuana or hazardous drinking as a means to evade negative affective states (Giordano et al., 2015). Students who perceived God as a source of support when they were faced with negative life circumstances appeared strong and adopted effective coping strategy, which diminished the appeal of escaping negative mood states through mind-altering substances, such as alcohol and marijuana (Giordano et al., 2015).

Some people who face catastrophic life challenges turn to a transcendent for hope, strength and reason. Specht, King, Willoughby, Brown, & Smith (2005) examined the

perspective of individuals with congenital disabilities about spirituality as a coping mechanism during crucial times in their lives and a qualitative analysis of interviews assessing turning points in the lives of 15 adults with spina bifida, cerebral palsy, or attention deficit disorder was performed to determine how spirituality assisted them at these crucial times. The authors identified recurring themes such as God as a guiding force, inner strength, meaning in life, and appropriateness of the use of spirituality in counselling.

“It is an issue, however, that needs to be addressed given that 90% of people in North America have never doubted the existence of God and that 80% believe that prayer or meditation can lead to a cure. Also, 90% of people in the United States prayed and most of them (67%-75%) did so, on a daily basis” (Specht et al., 2005). Given the high number of people who hold spiritual beliefs, counsellors may be remiss if they ignore this aspect during therapy, because it may have the ability to shape and influence the lives of their clients. This study suggested that spirituality is a protective mechanism in the lives of people with disabilities during turning points in their lives (Specht et al., 2005). God was mentioned as a guiding force and faith as a provider of inner strength. Specifically, counsellors are encouraged to help clients situate their understanding of their purpose in life and to point to their faith and inner strength as supportive factors that will assist them in coping at key junctures of their life (Specht et al., 2005). Considering spirituality or religiosity during the process of counselling may be efficacious in the life of the client in order to see the presence of change.

Spirituality/Religiosity and the Counsellor:

Despite the magnitude of the significance of clients’ spirituality and religiosity in the environment of counselling, counsellor’s religious or spiritual view is likewise important in the effectiveness of psychotherapy. The aforementioned view of the counsellor can indicate the

comfortability of the facilitator during therapeutic session. Additionally, the uneasiness of the counsellor in assessing, discussing and involving spirituality/religiosity in a therapeutic encounter can be pathological to the well-being of the client. Hickson, Housley and Wages (2000) investigated the attitudes of 147 male and female Licensed Professional Counsellors concerning spirituality in the therapeutic process by responding to a mail-out survey.

Hickson et al. (2000) analyzed the results of the research survey and found that, significance of LPCs' self-awareness of spiritual beliefs was 94%, awareness of the spiritual self as a powerful psychological change agent within the counselling process was 90%, need for the skills and ability to discuss spiritual issues was 89%, belief that there is a universal yearning within all humans to tap into their spiritual selves was 86% and the willingness to discuss spirituality when counselling gerontological clients was 86%. The authors concluded that spirituality is a universal phenomenon that can act as a powerful psychological change agent within the counselling practice (Hickson et al., 2000). Hickson et al. (2000) added that, the aforementioned results have implications for the preparation of counsellors and indicated the relevance of a spiritual component in counsellor education training programs. The impact of spirituality on the lives of clients should be recognized, as well as the individual spiritual issues of counsellors in training. The above results from the research survey prove that, counsellors have to have cutting edge knowledge, skills and the competence in spirituality to address spiritual or religious concerns of their clients.

Furthermore, Daniels and Fitzpatrick (2013) mentioned that; in some cultures, spiritual beliefs permeate the therapeutic encounter. The rising multiculturalism of western countries means that clients are increasingly treated within a framework in which their important spiritual values are largely absent. Daniels et al. (2013) stated that, when spirituality is peripheral or

absent in our models, the discussion of the soul in treatment can be silenced; understanding the importance of individual and group beliefs in the expression and treatment of mental illness undermine this narrow view of human experience. Daniels and Fitzpatrick (2013) examined the multicultural tripartite model of attitudes, knowledge, and skills to structure the significance and competence of integrating spirituality into counselling. First of all, they explained ‘attitudes’ as developing sensitivity to our spiritual values and biases and deepening our understanding of the influence of these worldviews in our work with clients. Positive experiences with spirituality support therapist integration of spiritual techniques into counselling while negative spiritual experiences undermine their use.

Reluctance by therapists to raise spiritual and religious issues in therapy may lead to a “therapist-client collusion” in which therapists do not ask and clients do not tell about spirituality (Daniels et al., 2013). As a result, a key aspect of the client’s experience may be silenced. Secondly, the other aspect of the tripartite model is therapist knowledge and understanding of clients from diverse backgrounds. In elaborating this facet of culturally competent practice within the domain of client spirituality, we need to understand the centrality of spiritual or religious worldviews for individuals, groups and the impact of these views on the process of psychotherapy. Many individuals turn to spirituality when faced with life difficulties (Daniels et al., 2013). Spirituality can reframe the understanding of a difficulty into an opportunity for change and growth. The 2001 national census indicated that 83% of Canadians identify with spiritual groups; Christians comprise 77% of Canada’s religious population, and spiritual minorities include roughly 580,000 Muslims, 330,000 Jewish, 300,000 Buddhists, and 297,000 Hindus (Daniels et al., 2013).

Most Canadians can be characterized as moderately to highly spiritual as determined by attending spiritual services, engaging in spiritual practices, and viewing spirituality as important.

We need to assume that many clients who come for a “secular” treatment will have spiritual beliefs. Research indicates that more than half of clients want to discuss these beliefs in their sessions (Daniels et al., 2013). The view that spirituality is essential for healing and growth, personally important, and central to human personality and worldview were cited as the main reasons by clients for wanting to talk about spirituality in their sessions (Daniels et al., 2013). Thirdly, skills mean the therapeutic interventions and strategies that allow therapists to modify traditional approaches to be more consistent with the cultural values of each client. They also stated that, “assessment of the client’s spirituality or religiosity and unique worldview enhance therapist’s empathy, reduce bias, facilitate the client’s process of self-exploration and growth. It assists in diagnosis, provide information about the client’s spiritual resources that can facilitate effective treatment, ascertain healthy and unhealthy spiritual beliefs and their impact on the client’s presenting problems. As well as identify spiritual issues that are core areas of clinical concern, assist in treatment planning and in the selection of appropriate interventions” (Daniels et al., 2013).

Conclusion:

The consideration of religion and spirituality in the counselling process is vital in a sense that, these constructs may play an important role in clients’ culture and personal development. Stanley and his colleagues’ research indicated that, most participants or clients preferred incorporating religion and spirituality into counselling process for anxiety and depression. Azar also stated that (2010), “Adaptive spiritual practices can be a foil to anxiety and depression.” On the other hand, it is possible that, religion and spiritual practices may protect healthy behaviours and eradicate unhealthy ones.

According to Giordano and his colleagues' empirical observation (2015), "Students with higher religious or spirituality scores engage in lower levels of alcohol, drug abuse and involvement in a faith community provides social support which serves as a protective factor against drug or alcohol abuse. Also, those students who coped with distress through positive religious mechanisms relied less likely on marijuana or hazardous drinking as a way to avoid negative emotional states. And, students who perceived God as a source of support when they were faced with negative life circumstances appeared strong and used effective coping strategy, which diminished the appeal of escaping negative mood states through mind-altering substances such as alcohol and marijuana." Based on the empirical results from Giordano and his colleagues, it is evident that; religious and spiritual practices, community and support from faith groups may modify or eradicate unhealthy behaviours, prevent anxiety or depression and provide coping resources to combat mental disorders.

Hypothesis/Statement of Position

Some people who come for counselling believe in spirituality and religiosity. The counsellor-client focus on the aforementioned constructs could give the client an inherent strength to overcome his/her problem and bring wholeness to the client. Additionally, spirituality and religiosity could affect the process of counselling by acting as psychological mechanisms, biological mechanisms, social support mechanisms, religious coping mechanisms and behavioural mechanisms. Some literatures in the academic community do highlight some of the hypothesized ways in which spirituality and religion do affect counselling process but on the other hand, some of the above stated ways in which spirituality-religiosity affect counselling have not been directly researched by other authors.

Methodology

This research was conducted using library and online resources from universities, bible colleges, theological seminaries, public libraries and etc. These library resources were used to gather academic information and ideas in which based on these knowledge and information; new ideas were generated concerning the research question or topic. To be precise, the aforementioned library resources include counselling books, psycho-spiritual books such as psychology, religion and spirituality by James M. Nelson, Christian counselling encyclopedia such as the popular encyclopedia of Christian counselling by Tim Clinton and Ron Hawkins, other psychological textbooks and etc.

On the other hand, since this research is an academic work; information were drawn from academic or scholarly journals such as journal of health psychology, the Canadian journal of psychiatry, journal of marital and family therapy, the British journal of psychiatry, Canadian journal of counselling and psychotherapy, Journal of spirituality in mental health and the journal

of counselling psychology. The articles that were selected from the above mentioned journals were between the publication dates of 1990-2017. Also, more information or articles were retrieved from psychological, theological/religion and interdisciplinary databases such as psychinfo, psycharticles, psychbooks, the American theological literature association religion database, academic onefile, google scholar, EBSCO and etc.

These resources are credible, reliable and scholarly proven which give this study genuine, scholarly and academic based information for the research, because; some of the above stated psychological databases and journals are controlled, monitored and funded by scientific and professional organizations such as the American Psychological Association, Canadian Psychiatric Association, American Theological Literature Association and the Royal College of Psychiatrists. These resources may classify this research in a credible, reliable and academic level which may leave it unquestionable.

Chapters Outline

These chapters outline consisted of five (5) chapters with a title and brief description of what would be covered under each chapter. Precisely, spirituality and religiosity may act as; psychological mechanisms, biological mechanisms, social support mechanisms, religious coping mechanisms and behavioural mechanisms.

Chapter 1

Psychological Mechanisms

This chapter focused on how spirituality and religion act as psychological mechanisms during counselling process and how they can have psychological effects on the client's presenting problem. In addition to that, this chapter elaborated on ways in which the aforementioned concepts can positively influence a client's thought process, emotions and alleviate or mitigate the client's distress from his/her concerns. Koenig (2012) stated that, "Religion and Spirituality facilitate coping and imbues negative events with meaning and purpose which lead to better mental health such as less depression, lower stress, less anxiety, greater well-being and more positive emotions."

Based on the above empirical statement, religion and spirituality have a positive influence on a person's psychological or mental well-being by facilitating coping and permeating negative events with meaning, purpose and hope. These are some of the mechanical ways in which religion and spirituality act as a psychological change agent to influence the client's mental state. And, these are some of the mechanisms that will underscored in this chapter.

Additionally, some religious and spiritual practices such as meditation and prayer can have tremendous and promising effects on a person's psychological state. Religious people are less prone to depression, anxiety and adaptive spiritual practices can be a foil to anxiety and depression (Azar, 2010). In this chapter, the scientific and experimental explanations behind religious people's tenacity to be less vulnerable and buffer anxiety and depression were explained to bring clarity to the above mentioned facts. Also, detailed explanation regarding the contemplative elemental effects of religious and spiritual practices- meditation, prayer and etc

were elaborated in this chapter to make them more blatant on how these practices can affect a person's (client's) psychological state.

Chapter 2

Biological Mechanisms

In this chapter, the processes by which spirituality and religion positively affect a client and counselling process were examined from a biological perspective. This chapter emphasized on the methodologies by which spirituality and religiosity essentially affect the body's anatomical and physiological functions to improve the mental health of a person (client), thereby; increasing the efficacy of the counselling process. In addition, some of the positive spiritual and religious practices that influence the body to release healthy chemicals to improve the body's immunity to fight mental illness were explored.

Possibly, uncontrollable and prolonged mental disorders such as depression or stress without any effective therapeutic/counselling intervention might cause detrimental effect on the physiological aspect of the body. "Negative emotional states such as anger and fear can lead to arousal of the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis, systems involved in mobilizing the body's energy during stressful situations. Such excitability can produce a stress response in the body's excessive release of the neurotransmitter norepinephrine and of the endocrine hormone cortisol. The stress response, in turn, can lead over time to inhibition of the immune system, increased risk of infection, increased blood pressure, impaired healing response, and increased risk of stroke and heart attack" (Seybold & Hill, 2001, p. 23).

Seybold and his colleague stated that, meditation, forgiveness, hope, contentment, love and other religious and spiritual thoughts or practices might reduce the arousal in the sympathetic nervous

system and hypothalamic-pituitary-adrenal axis, increasing immune competence and restoring physiological stability.

The above stated empirical and biological example was the emphasis of this chapter. This chapter focused on the connection and how these changes in the physiological and biological aspect of the human body may improve the effectiveness of the client's body, thus; causing mental well-being. In this chapter, the ways in which stress, depression and other mental pathologies negatively affect the body and how religion or spirituality positively restores mental stability were the emphasis of this chapter.

Chapter 3

Social Support Mechanisms

It is evident that, each person was created to interact and socialize with others. Possibly, a person who has no social interaction with others maybe vulnerable to the development of mental illness. Therefore, this chapter focused on the positive effects that social supports within the context of spirituality and religiosity have on mental disorders. Moreover, some of the physical, emotional, financial and spiritual supports that positive religious social groups offer or provide to buffer the detrimental effects of mental illness were covered in this chapter. This chapter also focused on the effects of religious and spiritual social supports on psychopathology. Reyes-Ortiz et al. (2008) stated, "Church attendance, as a unique form of social engagement, may influence cognitive functioning among depressed individuals by social connections and activities, providing a dynamic and rich environment that requires the mobilization of cognitive faculties, which, in turn, inhibits the deterioration of cognitive performance in old age, presumably through the maintenance of dense neocortical synapses in the brain."

In reference to Reyes-Ortiz and colleagues' empirical statement above, religious social support or engagement from religious community such as church may have an impact on the cognitive capacity of depressed individuals. This impact may have the tendency to hinder any decline in a person's cognitive performance or competence. In addition, religious and spiritual communities' ability to provide certain specific resources, dynamic and rich environment to buffer or control people with mental illness was the focus of this chapter.

Although, some people do seek assistance and support from religious communities such as churches but others also do likewise from their spiritual group or community. Social support has been known to buffer against depression and suicide in a wide range of studies and populations since the middle of 1970s and is likely one way that religion and spirituality help people to cope with life stressors (Bonelli et al., 2012). It is then true that, the integration of religion and spirituality into counselling process may have a positive effect in mitigating or alleviating depressive, suicidal ideation and psychological symptoms in clients. Finally, chapter 3 looked more in detail how these religious and spiritual social support groups or communities help their members with mental disorders or resolve/cope with life challenging situations.

Chapter 4

Religious Coping Mechanisms

Some people turn to religion or a transcendent when they face life challenges that are greater, unbearable and deleterious to their life for support, solution and encouragement to face the problems. In their quest, they look for ways to cope and sustain themselves throughout these life problems. As a result of that, this chapter listed and touched on some of the religious coping styles available for clients to learn and master during their therapeutic encounter with their counsellors. Although, unmanaged and uncontrollable negative religious coping styles can lead

to mental disorder, that is why this chapter mainly emphasized on positive religious coping styles that can equip the client to cope healthily in the face of adversity and at the same time; preventing any mental pathology. Also, some of the negative religious coping styles that may influence an individual to have an ill mental state were dealt with in this chapter but not in detail as compare to the positive ones.

Additionally, this chapter did not only underscore the different types or forms of religious coping styles available to help clients cope with adversity, stress and any mental conditions. It also focused on elaborating on ‘how’ and ‘why’ religious coping styles and methodologies are effective and attract attention in the midst of adversity or mental problems. Research has demonstrated largely positive associations between religiosity and well-being. “Religion is a prevalent coping strategy in those experiencing adverse life events” (Dein et al., 2010). Based on Dein and his colleagues’ research, it is evident that; people who face adverse life events do consider religion as a way to cope with their life challenges. Also, it is blatant that religion has the tendencies to improve a person’s health but to be precise; mental health.

Some of the religious coping strategies that this chapter focused on are; self-directing coping style, deferring coping style, collaborative coping style and the surrender to God coping style. Religious motivation impacts coping (Nelson, 2009) and therefore, intrinsic and extrinsic motivation may be an emphasis of this chapter. This chapter may expand on how intrinsic and extrinsic motivation can impact a client’s religious coping.

Patients or clients who frequently use religion to cope with stress have the lowest level of cognitive symptoms of depression such as loss of interest, social withdrawal, hopelessness, and poor self-esteem, and because cognitive symptoms of depression are often less responsive to

pharmacotherapy than somatic symptoms, religious coping is an important potential cognitive therapy treatment in elderly patients/clients who may experience frequent milder depression linked to their declining health status (Reyes-Ortiz, 2008). Due to the extensive positive effects that religion/religious coping strategies may have on depressive symptoms, this chapter explained and highlighted some of the religious activities such as Christian prayer, Islamic prayer, meditation, reading of the Bible or Koran and etc, that may be used as a coping strategy to buffer cognitive symptoms of depression.

Chapter 5

Behavioural Mechanisms

In a broader sense, counselling is not limited to the alleviation and mitigation of mental distress or illness but it also involves the change in unhealthy behaviours to healthy ones. This chapter focused on how religion and spiritual involvement in counselling protect or modify healthy or unhealthy lifestyle. It may also look into some religious principles and guidelines available to maintain healthy behaviours or modify unhealthy ones that can have a promising effect on the client's presenting problem.

The above mentioned chapter focused on extensive literatures that emphasized on the effects of religion and spirituality on behaviours. In addition to that, the core of this chapter is centered on looking into some of the healthy and unhealthy societal behaviours that these constructs may encourage or discourage in life. Corsentino et al. (2009), "Religious involvement encourages health-enhancing behaviours and discourages risky behaviours. For example, more frequent religious attendance is strongly associated with greater preventive care use, higher levels of exercise, less alcohol use, and never smoking." It is clear based on the aforementioned empirical statement by Corsentino and her colleagues that, religious involvement (religion) may

possess the influential tenacity to protect health-accepting behaviours and modify unacceptable ones.

Moreover, Koenig (2012) stated that, “Some of the stressful life events that religion may help people avoid are divorce or separation, difficulties with children, financial stress resulting from unfair practices in the marketplace, incarceration for lawbreaking (cheating or crime), and venereal diseases from risky sexual practices. Religions also usually discourage the use of drugs and excessive amounts of alcohol that increases the risk of engaging in the behaviours above that are associated with negative mental health consequences.” This chapter explored on different other risky behaviours including those mentioned above by Koenig to find out the effects of religious principles, guidelines, teachings, and activities on them and how they impact mental illnesses.

The presence of positive religious or spiritual involvement may have positive influence within the context in which it is seen. For instance, inmates reporting a high level of support through their religious activities reported fewer instances of feeling angry, having arguments with inmates and correctional officers, physical fights, and injury (Eytan, 2011). If religious and spiritual activities have the capacity to reduce the frequencies of unhealthy and unacceptable behaviours of inmates, then; this chapter critically explored and explained the kind of supports that religion/spirituality renders to people to influence behaviour change in them.

CHAPTER 1

Psychological Mechanisms

Psychology originated from two Greek words; ‘psyche’ which means the ‘mind or soul’ and ‘logos’ meaning ‘study’ (Singh, 2011). In a broader sense, psychology is the scientific study of the behaviour of living organisms (Singh, 2011), it is also the scientific study of the mind and behaviour, whereby; the concept of the mind and behaviour entail the private inner experience of perceptions, thoughts, memories, and feelings, an ever-flowing stream of consciousness and observable actions of human beings and nonhuman animals (Schacter, Gilbert, Wegner & Nock, 2015). Also, it can be understood as, the scientific study of cognition, emotion and behaviour. In the context of this chapter, psychological mechanisms are pathways in which religion and spirituality positively affect, buffer, mitigate or alleviate the symptoms of psychopathologies.

Depression:

Religion and spirituality have profound influences on some mental illnesses such as depression, anxiety, stress and etc. Severe depressive symptoms have debilitating effects on a person’s cognition, affect and behaviour. Between 5% and 30% of the population in the United States is affected by depression in some way (Kilmer, 2012) and approximately 8% of adults will experience major depression at some time in their lives in Canada (Canadian Mental Health Association, 2016). It is undoubtedly evident, based on the aforementioned statistics that, the experience of depression in the society is prevalent. Most of time, the common treatment of depression focuses on the application of medication, psychological, psychotherapeutic and counselling interventions with the absence of religion or spirituality but the application of religion/spirituality as an intervention in the treatment of depression is emerging. According to Dein (2010), of 93 observational studies, two-thirds found lower rates of depressive disorder

with fewer depressive symptoms in persons who were more religious and religion has been found to enhance remission in patients with medical and psychiatric disease who have established depression. Additionally, the correlation between depressive symptoms and the involvement in religious activities is very promising in a sense that, religion has the tendency to buffer the development of depression in religious people.

Moreover, the practicing of positive religious and spiritual behaviours does affect a person's thinking process tremendously in an essential way. "A meta-analytical review of religiousness and depression demonstrated a clear contrast where intrinsic religious motivation is associated with lower depression and extrinsic religion motivation with higher depression. The religious attributions for life events may provide a sense of meaning, perceived control, and predictability, particularly in times of high stress. This sense of meaning may help to reframe trials as a spiritual opportunity, a wake-up call or even punishment. Interestingly, the strength of one's belief position (whether it be no faith or strongly religious) may be an important indicator of lower distress, compared with a weaker belief system (that is, extrinsic religiousness) that may not be able to respond to the types of questions raised by significant stressors" (Baetz & Toews, 2009). To explain, the positive attributions of life events related to religion and spirituality affect an individual psychologically, whereby; they give the person a different perspective of their situation and that can result in a healthy mind or the absence of depressive symptoms.

Religion and spirituality serve to mitigate the psychological and physical deprivations created by imprisonment and from available data; there are however indications that have shown that religion and spirituality are associated with lower frequency and severity of depression (Eytan, 2011).

Furthermore, depression is essential to treat not just because of the emotional distress but also because of the increased risk of suicide. In a systematic review that examined 68 studies, researchers looked for a relationship between religion and suicide and among these, 57 studies reported fewer suicides or more negative attitudes toward suicide among the more religious (Dein, 2010). It is known that, one of the most severe and a common symptom of severe depression is suicide and intrinsic religiosity may buffer depressive symptoms such as suicidal ideations. According to Koenig (2012), with regard to the 49 studies with the highest methodological rigor, 39 or 80% reported less suicide, fewer suicide attempts or more negative attitudes toward suicide among the more religious or spiritual. Religion and spirituality have favourable and promising effect on suicidal ideation and therefore, this effect may positively alleviate or mitigate the occurrence of depression. In a British epidemiological study, church going and active religion were found to be protective to vulnerability to depression (Verghese, 2008). Based on the above mentioned effects of religion or spirituality on depression and suicide, they may be beneficial to clients' well-being and improve the efficacy of the counselling process.

Anxiety:

To some degree or extent, many people in life will experience anxiety or be anxious about an event or situation that will arouse an emotional uneasiness. Being anxious occasionally or sometimes is part of the normative reality and interaction of life. Approximately 30 percent of the adult population in North America have anxiety unwellness issues - anxiety disorder (Folk & Folk, 2015). On the other hand, life events can shake and shatter people spiritually as well as psychologically, socially and physically. The uncertainties of these life events may birth anxious behaviours in people and possibly, cause emotional and psychological instability. Anxiety and fear often drive people toward religion as a way to cope with their anxious emotions (Koenig,

2012). There were nine experimental studies conducted and seven or 78% of these studies found a reduction in anxiety following the application of religion and spiritual intervention (Koenig, 2012). The relational effect between religion or spirituality and anxiety is very promising, religion or spirituality's ability to provide hope, strength and comfort to people; reduces symptoms of anxiety. According to Dein, "religious beliefs may provide solace to those who are fearful and anxious" (2010, p. 3).

Furthermore, looking at the unpredictable occurrence of tragedies in this generation, it can be assumed that; anxiety is one of the most prevalent psychological concerns in the society today. Many religious teachings in the Christian tradition emphasize hope, optimism, love, and peace, and to the extent that religious music contains these themes, it could help promote psychological well-being such as anxiety, depression and stress. The literature also shows that music is capable of altering or changing emotional states in health promoting ways (Bradshaw, Ellison, Fang, & Mueller, 2014). Precisely, religious music serves this function, in part, by shifting thoughts and energy away from the undesirable and painful aspects of life and toward more desirable and healthy ones (Bradshaw et al., 2014). The central themes of religious music's positive influences on the mind and emotions are ground breaking benefits for clients, counsellors and the field of counselling as a whole. These effects can reduce the prevalence of some psychopathologies such anxiety and improve the emotional well-being of clients/people. Religion and spirituality have been linked to reduced depression, anxiety, increased longevity, other physical and psychological health benefits (Curlin, Lawrence, Odell, Chin, Lantos, Koenig, & Meador, 2007); intrinsic religiosity has been linked to lower death anxiety (Sulmasy, 2002), and religious attendance and intrinsic religion tend to be associated with reduced anxiety (Williams & Sternthal, 2007). In reference to the above mentioned benefits of religious and

spiritual involvement, these two constructs have the tenacity to buffer the symptoms of anxiety and alleviate the development of anxiety disorder.

Stress:

In general, when people hear about stress, what comes to mind are the negative aspects of stress. In 2014, 23% of Canadians aged 15 and older, that is; 6.7 million people reported that most days were quite a bit or extremely stressful (Statistics Canada, 2015). This means that quite a significant portion of the Canadian population experience stress from possibly low to high severity in most of their daily life. People conceive in their mind that, stress is all about negativity and attach or draw unpleasant connotative meaning to stress. Undoubtedly, unmanaged, uncontrollable and prolonged stress can have detrimental effects to a person's health but low-level stress can also have a positive effect on an individual's life. Definitively, stress "is any uncomfortable emotional experience accompanied by predictable biochemical, physiological and behavioral changes" (American Psychological Association, 2017). Some stress can be beneficial at times, producing a boost that provides the drive and energy to help people get through situations like exams or work deadlines. However, an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuroendocrine and central nervous systems (American Psychological Association, 2017). It is evident that, religion and spirituality have profound and encouraging effects on extreme stress.

Also, the experience of stress can emerge from various causal agents such workplace, relationships, parenting, school, economy and etc. According to Koenig (2007), religious persons are not always neurotic or unstable, and those with deep religious faith actually seemed to cope better with life stress, recover more quickly from depression, experience less anxiety and other

negative emotions than those who are less religious. These tremendous positive impacts of religion are possible due to the positive elements such as hope, assurance, divine/transcendental support, peace, optimism and sacred guidance embedded within religious doctrines, teachings and principles can have promising effects on stressful people. In addition, to the extent that any disease is caused or made worse by stress, to this extent evoking the relaxation response-transcendental meditation is effective therapy (Puchalski, 2001, p. 354; Castillo-Richmond et al., 2000). Puchalski implied that, any disease or illness being (physical or mental) caused/worsened by stress can be healed by the practicing and application of transcendental meditation.

From the perspective of the American Psychological Association (2017), when the body is under stress; there are changes in the biochemical, physiological and behavioural levels of the human body. These changes signify that there are intense pressures on the body's natural function and a prolonged effect of these pressures may result in functioning impairment of the body. According Bradshaw and his colleagues (2014), music may facilitate relaxation and promote a sense of calm and this may be particularly true for religious music. Therefore, religious practices can bring peace and balance to people under intense pressure and stress, thereby; ensuring psychological well-being.

CHAPTER 2

Biological Mechanisms

The term 'biology' foundational origin was from two Greek words, 'bios' which means 'life' and 'logos' meaning 'study of' (Norwegian University of Science and Technology, n.d). Therefore, in simple terms, biology is the study of life. But, the Norwegian University of Science and Technology (n.d) defined biology as the science of life and living organisms. Generally, biological mechanisms are ways through which the events of life or living organisms operate/work to make life possible, but in relation to religion, spirituality and counselling/mental health, biological mechanisms are pathways or ways in which religion or spirituality positively influences and affects the client's body at a physiological and anatomical levels, thereby; increasing the body's ability to fight mental illness. Also, it is "an emerging field known as neurotheology which explores the relation between spirituality, spiritual experiences, and neurological processes" (Baetz & Toews, 2009).

Immune and Endocrine Systems:

The immune system is the body's defense against outside invaders such as viruses, bacteria, fungi, parasites and internal invaders such as cancer- malignant transformation (Graham, 2011). On the other hand, the endocrine system is a system that consists of various glands that release hormones directly into the bloodstream such as cortisol, epinephrine, norepinephrine and dehydroepiandrosterone or DHEA (Morley, 2017; Koenig, 2012). The above-mentioned hormones can have beneficial or noxious effects on the immune system, nervous system and mood. Religious activities have positive influences on the functioning of the immune system. It is highly agreeable that, the proper functioning of the immune system increases the body's capacity to resist, withstand and heal from any mental pathology, thereby;

leading to positive mental health. Baetz et al. (2009) stated, “Stress promotes adaptation in body systems in the short term but prolonged stress leads, over time, to wear and tear on the body. This condition or allostatic load, leads to impaired immunity, atherosclerosis, obesity, and atrophy of nerve cells in the brain. Many of these processes are seen in psychiatric disorders.”

If prolonged stress can lead to the wear and tear of nerve cells in the brain, then; these wearing and tearing of the brain nerve cells can immensely have psychological effects on the mind and can also increase a person’s vulnerability to psychopathology. But, positive emotions such as love, hope, contentment and forgiveness, which are spiritual or religious practices/factors, have positive influences and impacts on neural pathways that connect to the endocrine and immune systems (Seybold & Hill, 2001). If religious and spiritual practices such love, hope and forgiveness have a beneficial effect on the immune system, then; these constructs or practices have the tenacity to cause mental well-being.

Additionally, unforgiveness has been associated with negative emotions, physical effects and unforgiving thoughts engender more adverse emotions indicative of stress as measured by electromyogram of the corrugators muscle, skin conductance levels, heart rate, and mean arterial pressures, as compared with a forgiving response group; we postulate that these emotional and physiological responses experienced chronically represent a stress that can affect the functioning of the immune system (Baetz & Toews, 2009). Chronic stress on the immune system can impair and compromise the competencies and effective functioning of the immune system.

According to Seybold and Hill (2001), “Negative emotional states such as anger and fear can lead to arousal of the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis,

systems involved in mobilizing the body's energy during stressful situations. Such excitability can produce a stress response in the body- excessive release of the neurotransmitter norepinephrine and of the endocrine hormone cortisol. The stress response, in turn, can lead over time to inhibition of the immune system, increased risk of infection, increased blood pressure, impaired healing response, and increased risk of stroke and heart attack. Meditation, forgiveness, and certain religious and spiritual thoughts might reduce the arousal in the SNS and HPA increasing immune competence and restoring physiological stability.” Moreover, the inhibition of the immune system, increased risk of infection, blood pressure, impaired healing response, increased risk of stroke and heart attack can cause mental disorder or vice versa due to stress and pressure from these physical illnesses.

There is evidence to suggest that stress contributes to both physical and mental disease through the mediating effects of proinflammatory cytokines, elevated rates of depression are reported in patients with inflammatory diseases such as multiple sclerosis and coronary heart disease (Schneiderman, Ironson & Siegel, 2005). The restoration of physiological stability from these aforementioned spiritual and religious practices has the tendencies to increase recovery from mental illness, thus; resulting in good mental health. Again, intact immune function is critical for health maintenance, disease prevention, and is assessed by indicators of cellular immunity, humoral immunity, levels of pro-inflammatory and anti-inflammatory cytokines (Schneiderman, Ironson & Siegel, 2005). In HIV positive men and women, spirituality was associated with higher positive reappraisal coping scores and greater benefit finding, which were in turn both related to lower depressive symptoms and spirituality was also related to lower urinary cortisol through positive benefit finding (Baetz & Toews, 2009).

The lower depressive symptoms and urinary cortisol in relation to the HIV positive men and women signify lower stress level and better immune functioning (Baetz & Toews, 2009). These two benefits slow down the progression of the HIV virus, therefore; decreasing mortality rate, occurrence of anxiety and depression in the patients. Leserman and his colleagues followed men with HIV for up to 7.5 years and found that faster progression to AIDS was associated with higher cumulative stressful life events, use of denial as a coping mechanism, lower satisfaction with social support, and elevated serum cortisol (Schneiderman et al., 2005) and reducing stress hormones with the spiritual mantram intervention may have health benefits in HIV positive individuals (Bormann, Aschbacher, Wetherell, Roesch & Redwine, 2009; Basu-Zharku, 2011).

It is empirically proven that, stress is responsible for most of the physical and mental illnesses in people. And, stress has the tenacity to influence and cause negative affect in people but religion can positively have an effect on individuals' emotional well-being. Cummings and Pargament (2010) reported that, negative mood is related to lower levels of salivary antibodies and reduced activity of natural killer cells that may attack tumors and virus-infected cells. To explain, if negative mood can reduce the levels of salivary antibodies and the activities of killer cells that may prevent the development of tumors and virus infected cells, then; the body may become vulnerable to disease such as brain tumors and infections. This vulnerability to physical illnesses may also result in mental illnesses; religion reduces negative emotion and creates positive ones by helping individuals believe they are connected to, valued and protected by a divine presence (Cummings et al., 2010). These positive beliefs may increase the body's ability to fight diseases and buffer any psychopathologies. In addition to that, older adults who frequently attend religious services have healthier immune systems (Koenig, Cohen, George, Hays, Larson, & Blazer, 1997; Ross Memorial Hospital, 2010-2016) due to the lower levels of

interleukin-6 in their body. As a result of lower levels of IL-6 and healthier immune systems in older religious adults, they are less likely to be vulnerable to the contraction of physical illness or development of mental disease.

Neurological and Endocrine Systems:

Furthermore, the human body is made up of many and different biological systems that ensure the natural functioning of the body, but one of the most essential systems, is the neurological system. The neurological system is the body's information processor, and without this highly advanced information and communication system, the body cannot function (Naturopath Connect, 2011). The neurological system is divided into two major parts: the central nervous system and the peripheral nervous system (Naturopath Connect, 2011). Additionally, the central nervous system consists of the 'brain' and the 'spinal cord'. But, for the purpose of this research paper, the central nervous system is the focal point and precisely; the 'brain'. "The brain processes incoming information from within the body, and outside the body by way of the sensory nerves of sight, touch, smell, sound, and taste. The brain also stores and processes language, communication, emotions, thoughts, dreams, and memories. The brain is where all thinking and decision-making takes place" (Naturopath, 2011).

According to Koenig (2012), physiological changes that occur with stress and depression such as, elevated blood cortisol are known to adversely affect the parts of the brain responsible for memory. It is without doubt that, adverse effects of stress, depression and the increase in blood cortisol in the body can lead to the deterioration of memory. Corsentino, Collins, Sachs-Ericsson, Blazer (2009) & McEwen and Seeman (2009) also stated, high levels of stress can lead to increased glucocorticoid production, which may damage the hippocampus and affect learning and memory. The destruction and negative effects on the hippocampus causing learning and

memory problems may result in psychological disorders such Alzheimer and Dementia. By reducing stress and depression through more effective coping, religion and spirituality may produce a physiological environment that has favourable effects on cognitive functioning by providing stimulating activities such as prayer, scripture reading, singing, sermons, philosophical discussions and socializing (Corsentino et al., 2009; Koenig, 2012). These stimulating activities may increase sensory stimulation to help build cognitive reserve capacities to delay the manifestation of cognitive difficulties (Corsentino et al., 2009), thereby; preventing mental disorders.

Not only that but also, the positive effects of religious and spiritual activities and practices on the functioning of the brain are profoundly significant to the well-being of the individual and society as a whole. It is known that the brain controls all the functional activities that go on, in the body. In classic neuroimaging studies of Buddhist monks and Franciscan nuns meditating or in prayer, showed an increased blood flow in the frontal lobes of the brain, possibly representing increased focus, cingulated gyri, thalami, and decreased blood flow in the superior parietal cortices, possibly representing loss of physical representation of self (Baetz & Toews, 2009). The frontal lobes are responsible for the regulation of emotions or mood and home to a person's personality (Centre for Neuro Skills, 2017) and the increase flow of blood to the frontal lobes indicates an increase in brain activity in the frontal lobes.

Therefore, a prolonged positive meditation or prayer may stimulate positive and healthy mood or emotion resulting in a healthy well-being. In addition, meditation is one of the most prominent spiritual or religious practices ever known. And, it is proven to have promising effects on the brain, cognitive functions, anxiety, depression, stress and other psychopathologies. In fact, the University of Wisconsin psychologist Richard Davidson, measured brain activity of long-term

Buddhist meditation practitioners during meditation, the results showed that they have a stronger and better organized attention system than people who are just learning how to meditate (Azar, 2010). Also, meditation and any contemplative spiritual practice such as prayer enhance attention and turns off the areas of the brain that focus on the self (Azar, 2010; Howard, 2016 and Smith, 2014). Based on the aforementioned effects of meditation on the brain, there may be the possibility that; constant practicing of meditation may help in the treatment of attention deficit hyperactivity disorder, and low self esteem as a result of maladaptive thoughts about one's self.

CHAPTER 3

Social Support Mechanisms

According to Vasquez (2010), social support is “a psychological phenomenon in which social interactions provide individuals with assistance or embed them in social relationships which are perceived to be loving, caring, and available” (p. 10). The concept of social support and network is very broad and significant to the core existence of human beings. It is also true to believe that the world continually exists and function as a result of human social interaction with each other. Based on this fundamental idea of social interaction or support, it is evident that, this construct is important to human life. From a different perspective, social support can also be defined as resources and aid accessible to a person through the individual’s social ties to other individuals, groups and the larger community (Ozbay, Johnson, Dimoulas, Morgan, Charney and Southwick, 2007). People are created to interact, socialize and mingle with other people and this core truth of human existence makes it fatal to people’s health when this variable of life is absent. Categorically, social support is divided into different subtypes: instrumental, informational, appraisal, and emotional (Cummings et al., 2010) and religious support seeking (Vasquez, 2010). To bring clarity, instrumental support refers to the various types of tangible help that others may provide such as, help with childcare, housekeeping, provision of transportation or money; informational and appraisal support refer to the help that others may offer through the provision of information and later, guidance in decision making but emotional support is the positive interpersonal emotions of love, sympathy, understanding and esteem (Seeman, 2008; Cummings et al., 2010).

Religious/Spiritual Support:

In the context of religion and spirituality, these constructs act as social support mechanisms as pathways in which they buffer, alleviate, mitigate and moderate the developmental risks of psychopathology through the provision of social resources. Cummings and his colleague (2010) asserted that, religion is known to be a social phenomenon, and religious organizations have the propensity to be a major source of social support (p. 39). Precisely, what then is religious or spiritual social support? It refers to the emotional and tangible support that one receives, provides, and expects from one's religious community (Barrett, 2013). Hughes et al., (2004) concluded, religiosity and social support provide a buffer against anxiety in coronary heart disease patients and that higher levels of social support may account for the relationship between religiosity and trait anxiety. There is a possible causal relationship between physical illness and mental illness, with that said; it doesn't mean that all physical illnesses cause mental illness. Due to some religious communities such as, churches, mosque and synagogue's ability to provide emotional, instrumental, informational and appraisal support to people with psychological concerns, these institutions are able to mitigate symptoms associated with psychological distress.

The attendance of religious or spiritual services may expand and strengthen an individual's social network such that there are more people who are willing and able to provide the individual with support in times of need. For instance, military veterans with traumatic brain injury stated that the support they received from their religious communities helped them resist their desire to commit suicide (Cummings et al., 2010). The support provided by religious communities may buffer suicidal ideation, then; it has the tendency to prevent depressive symptoms as well. It is undoubtedly clear that, aging may be associated with cognitive decline,

that is; as a person increases in age, his or her cognitive capacity may decrease. Religious involvement can provide meaning, purpose, and hope in later life, and religious attendance may promote social interaction and stimulation, this may help to moderate the effects of depression on cognition with aging (Reyes-Ortiz, Berges, Raji, Koenig, Kuo, & Markides, 2008). Since religious gatherings are considered as social gatherings that involve the interaction of their members, these public gatherings may increase a person's social connections, thus; increasing the person's social network. The expansion in an individual's social network increases the person's support system and increases his or her chances in getting support when needed.

During times of stress or personal difficulty, individuals frequently turn to religion and spirituality for support and solace (Smolak, Gearing, Alonzo, Baldwin, Harmon, & McHugh, 2013; Yeung, & Chan, 2007). People turn to religion and spirituality for assistance and peace because the fundamental principles of most religion and spiritual communities are to exhibit love, acceptance, support, give hope, provision, strength and etc. Ozbay et al., (2007) stated, "Strong social support has been shown to be an important factor in decreasing functional impairment in patients with depression and in increasing the likelihood of recovery." People with increased spirituality have greater levels of social support, which effectively buffer against psychopathology and suicidal behaviours (Hourani et al., 2012). Furthermore, a strong support system involving friends, family and religious or spiritual community is a robust resource for those facing difficult circumstances out of their control. Psychological distresses such as stress and anxiety are part of life in essence that they sometimes give us the motivation and energy to complete certain task, but they become pathological when they increase in their severity, impair functions and become prolongable.

Many literatures in the academic community have proven the profound and significant effects of religious and spiritual communities such churches, mosques and other religious institutions ability to make a difference in people who are struggling or experiencing mental illness. Behere, Das, Yadav, and Behere (2013) listed, religious beliefs can provide support through the following ways: “enhancing acceptance, endurance and resilience. They generate peace, self confidence, purpose, forgiveness to the individuals own failures, self-giving and positive self-image.” Most religion or religious communities possess the willingness, desire and motivation to provide life-changing social support programs for ill minded people due to the aforementioned constructs and values. Religions provide their members the advantage of a supportive social network, because; research has shown that lack of social contact/connection can be more detrimental to health than obesity, alcoholism and smoking 15 cigarettes a day (Smith, 2014 and Ozbay et al., 2007). To deduce the above statement by Smith and Ozbay, it is fair and justifiable to say that, social support but specifically; religious social support is profoundly beneficial to the resolution of mental problems.

CHAPTER 4

Religious Coping Mechanisms

What is coping, coping behaviour and specifically, religious coping? According to Dawson (2015), coping entails the strive to preserve, maintain or transform the things people care about most deeply. Therefore, based on the above definition of coping, the construct in question is an active and dynamic way to guide, protect or change an entity. From Nelson's perspective, coping is the "continually changing process through which individuals try to understand and deal with significant personal or situational demands in their lives" (2009, p. 320). Coping is very valuable in everyday life and as such, it is one of the most essential, effective and useful ways to deal with demanding situations. Also, coping is initiated with the notion that, what we are experiencing or encountering is stressful, representing; a threat of harm or loss, a challenge with possibility of growth or something beneficial (Nelson, 2009). To proceed, what then is coping behaviour? It is an "ongoing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" (Nelson, 2009). Coping behaviour takes a progressive behavioural form because coping with a crisis or demanding event to bring it under subjection, homeostatic state and control doesn't happen overnight, but it takes a period of time depending on the intensity and severity of the crisis/event.

Moreover, there are different types of coping and they are; emotion-focused coping, problem-focused coping and religious coping (Nelson, 2009). What is 'emotion-focused coping'? It is a type of coping where the person focuses on controlling pathological emotions by diverting attention to the problem or the meaning of what is happening (Nelson, 2009). The

utilization of emotion-focused coping is prevalent in situations or concerns that are uncontrollable (Nelson, 2009). It enables the distressful individual to look past the taxing, and uncontrollable problem while working on attaining healthy emotions. On the other hand, Nelson explained ‘problem-focused coping’ as, the one that involves trying to change what is causing the distress by acting on the environment or self, such as by analyzing the problem and making a plan of action (2009, p. 320). The application of both emotion-focused coping and problem-focused coping are very important in life, because; they are both necessary in the resolution of life concerns and the attainment of healthy affect. Tix and Frazier (1998) investigated Catholic and Protestant patients and their significant others coping with the stress of kidney transplant surgery, and at 3 and 12 months after transplantation, results showed that the use of religious coping was generally associated with better adjustment both simultaneously and over time in both patients and their significant others.

Religious Coping:

According to U.S. studies, religious coping is found in “80% of the population, particularly those who practice and identify with a religion, especially those for whom religion is very important and intrinsically motivated, have higher levels of education and those with chronic conditions such as depression” (Nelson, 2009). In reference to the aforementioned statistics, it is blatant that, a higher and significant portion of the U.S population use religious coping in times of need. And, religious resources are famous among the methods that people call on when coping with life stress and illness (Miller & Thoresen, 2003; Dein, Cook, Powell, & Eagger, 2010; Dein, 2010; Barber & Pinela, n.d). Religious coping refers to how one’s spiritual or religious beliefs, attitudes, and practices affect one’s reaction to stressful life events (Sulmasy, 2002). Religion has been concluded to possess certain doctrines, teachings, practices and coping

skills effective in coping with adverse life circumstances. Carpenter et al. (2011) also defined religious coping as a broad variety of spiritually and religiously based cognitive, behavioural and interpersonal responses to stressors. In addition, it is how a person uses their spirituality or religion to manage a difficult situation to find a sense of meaning/purpose in life, to cope with issues of guilt, shame, to deal with grief and bereavement associated with the disease (Cotton et al., 2006). Religious coping occurs when a person's goals, events and the means of attaining them are interpreted in relation to the transcendent, sacred or divine. This enhances the individual's sense of mastery, control, solace, comfort, intimacy, strength and support in the face of his or her goals and adverse event.

Religious coping styles are the ways, methodologies and approaches of religious thoughts, teachings, principles and actions necessary in coping with adverse situations. There are several religious coping styles; deferring coping style, collaborative coping style, self-directed coping style (Dawson, 2015; Nelson, 2009) and surrender to God coping style (Nelson, 2009). Furthermore, deferring style of coping involves placing the responsibility for problem-solving on an active God, while the individual takes a passive coping position, waiting for solutions from God (Dawson, 2015; Nelson, 2009). Taking a problem-solving approach based on an active partnership with God in which both are agents is called the collaborative coping style and self-directed religious coping emphasizes the freedom God gives individuals, along with the skills and resources to solve the problems; it focuses on personal agency and involves lower levels of traditional religious involvement (Dawson, 2015). The surrender to God coping style has to do with an active surrender to God in a situation. In terms of interpersonal relationship problems, the surrender to God style frees the individuals from taking revenge on each other but it may have it downside as well.

Positive Religious Coping:

Religion can be a powerful beneficial force and may be used by a person as a defence mechanism to protect the self from painful reality or anxiety (Dawson, 2015). A positive religious coping underscores on a positive focus on problem solving with a religious dimension, whereby; God is seen as benevolent, forgiving, in control, a partner in dealing with difficult situations and the person feels a sense of spiritual and congregational support. A studies of U.S and British psychiatric inpatients have found that, 70-80% use religious coping, including prayer and worship service attendance, and roughly 2/3 (46%-53%) of these perceive it as effective, especially those with more severe psychotic or bipolar disorders (Nelson, 2009).

Positive religious coping is believed to provide meaning to life and the release of stress cortisol which may affect the immune and neurological mechanisms in the body. Adverse effects on these two biological mechanisms may result in mental and physical illness. Reyes-Ortiz and colleagues cited that cognitive function was better in those individuals more involved in private religious activities such as prayer, bible study and those who observers rated as more spiritual or religious. Religious coping activities such as prayer or scripture reading may lead to better cognitive functioning (Reyes-Ortiz et al., 2008). Most religious coping or positive religious coping activities are embedded within themselves a message of hope, meaning, purpose and help, which may buffer negative effects of depression on cognitive competence. In addition to that, an individual's involvement in religious activities provides lessons for coping that, in turn, reduce the levels of stress, anxiety and depression (Corsentino et al., 2009). And low level of stress and depression reduces the elevation of cortisol in the body, and prevents the

compromisation of immune and neurological functions. The prevention of immune and neurological functions' compromisation enables the body to function, moderate or buffer psychopathological symptoms efficaciously.

Moreover, a meta-analysis of 49 studies of religious coping found that positive forms of religious coping were related to lower levels of depression, anxiety and distress (Williams & Sternthal, 2007; Stanley et al., 2011). Similarly, Joshi and Kumari (2011) also mentioned that application of collaborative coping decreases depressive symptoms in the midst of high stress. It is without astonishment that collaborative coping minimizes the symptoms of depression because it is considered as one of the most constructive religious coping styles. To mention a few, some of the positive religious coping methods effective to prevent or reduce psychopathological symptoms include spiritual support from God or a higher power, spiritual forgiveness, support from religious institution/clergy, collaborative religious coping and benevolent reappraisal (Pargament, 2013; Pargament, Koenig, Tarakeshwar, & Hahn, 2004).

Prayer is a common coping resource for individuals with chronic illness (Wachholtz & Sambamoorthi, 2011), and also it is the most common form of religious coping and even nonreligious people often turn to prayer in the agony of suffering (Giaquinto et al., 2007). Simplistically, prayer is a communication with a transcendent, sacred, the divine or God. It is scientifically proven that prayer has the propensity to influence how the brain is wired among its regular practitioners. Religious prayer's profounding and promising influence on the brain may assist in addressing some mental problems. In one study of out-patients with DSM-IV depression, patients who participated in six weekly sessions of prayer with a lay minister showed significant improvements in their depressive and anxiety symptoms in comparison with controls (Poole & Cook, 2011). Participation in prayer with similar minded people strengthens the feeling

of belonging, reinforces feelings of support, understanding, and reduces symptoms of stress.

Negative Religious Coping:

Religious coping is categorized into two broader classifications: positive religious coping and negative religious coping. It is known that some religious coping activities, styles and practices may produce negative outcomes. These negative outcomes could include excessive devotion leading to neglect and disruption in other parts of life, rigid thinking, compulsory actions, and excessive reliance on the supernatural may delay needed health care or counselling, grandiosity may seem fueled by over-identification with saviours or groups, delusions and hallucinations may take on religious content (Cornell, 2015; Fallot, 2001). Nelson (2009) defined negative religious coping as “a sense of spiritual discontent and a lack of congregational support.” Some of the negative religious coping methods are; punishing reappraisal, demonic reappraisal, reappraisal of God’s power, passive religious deferral, self-directing religious coping, spiritual discontent, marking religious boundaries, interpersonal religious discontent and pleading for direct intercession (Pargament et al., 2004, p. 717).

The practice and application of these negative religious coping methods may result or provide undesirable mental health outcomes. A two year longitudinal study with a sample of 268 medically ill hospitalized elderly indicated that the use of negative religious coping such as viewing God or a higher power as punitive would have hazardous effect on patients’ psychological and physical health (Yeung & Chan, 2007). Also, to experience the promising and encouraging effects of religious coping methodologies depends on the type of religious coping methods, that is; positive or negative coping methods that the individual may select. That being said, it is scientifically and empirically proven that, the practical adaptation of the positive religious coping methods has healthy effects on mental health than the negative methods. A

study conducted by Bussing and his colleagues found that breast cancer patients who chose the appraisal dimensions challenge/value, and after three years of their diagnosis, women with breast cancer who attributed negative meaning (enemy, loss and punishment) to their illness had significantly higher levels of depression, anxiety and poorer quality of life than those who indicated a more positive meaning to their illness (2009, p. 336-337). Therefore, the adaptation and application of negative religious coping in the midst of pathological life circumstance may lead to depressive symptoms, anxious experiences and reduction in proper quality of life.

CHAPTER 5

Behavioural Mechanisms

According to the American Psychological Association (2017), behaviour is the action by which an organism such as humans adjusts to its environment. Specifically, human behaviour is very crucial to the well-being of people. The kind of behaviour an individual adapts either healthy or unhealthy can have beneficial or detrimental effects on the person's health and longevity in life. Joshi and Kumari (2011) mentioned that religiousness can propel an individual to involve in devotional and moral behaviours. In a review of 134 studies that examined the relationship between religious involvement and substance abuse, 90% found less substance abuse among the more religious (Dein, 2010). Religiousness and spirituality may have the tenacity to model and prevent unhealthy behaviours such as alcoholism, drug abuse, tobacco use, delinquency, unhealthy sex and etc. Additionally, the aforementioned constructs may also protect, preserve and encourage healthy behaviours. Curlin et al. (2007) stated, "Observing that professionals may have no personal religious beliefs and still recognize that religion has an important influence on human behaviour."

Furthermore, religion is instrumental in shaping behaviours that are consequential for mental and physical health, such as the use of alcohol and tobacco (Alves, Alves, Barboza, & Souto, 2008). Regular members of religious or spiritual communities are taught rigorously and consistently to refrain from the above mentioned unhealthy behaviours that can have fatal impact on their mental and physical well-being. Researchers conducted studies on prison inmates, inner city at risk youth and concluded that, religion/spirituality had an impact on inmates' behaviour by reducing arguments, violence and disciplinary sanctions (Eytan, 2011); violent behaviours were lower among inner city at risk youth who reported that religion was important to them

(Harrison, Koenig, Hays, Eme-Akwari & Pargament, 2001). The importance of religion and prayer was not significantly related to violent behavior in a national sample of adolescents, but was inversely related to sexual activity (Harrison et al., 2001). It is undoubtedly evident that, religiosity and spirituality have positive influence on human behaviour, either; healthy or unhealthy.

Alcoholic Behaviour:

Alcoholism is the excessive and continuous use of alcohol whereby the substance adversely impairs the person's social, occupational and daily functions (American Psychological Association, 2017; Lewis, Dana, & Blevins, 2011). It is sometimes known as alcohol dependence and an alcohol dependent individual has lost control of his or her alcohol consumption. According to the American Psychological Association (2017), alcohol dependence can be typified by its "tolerance" and "withdrawal" symptoms such as "nausea, sweating, restlessness, irritability, tremors, hallucinations and convulsions." Some people consume alcohol as a way of amusement but the consumption of certain amount of alcohol can act as a psychostimulant, which has the propensity to stimulate the brain and leave the body in an addictive state. J. Scott Tonigan, a research professor of psychiatry at the University of New Mexico, followed up 226 patients of alcohol dependence and reported that spirituality predicted behaviour such as honesty and responsibility which in turn promoted alcohol abstinence (Verghese, 2008).

It is very challenging to abstain from the use of alcohol after an individual has become dependent on the substance but religion/spirituality provides certain resources and styles that may enable the person to successfully abstain from the desires of using alcohol. It does this by providing a community environment, social norms and beliefs that reduce opportunities for use, and provides non-drug related ways of coping (Nelson, 2009). As elaborated in previous chapters, religion and

spirituality provide their members with the support, accommodation, resources and strategies necessary to combat alcohol dependence.

Across a wide variety of types of studies and groups, the odds of alcohol or drug dependence in actively involved religious people are 30-40% less than the rest of the population (Nelson, 2009). The above stated statistic proves that, intrinsic religious people are less likely to consume or depend on alcohol. Therefore, religiousness has the tendency to preserve healthy behaviours and reduce the frequency of unhealthy ones. In addition, religious involvement encourages health enhancing behaviours and discourages risky behaviours, for example; more frequent religious attendance is strongly associated with greater preventive care use, higher levels of exercise, less alcohol use and never smoking (Corsentino et al., 2009; Cotton et al., 2006).

Similarly, an example of a religion that encourages a healthy lifestyle is Seventh Day Adventists and the members of this religious denomination are instructed by their Church not to consume alcohol, eat pork or smoke tobacco but encourage vegetarianism (Ehrlich, 2015; Williams et al, 2007). Most of the doctrinal messages of religious communities encourage healthy living and discourage noxious lifestyles. Intrinsically religious members of these religious groups accept these healthy lifestyle messages and live by them. These messages may transform and build resilience to alcohol dependence in their participants. Also, religiosity is associated with low level of alcohol, drug misuse (Hasanovic & Pajevic, 2010), and daily spiritual experience is related to decreased alcohol use, improved quality of life and positive psychosocial state (Sulmasy, 2002).

Tobacco Use (Cigarette Smoking) & Drug Abuse Behaviour:

Tobacco abuse involves the prevalent use of tobacco that may result in adverse health effects on the user. Tobacco use or cigarette smoking is very prevalent in our society today. Cigarette smoking causes serious health, economic, and social problems throughout the world. “Tobacco smoke is a toxic and carcinogenic mixture of more than 5,000 chemicals including nicotine, cyanide, benzene, formaldehyde, methanol, acetylene, and ammonia. Smoking has major adverse effects on almost every organ system in the body, accounting for more than 10% of deaths from all causes and 30% of deaths from cancer including 87% of lung cancer deaths worldwide. Smoking is also responsible for many other health problems including heart and blood vessel disease, stroke and cataracts” (Wang, Koenig, & Shohaib, 2015).

Considering the number of harmful chemicals in a tobacco smoke makes it dangerous to human health and may have the capacity to reduce one’s life span significantly. But, religiousness can have promising effects on the use of tobacco and illicit drugs. A study conducted on public and private schools concluded that, students with no religious affiliation or without a religious education were significantly more likely to use illicit drugs such as ecstasy or cocaine (Koenig, 2007) and another study on religious affiliations also concluded that Pentecostals used less tobacco, alcohol and drugs (Koenig, 2007). In fact, studies have found that higher religiosity is associated with a lower rate of tobacco, alcohol and illicit drug use especially among youth and people who attend religious services weekly or more have a 25% lower risk of smoking than those who attend less frequently (Wang, Koenig, & Shohaib, 2015). Many literatures concerning religion or spirituality and mental health such as tobacco use and the use of illicit drugs will attest to the results of the above mentioned studies.

Furthermore, religiosity and spirituality have profound impacts on various unwanted behaviours and actions in our society. These constructs have existed for centuries due to their remarkable and exceptional differences in the world today. People lacking a sense of purpose in life, accompanied by a lack of reliance on inner resources could experience existential anxiety or discomfort, which they attempt to escape through marijuana use. Therefore, people with a more defined comprehension of their purpose or meaning as well as reliance on personal strengths may be less likely to use marijuana (Giordano et al., 2015). Additionally, the development of a sense of purpose, meaning and reliance on personal strengths may be acquired through spiritual and religious practices based on the extensive or broad meaning of spirituality. Williams and colleague (2007) stated, studies of adolescent behaviour found that higher levels of religious involvement are inversely related to alcohol, drug use, smoking, sexual activity, depressive symptoms and suicide risk. Religions usually prohibit the use of drugs and excessive amounts of alcohol that increases the risk of engaging in behaviours such as crime or risky sex that are linked to negative mental health consequences (Koenig, 2012). Giordano et al. (2015) asserted that positive religious coping and several dimensions of spirituality protect against hazardous drinking and marijuana use. It is undeniably proven beyond doubt that religiousness and spirituality have what it takes to modify unhealthy behaviours such as alcohol dependence, tobacco use and illicit drug use.

CONCLUSION

During the end of the 19th century, a French neurologist (Jean Charcot) and his student (Sigmund Freud) related religion with hysteria and neurosis (Koenig, 2008; Dein, 2010, Curlin et al, 2007). This postulation changed the understanding and concept surrounding religion to the point that, it became undesirable, questionable and unwelcoming in the field of mental health. Religion was considered as pathological, unscientific and the causal agent of mental illnesses. This antagonistic attitude and view of mental health professionals were very taxing on the acceptance and application to religious doctrines. Historically, religious institutions were responsible and the first to provide care to the mentally ill, medically ill, elderly and disabled (Dein, 2010 & Yeung et al, 2007).

Religious organizations have promising history of providing care, support and healing to the less fortunate and mentally ill individuals in the society, therefore; religion or spirituality should not be ignored in counselling, psychotherapy and psychological interventions. Furthermore, religion has mostly been seen by some mental health professionals in the Western societies as “irrational, outdated, old-fashioned, dependency forming” and has been viewed to result in emotional instability (Dein, 2010 & Behere et al, 2013). However, recent research findings between religion or spirituality and mental health are bridging the gap between religion and mental health. These promising findings have helped religion and spirituality to find their way into the field of mental health.

Religion can be explained as the organizational and community structure of faith traditions that generally include attention to sacred scriptures, a doctrine that outlines the values and beliefs of the faith and spiritual models to follow (Plante, 2008). Religion is considered as institutional, social, material construct and it is also related to spirituality. On the other hand,

spirituality is being attentive to what is sacred and connected to a concept, belief or higher power greater than oneself (Plante, 2008). Spirituality is not always based on organization, community, and the reading and practice of sacred scriptures except in the context of religion. Also, the object of divinity in spirituality is subjective and can be anything including nature, human and the universe. Religious beliefs and practices cause reduction and faster recovery from depressive symptoms, lower suicide rates, less anxiety, less distress, less worry, less substance abuse, greater well-being, hope, optimism, more purpose, meaning in life, and higher social support (Koenig, 2004; Neff & MacMaster, 2005; Luhrmann, 2013; Glas, 2007; Sinha & Kumar, 2014; Homan, 2014; Wnuk et al., 2014; Perez et al., 2011; Breland-Noble et al., 2015; Agishtein et al., 2013; Hansen & Wood, 2016; Hebert et al., 2007; O'Connor, 2016; Sternthal, Williams, Musick, & Buck, 2010).

It is empirically known that increase in stress cortisol in the body adversely affect the body's immune system. And, this negative effect compromises the body's ability to fight intracellular and extracellular biological invaders such as virus, bacteria and etc. But, people with high levels of religious beliefs/spirituality have lower cortisol levels (Nemec, 2011), and this prevent the compromization of the immune system which enables the body to combat diseases including psychopathologies. Also, some religious or spiritual practices such as meditation increases the brain's gray matter density and prevents the wear and tear of the gray matter of the brain, which reduces sensitivity to pain, enhances the immune system, helps regulate challenging emotions and relieve stress (Krentzman, 2013; Auger, Last, & Tufts, n.d).

Religious communities also provide religious support such as resources and coping styles to people who are dealing with life challenging situations, stress and any emotional distress to reduce some of their psychological symptoms. These provisions from religion may prevent

mental disorders and modify certain illegal behaviours or lifestyles such as drug abuse, tobacco use and excessive consumption of alcohol. Based on the empirical evidences of the effects of religion and spirituality illustrated in this research work, it is highly evident that; religion and spirituality act as psychological, biological, social support, religious coping and behavioural mechanisms.

Therefore, it is imperative that, these essential constructs be integrated into the process of counselling. In terms of limitations, more emphasis was placed on the positive effects of religion and spirituality than their negative effects because the positive effects outweigh the negative ones. The elaborations of intrinsic and extrinsic religiosity were exempted from the content of this research work. These two constructs are very central in any discussion that pertains to religion or religiosity. In fact, the profound positive impacts of religion and spirituality in counselling or mental health would be beneficial to individuals who are prone, open and receptive to religious and spiritual practices.

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