ECRONICON OPEN ACCESS

EC PSYCHOLOGY AND PSYCHIATRY
Review Article

Considering the Role of Secular Spirituality in Psychotherapy

SD Lokuge[1], C Charris[2], C Spagnolo[1], A Fine[1], K Fotinos[1], E Sherifi[1], A Lodzinski[2], T Sternat[1,2] and Martin A Katzman[1,2,3,4]*

[1]START Clinic for the Mood and Anxiety Disorders, Toronto, ON, Canada

[2]Department of Psychology, Adler School of Professional Studies, Toronto, ON, Canada

[3]Department of Psychology, Lakehead University, Thunder Bay, ON, Canada

[4]Northern Ontario School of Medicine, Sudbury, ON, Canada

***Corresponding Author:** Martin A Katzman, START Clinic for the Mood and Anxiety Disorders, Toronto, ON, Canada.

Received: April 19, 2019; **Published:** June 01, 2019

Abstract

Spirituality as a human dimension is underexplored in clinical treatment. Nonetheless, minimal credible research had been conducted on the relationship between spirituality, religion, and science prior to the 21st century. While spirituality and religion are presently recognized as related, yet distinct, constructs, there is limited research that has described the impact of spirituality and religion on health and subjective well-being. Concerns remain that a lack of religiosity among clinicians may hinder adequately addressing questions central to the identity of the patient. In the following paper, the authors discuss how a secular approach to spirituality in clinical treatment may guide self-transcendence and ultimate meaning.

Keywords: *Spirituality; Religion; Secular Spirituality; Subjective Well-Being; Psychotherapy*

Abbreviations

MBCT: Mindfulness Based Cognitive Therapy; CBT: Cognitive Behavioral Therapy; F-CBT: Faith-based Cognitive Behavioral Therapy

Introduction

While psychopathology can arise from innumerable causes, issues of spirituality may play an important role in the journey of the patient suffering with psychiatric problems, suggesting a potentially important role in assessing for spiritual concerns in in psychotherapeutic or psychiatric consultations [1]. Nonetheless, attempts to develop a psychology of spirituality have been hindered by a lack of a cohesive definition of what spirituality is and is not, and in particular, how it differs from religion. Furthermore, this has been complicated by the fact that both religious and irreligious individuals alike raise existential questions and manifest concerns about self-transcendence, suggesting that the capacity for spirituality might not require the belief in the supernatural [2-4].

Although the term "religion" is frequently intertwined with notions of supernatural beings and realms, as well as to describe the belief system of the deeply religious person, the definition has since expanded to comprise the beliefs of "the superficially religious person, the religious seeker, the seeker of well-being and happiness, and the completely secular person" [1]. While the domains of spirituality and religion overlap to some degree, for the past two decades, the concept of spirituality has been increasingly used to describe an intrinsic human desire to find meaning in one's personal existence, a sense of connectedness to others, and a sense of self-transcendence, described as feelings of being connected to something larger and beyond the immediate self [1,3,5]. Thus, one must examine the words "spirituality"

and "religion" which uniquely carry particular significance in the individuals' understanding of these terms. For example, a recent large cross-cultural analysis revealed that "spirituality" was viewed as a more positive term than "religion;" interestingly, this view was seen to vary dependent upon the country and whether individuals defined themselves as spiritual, religious or as an atheist [6].

The term "spirituality" is often used to describe questions that extend beyond the day to day issues in life, encompassing such existential questions as "Who am I?", "What is worth living for?", and "Is there meaning in suffering?" [3]. The idea that spirituality is a universal human dimension has been argued by Jungian, existential, transpersonal, and humanistic theories of psychology [4]. To examine spirituality as a universal human dimension, available to both religious and irreligious persons alike, is to examine a secular spirituality: the assumption that while the spiritual dimension may certainly be developed through supernatural beliefs, there is no reason to believe that alternative methods do not exist [2,3].

Religion in psychology throughout history

While explored extensively in philosophy, the study of the role of religion was initially an unpopular topic in psychology. Hunsberger [7] suggested that the lack of acceptance of religion in mainstream psychology was due to: (a) a lack of focus in the study of religion, (b) a bias on the part of psychologists, (c) empirical and theoretical weaknesses in early work, (d) a lack of awareness of the relevant literature, and (c) the breadth of content discussed.

A lack of focus in the study of religion was likely precipitated by early bias by psychologists, including Freud, Skinner, Ellis and Hall each of whom concluded that spirituality and religion had a negative impact on the well-being of individuals and their societies; this was accompanied by the prevalent notion that religious beliefs were emotionally immature, disturbing, and/or harmful [1]. Due to these criticisms, psychologists did not take research on religious and spiritual matters seriously for almost a century [8,9]. As such, religious clinicians that wanted to integrate their faith traditions into their professional work were generally required to keep their interests private [10].

Today, spirituality and religion are among the most intriguing research topics for the academic community of psychology, with interest dedicated to exploring how specific spiritual stances influence the way in which religion and religious beliefs impact the individual's well- being. Towards the end of the 20th century, interest on the relationship between religion, spirituality and mental health had become a focus in psychiatry [11]. By 2005, at least sixteen psychiatric residency programs in the U.S. offered formal training in religious and spiritual issues [12]. In Canada, a survey conducted in 2004 of over one thousand psychiatrists revealed around half believe spirituality is an important topic to address in therapy [13]. Presently, interest in these subjects may be found across a variety of sectors, including medicine, nursing, psychology, physical and occupational therapy, social work, public health, sociology, pastoral care, population studies, law, and economics [14].

The change in academic attitude towards the subjects of spirituality and religion, and their relationship to mental health and subjective well-being, may be linked to a number of factors. For example, increasing interest in neuroscience and cognitive psychology has displaced the influence of psychoanalysis on psychiatry [8]. This absence of a humanities based dominant focus has left the field looking to other areas where one can understand the individual's life journey. Furthermore, the emergence of programs such as The Emmanuel Movement and Alcoholics Anonymous, with their emphasis on a higher power, has placed an increased focus on embracing religion and spirituality in the treatment journey [10]. Additionally, many clinicians have demonstrated an increased interest to explore their clients' existential questions in order to better understand the root of the presenting problems during the course of counselling and clinical treatment [15]. Other factors include the growth of behavioural health research linking patients' spirituality and religiosity with improved health outcomes, the increased awareness of the prominence of religion and spiritual issues in the general population, the increased significance of multicultural competencies in the counselling literature and its importance as a foundation for counselling work, the introduction of guidelines for the study of the relationship between religion and psychology, and the creation of grants for the development and teaching

of religious and spiritual curricula [15]. Despite the growing shift in attitude, research about the benefits of religiosity and spirituality remains inconclusive.

Mixed findings in research on spirituality, religiosity and mental well-being

In Totem and Taboo, Freud (1952) defined religion as a sublimation of the Oedipus complex through the projection of the image of the father onto the image of God: an illusion that helped an individual to avoid pain by ignoring what was true, and brought about disappointment once the person acknowledged the illusion [16]. Eight decades after Freud's death, there is a growing body of evidence suggesting that religion has either a negative influence or no influence at all on alleviating symptoms of depression; and that religion and religious fanaticism may lead to poorer mental health; and that finally, irreligious people are psychologically healthier than religious ones [11,17]. Nonetheless, there are also contrasting studies demonstrating that individuals who turn to religion as a way of coping with stress, serious illness, and death, experience less anxiety and depression, greater self-esteem and psychosocial competence, and enjoy better physical health than their less religious or irreligious counterparts [18].

These dichotomous findings echo early psychological approaches to religion, which as a result of the central tenet to their study designs, either considered religion to be good and a sign of strength or bad and a sign of weakness [11,18]. Allport and Ross (1967), realizing religion and health were both multidimensional constructs, discarded this approach and instead measured how certain aspects of religious expression correlated with certain aspects of health and subjective well-being, thus offering an initial explanation for why religion works for some but not for others [19]. Consequent studies suggested a difference when religious motivations were intrinsic or extrinsic. An intrinsic style pertains to when an individual follows a religious doctrine as an ends to itself, and is correlated with high subjective well-being and finding meaning in ones life [11,19]. An extrinsic style refers to when an individual follows religious teachings for other means beyond one's inner self such as the desire to belong to a community. Interestingly, in contrast to intrinsic styles of religious motivation, extrinsic motivation styles have been correlated with heightened levels of anxiety and depression, lower self-esteem, and the presence of symptoms of posttraumatic stress disorder [9]. To complicate things further, it is important to note that these seemingly distinct styles are often found to be mixed in most people. As such, this may suggest that there is a need to recognize these differences in a therapeutic setting, which may to contribute further to a patient progress and improve precision medicine.

Despite early psychology's dismissal of religion, today it is a topic that is often addressed in psychotherapy, and psychotherapeutic approaches have been modified to include religion/spirituality in an attempt to improve treatment outcomes [20]. Barnett and Johnson (2011) stress the importance of addressing spirituality and religion and highlight the lack of training involved for psychotherapists in this area [21]. A meta-analysis by Anderson., *et al.* (2015) found that faith-based cognitive behavioural therapy (F-CBT) predicted greater outcomes when compared to treatment as usual [22].

Akucheckian (2011) reported that providing CBT with guidance and insight from a religious teacher in populations suffering with obsessive-compulsive disorder resulted in better outcomes than those observed in control groups [23]. Furthermore, research has suggested that in certain populations, integration of religion in CBT can facilitate earlier responses to treatment, although outcomes appeared equivalent at the end of treatment [24]. As well, Muslim populations with depression or anxiety treated with F-CBT adjunct with psychopharmacology improved faster when compared to groups that received non-faith based CBT and psychopharmacology. Once again, while the group receiving F-CBT improved quicker, no significant differences were observed between groups at the end of treatments or at 6-month follow-ups [24].

Notably, none of these studies looked at religious motivation in terms of whether it was intrinsic or extrinsically based, within the individuals and as such, perhaps many of these mixed findings might be explained by distinguishing intrinsic and extrinsic religious motivations.

Spirituality, self-transcendence, and ultimate meaning

Objectively defining spirituality as a different construct from religion is often overlooked due to the conceptual similarities. However, spirituality can exist without the presence of religion or a belief in God. Zentner (1998) defined spirituality as a multifaceted quality in which a person strives for inspiration, reverence, awe, meaning and purpose [25]. These aspects are not restricted to a belief in God or

adherence to a religious doctrine. This definition pertains to spirituality without the presence of such religious teachings and can exist as a more secular spirituality. Teasing apart spirituality within religion, and secular spirituality is a difficult matter in research, and many papers research them as a singular construct. However, understanding the benefits of secular spirituality can help determine optimal care for irreligious patients, or for patients whose spirituality extends beyond their religious inclinations. Certain therapeutic approaches have used religious teachings as a foundation for developing mental health treatment plans. A spiritual program developed from seven major religions was used to ameliorate symptoms of anxiety in an adult population [20]. Similarly, mindfulness-based approaches have been inspired by Buddhist teachings [26].

History of secular spirituality

Spirituality has been touted as separate from religion in philosophy and psychology. In psychology, secular spirituality has been a topic of increased interest due to its relationships/benefits to mental health and well-being. In contrast to religious spirituality, wherein the emphasis falls on the development of a relationship with a higher being, secular spirituality is focused on fostering personal growth and development within the individual.

William James (1902) outlined the shift in religiosity to an increasingly secular society, arguing that secular alterations occurred to even the most religious individual's sentiments [27]. Further, he believed that acknowledging secular aspects of spirituality would put an individual in the best position to determine their truest values [27]. This view was echoed by the existential philosopher, Jean-Paul Sartre (1943), who, despite atheist views, was famous for preaching the idea of living with authenticity; or living in accordance with one's own inner needs [28]. Charles Taylor (2007) outlined the possibility of secular spirituality as society progressed towards increasing irreligiosity, suggesting that despite society moving towards a loss of religious belief, there still existed a need for self-transcendence [29]. Self-transcendence and the search for meaning in a secular context have been explored expansively in positive psychology.

Self-transcendence, or the act of going above and beyond the confines of the self, is often linked to a search for some great realization of purpose in life [30]. From a religious perspective, to go above and beyond oneself can be conceptualized as the attempt to form a relationship with God, or a higher, supernatural being, realm, or power [31]. In this context, the search for meaning occurs through a relationship with God, or the Divine, who would guide the individual through a pre-planned course of life to ultimately fulfil destiny. Over the last few decades, however, the concepts of spirituality, self-transcendence, and meaning have been operationalized in a much more secular context. Harris (2014) also discussed the purpose of a secular approach to spirituality in greater depth from a philosophical perspective [3]. For him, the purpose to the relentless search for happiness and security that characterizes the lives of most people is a desire for a way back to the present-a spiritual crave for good enough reasons to be satisfied now. This human journey sometimes gives rise to "experiences of meaningfulness, selflessness, and heightened emotion that surpass our narrow identities as 'selves'" [31].

Seligman (2002) posited that transcendence is an accumulation of multiple attributes including: hope, enthusiasm, humour, gratitude, spirituality, and forgiveness [32]. In turn, these traits have been linked to positive well-being outcomes, and facilitate recovery in patients suffering from depression [33]. Maslow (1996) famously used the term "peak experiences" to characterize moments of greatest happiness and fulfilment that are usually identified as religious experiences, but that did not prove the existence of supernatural beings or realms [34]. In contrast with religion, spirituality may be used as a more inclusive construct to describe these experiences in which an individual need not be religious to be spiritual [34]. Furthermore, renowned atheists Dawkins and Harris have alluded to similar peak experiences in descriptions of their own lives [2]: "The boy lay prone in the grass, his chin resting on his hands. He suddenly found himself overwhelmed by a heightened awareness of the tangled stems and roots, a forest in microcosm… suddenly the micro-forest of the turf seemed to swell and become one with the universe, and with the rapt mind of the boy contemplating it. He interpreted the experience in religious terms and it led him eventually to the priesthood... In another time and place, that boy could have been me under the stars, dazzled by Orion, Cassiopeia and Ursa Major, tearful with the unheard music of the Milky Way, heady with the night scents of frangipani

and trumpet flowers in an African garden. Why the same emotion should have led my chaplain in one direction and me in the other is not an easy question to answer. A quasi-mystical response to nature and the universe is common among scientists and rationalists. It has no connection with supernatural belief (p. 31)…".

Dawkins details a transcendent, peak experience indicative of a Maslowian school of thought and also an experience in-line with the teachings of mindfulness [35]. While originating from Buddhist roots, mindfulness-based therapies have shown efficacious results in treating mood and anxiety disorders without using religious aspects of Buddhist doctrine [26]. In fact, mindfulness techniques can be understood in terms of the aim to allow an individual to have a higher awareness of thoughts, feelings, and bodily sensations that may contribute to psychopathology, such as rumination in depression, but de-center the individual's perspective on such thoughts [26]. Mohamed., *et al*. (2017) found that group mindfulness-based cognitive therapy (MBCT) decreased symptoms of depression, anxiety and disability in a comorbid psychiatric outpatient population [36].

Like transcendence, a search for meaning in life can also occur in the absence of religious beliefs. For Wong (1989), personal meaning is a unique and individually constructed system that takes into account the worldview (cognitive component), goals and values (motivational component), and desire to feel fulfilled or satisfied (affective component) of an individual in determining how that individual will thus derive meaning from (i.e. how one will live) his or her life [37]. Similarly, the concept of meaning may also be defined as being related to feelings of connectedness, sense of purpose, and personal growth [37].

Reker., *et al*. (1987) divided "meaning in life" into five components of spirituality: (a) life purpose, (b) death acceptance (c) goal seeking (d) future meaning and (e) existentialist vacuum, with the suggestion that different individuals might be primarily focused on different aspects of spirituality [38]. In a study of 300 men and women, age and gender determined which components of spirituality were considered most important to adult participants, although psychological and physical well-being were specifically associated with goal seeking, existentialist vacuum, and death acceptance [38]. Finding meaning in life has also been regarded as especially important in palliative care, with poor spiritual well-being in terminal illness having been correlated with a desire for hastened death, hopelessness, and suicidal ideation [39].

Thus, distinguishing meaning in life often involves spiritual questions, such as: "Did I deserve this?" or "What is my purpose?" Authenticity, defined as the ability to pursue life in accordance with one's true self and corresponding values, is another trait that can help identify what a person's inner needs are [40]. The pursuit of authenticity involves a dialogue between life experiences and the inner self and can be facilitated by therapists [40]. In the context of secular spirituality, we suggest engaging in these topics, while taking into consideration concepts such as self-transcendence in order to improve well-being and enhance resilience. Similarly, mindfulness can be hypothesized to help bring awareness of self-transcendence and well-being as the other hypothesized components of spiritualty to a patient engaged in this treatment approach [38].

As discussed above, two of the constructs closely associated with spirituality and spiritual betterment, self-transcendence and meaning, can exist in the absence of religious belief, which in essence defines the secular approach to spirituality. Research has begun to show the efficacy of secular spirituality in treating mood and anxiety disorders. Rickhi., *et al*. (2011) utilised a spiritual teaching program through audio CD's and found a reduction of symptoms of depression and increased remission rates in patients suffering from unipolar depression after 8 weeks [41]. The spiritual program specifically focused on self-transcendence, connectedness and forgiveness. Such an approach may be utilized in modern treatment, as is demonstrated in the following discussion.

Secular spirituality and psychotherapy: Case examples

A secular approach to spirituality in psychotherapy recognizes that spirituality is a universal human drive shared by both the religious and irreligious [3]. This drive may be addressed by both the client and the therapist, regardless of their religious positions, and in doing

so, it may improve the outcome of therapy by helping clients to identify meaning and become oriented towards self-transcendence leaving the discussion of specific religious matters to trained religious professionals [23].

There are reasons why both clients and clinicians may want to avoid discussing spiritual and religious matters [4]. From a clinician's perspective, some concerns include: (a) a lack of confidence in their knowledge about religious quandaries; (b) a lack of tools to help clients navigate their specific religious spiritual matters; (c) the risk of offending clients; and (d) anxiety about whether or not colleagues would approve of their methods [42]. From a client's perspective, some concerns include anxiety about whether the therapist will push personal values, or challenge the patient's position and fear that the therapist may recommend treatment that is divorced from their spiritual or religious perspectives (such as encouraging them to pray or not pray or return or not return to a place of worship) [43].

Below, we discuss some cases in which spiritual matters lay near the centre of the consultation motive; moreover, we present some techniques that may help the client to create meaning and aim towards self-transcendence.

Case A: Consider a patient who does not know what they want out of life. In exploring the concept of meaning in a patient's life and examining its components, as discussed by Wong (1989), the clinician guided the patient to understand that the issue lied in their meaning system [37].

Case B: Consider a patient whose cognitive schemas (i.e. belief system) about the self and others is the source of depression. The client has benefited from cognitive behavioural therapy before and has learned that pervasive negative thoughts lead to a hopeless outlook in life, which in turn lead to actions that reinforce a belief system. Despite this knowledge, a dissatisfaction with life remains. The clinician notices that while the client has gained mastery over particular symptoms, their inner struggle is affecting their capacity to restructure beliefs: this patient has compromised attending religious services in the name of protecting a new relationship with a non-religious person. The clinician and patient then engage in discussion about personal values to determine whether the patient's life events (both immediate and longstanding) affirm or stray away from those values. Overall, an in-depth examination of meaning and an exploration of the self are likely to help individuals to overcome various life challenges and, at the very least, foster a healthy degree of personal growth and development.

Measures of spirituality

During therapeutic care, the use of various assessment tools can be employed to help gauge a patient's progress or to determine specific areas that may require more extensive treatment. As such, employing tools to assess spirituality may help elucidate strengths and deficits in a patient and thus assist in outlining a more personalised treatment plan. Although many measures of spirituality exist, a lack of a universal agreement on the dimensions of spirituality as a concept in itself and also with respect to religious belief can make the act of determining an appropriate measure difficult [44]. For example, a measurement with both religious items and spiritual items can skew results; suggesting higher scores for religious individuals and lower scores for irreligious individuals. Alternatively, it can be argued that religion is a significant factor to spirituality for religious people and therefore excluding items on religion would consequently skew scores for religious individuals as being inaccurately low. As such, there is a clear need for a consensus on the definition of spirituality in a secular context that must then be considered when constructing measures of spirituality.

Despite these challenges, some self-report measures have successfully managed to integrate religious traits to spiritual scales in a neutral manner. One example is "The Scale of Spiritual Transcendence", which is a 40-item self-report measure of spiritual transcendence and uses items with dichotomous terms that apply to both the religious and the secular individual; such as "I find deep satisfaction and joy through prayer or meditation" [45]. Another scale that has overcome these problems and managed to integrate religious and spiritual traits in a neutral manner is "The Spirituality Scale," which was created with consideration to three dimensions of spirituality: self-discovery, relationships and eco-awareness, or a connection to nature and one's environment [46]. It is a 38-item, self-report measure, with items such as: "My faith in a Higher Power/Universal Intelligence helps me cope with challenges in my life" and alludes to religious beliefs but are also inclusive of beliefs beyond organized religion [46].

As well, another well validated scale is "The Spirituality Assessment Scale," is a 28-item self-report likert scale with a range of one to six, where one represents strongly disagree and six represents strongly agree. It also uses the term "Higher Power" to include religiosity for the religious individual whilst managing to focus on spirituality as a construct. an example of which is the item: "My inner strength is related to a belief in a Higher Power or Supreme Being" [47].

The risk of countertransference

While engaging in sessions involving spirituality, it is imperative for therapists to be aware of the threat of countertransference. Many of the risks of countertransference in relation to discussing religion should be heeded in secular spiritual discussions as well. Although therapists are less likely to be religious than the general population, this does not suggest a lack of spiritual beliefs [48]. As such, therapists must be exceptionally aware of their own beliefs. For example, a therapist must be very aware, to not try and make the patients spiritual beliefs align with their own. Rather, the therapist should facilitate the growth of transcendence and meaning in life, such that the patient can authentically accept treatment in the context that aligns with their spiritual beliefs. During clinical sessions, it is imperative to consider whether the discussion is structured to provide optimum patient care.

Secular spirituality and psychotherapy: Suggestions for initiating dialogue with patients

A clinician uses a secular approach to spirituality when they are able to identify whenever spiritual matters may be the source of conflict and strives to promote a patient's curiosity about a state of well-being that supersedes the passing pleasure of the usual sources of distraction [3]. One way to begin a discussion on spirituality and religion is through the use of data found in intakes and psychological assessments that inquire about the religious background of the client, the client's origin, thoughts on the influence of the psychiatric disorder on religion and/or spirituality, current spiritual or religious beliefs and practices, the client's relationships with members of the religious community, and the subjective importance of religion in life. Subsequently, open-ended questions, such as "What is your view on spirituality?", "What are you most committed to in life?" and "What are your thoughts on the meaning of life?", are often effective ways to facilitate the discussion of spirituality for integration in treatment. However, because spirituality and religion may be critical aspects of an individual's identity and may be related to their presenting issues, it is imperative that they should have a place in psychotherapy beyond the intake questions [42].

Future Steps

The Canadian Psychological Association's Code of Ethics for Psychologists (2017) encourages therapists to express respect for religious beliefs and associated values, as well as towards those who seek religious and spiritual growth, development, and involvement; we believe effective intervention should extend beyond just expressing respect [49]. We believe the best psychotherapeutic interventions reach beyond simply helping a person achieve cognitive or emotional stability; rather, they should encourage and nurture the development of self-generating hope that persists in the absence of pleasure and endures in the presence of pain. As such, we have proposed how this could be achieved in utilizing a secular framework.

Conclusion

In conclusion, the understanding of the potential therapeutic benefits spirituality may offer have been hindered by early psychological perspectives on the role of religion in therapy. Furthermore, difficulties have been noted to have arisen specifically in terms of parsing spirituality apart from religion. Nevertheless, it is quite clear that spirituality can exist as an independent, secular construct from religion, providing a new set of tools and a variation in approach to enhance patient outcomes. Current literature reveals mixed findings in the role of faith-based and spiritual approaches in psychotherapy and as such, future research on the various factors of secular spirituality. Still, it is imperative to understand that many concepts surrounding spirituality remain either unclear or unknown, including the emerging qualities of so-called spiritual experiences [4] and how spiritual development impacts the biochemistry of the brain [50], it is also important to note that one does not need to garnish knowledge about the chemistry of fire to enjoy its benefits; similarly, it is important

to understand the importance of the crucial role spirituality and spirituality-informed therapy may play in overcoming the difficulties that emerge during psychotherapy. Spirituality may assist the client-clinician dyad to more effectively to address the deeper existential concerns that can lie behind consultation motives. However, therapists must be aware of the threat of countertransference when addressing spirituality. Discussion on spirituality in the clinical setting merits further study about the implications, potential benefits, and outer limits of spirituality with a potential focus on more secular approaches to spirituality in psychotherapy.

Conflict of Interest

All authors have no conflicts of interest.

Bibliography

1. Koenig Harold G. "Concerns about measuring spirituality in research". *The Journal of Nervous and Mental Disease* 196.5 (2008): 349-355.

2. Dawkins Richard. "The God Delusion". Boston, Houghton Mifflin Co (2006).

3. Harris Sam. "Waking up: A Guide to Spirituality Without Religion". Simon and Schuster (2014).

4. Helminiak Daniel A. "Treating spiritual issues in secular psychotherapy". *Counseling and Values* 45.3 (2001): 163-189.

5. Zinnbauer Brian J., *et al*. "Religion and Spirituality: Unfuzzying the fuzzy". *Journal for Scientific Study of Religion* 36.4 (1997): 549-564.

6. Cour P and David M Wulff. "Semantics and Psychology of Spritiuality. A Cross- Cultural Analysis". The *International Journal for the Psychology of Religion* 27.1 (2016): 82-85.

7. Hunsberger Bruce. "Problems and promise in the psychology of religion: An emerging social psychology of religion?". *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement* 12. 1 (1980): 64-77.

8. Thielman Samuel B. "Spirituality and the Care of Madness". Religion and Spirituality in Psychiatry, by Philippe Huguelet and Harold G". Koenig, Cambridge University Press, Cambridge (2009): 6-18.

9. Huguelet Philippe and Harold G Koenig. "Religion and Spirituality in Psychiatry". Cambridge University Press (2009).

10. Clinebell Howard J. "Understanding and Counselling the Alcoholic through Religion and Psychology". Nashville Abingdon Press (1968).

11. Richards P., et al. "Toward religious and spiritual competency for mental health professionals". *Handbook of psychotherapy and religious diversity* 2.7 (2014): 3-19.

12. Koenig Harold G. "Faith and mental health: Religious resources for healing". Philadelphia, Templeton Foundation (2005).

13. Baetz Marilyn., *et al*. "Spirituality and psychiatry in Canada: Psychiatric practice compared with patient satisfaction". *The Canadian Journal of Psychiatry* 49.2 (2004): 65-71.

14. Koenig Harold G. "Religion, Spirituality, and Health: The Research and Clinical Implications". *International Scholarly Research Notices* (2012): 1-33.

15. Hage Sally M., *et al*. "Multicultural Training in Spirituality: An Interdisciplinary Review". *Counseling and Values* 50. 3 (2006): 217-234.

16. Freud Sigmund. "Totem and Taboo: Some points of Agreement Between the Mental Lives of Savages and Neurotics". New York, Norton (1952).

17. Zuckerman Phil. "Atheism, Secularity, and Well-Being: How the Findings of Social Science Counter Negative Stereotypes and Assumptions". *Sociology Compass* 3.6 (2009): 949-971.

18. Gall T L and Guirguis-Younger M. "Religious and spiritual coping: Current theory and research. APA handbook of psychology, religion, and spirituality (Volume 1) Context, Theory, and Research Washington, DC: American Psychological Association (2013): 349-364.

19. Allport Gordon W and J Michael Ross. "Personal Religious Orientation and Prejudice". *Journal of Personality and Social Psychology* 5. 4 (1967): 432-443.

20. Koszycki Diana., *et al*. "A Multifaith Spiritually Based Intervention Versus Supportive Therapy for Generalized Anxiety Disorder: A Pilot Randomized Controlled Trial. A Multifaith Spiritually Based Intervention". *Journal of Clinical Psychology* 70. 6 (2014): 489-509.

21. Barnett Jeffrey E and W Brad Johnson. "Integrating Spirituality and Religion Into Psychotherapy: Persistent Dilemmas, Ethical Issues, and a Proposed Decision-Making Process". *Ethics and Behavior* 21. 2 (2011): 147-164.

22. Anderson Naomi, *et al*. "Faith-Adapted Psychological Therapies for Depression and Anxiety: Systematic Review and Meta-Analysis". *Journal of Affective Disorders* 176(2015): 183-196.

23. Akuchekian Sh., *et al*. "Effect of Religious Cognitive- Behavior Therap on Religious Content Obsessive Compulsive Disorder". *Procedia - Social and Behavioral Sciences* 30 (2011): 1647-1651.

24. Azhar M Z and S L Varma. "Religious Psychotherapy as Management of Bereavement". *Acta Psychiatrica Scandinavica* 91.4 (1995): 233-235.

25. Zentner J and Ruth B Murray. "Nursing Concepts for Health Promotion". London, Prentice Hall (1998).

26. Kabat-Zinn J. "Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain, and Illness". New York Delacorte Press (1990).

27. James William. "The Varieties of Religious Experience: A study in Human nature". 2nd edition. Routledge (2003).

28. Sartre Jean-Paul. "Being and Nothingness: An Essay on Phenomenological Ontology". New York Washington Square Press (2012).

29. Taylor Charles and Holland Dennis. "A Secular Age. Cambridge, Mass: Belknap Press of Harvard University Press (2007).

30. Levenson Michael R., *et al*. "Self-Transcendence: Conceptualization and Measurement". *The International Journal of Aging and Human Development* 60.2 (2005): 127-143.

31. Harris Sam. "The End of Faith: Religion, Terror, and the Future of Reason". New York, W.W. Norton and Company (2005).

32. Seligman Martin EP. "Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment". Simon and Schuster (2002).

33. Huta Veronika and Richard M Ryan. "Pursuing Pleasure or Virtue: The Differential and Overlapping Well-Being Benefits of Hedonic and Eudaimonic Motives". *Journal of Happiness Studies* 11.6 (2010): 735-762.

34. Maslow Abraham. "Future Visions: The Unpublished Papers of Abraham Maslow". Edited by Edward Hoffman 1, Sage Publications (1996).

35. Trammel Regina Chow. "Tracing the Roots of Mindfulness: Transcendence in Buddhism and Christianity". *Journal of Religion and Spirituality in Social Work: Social Thought* 36.3 (2017): 367-383.

36. Mohamed Munira., *et al*. "Effects of Group Mindfulness-Based Cognitive Therapy on Depression and Role Impairment in a Comorbid Psychiatric Population". *Journal of Psychology and Psychotherapy* (2017).

37. Wong Paul T. "Personal Meaning and Successful Aging". *Canadian Psychology/Psychologie Canadienne* 30.3 (1989): 516-525.

38. Reker G T., *et al*. "Meaning and Purpose in Life and Well-Being: A Life-Span Perspective". *Journal of Gerontology* 42.1 (1987): 44-49.

39. McClain Colleen S., *et al*. "Effect of Spiritual Well-Being on End-of-Life Despair in Terminally-Ill Cancer Patients". *The Lancet* 361. 9369 (2003): 1603-1607.

40. Huta Veronika. "An overview of hedonic and eudaimonic well-being concepts". Handbook of media use and well-being: International perspectives on theory and research on positive media effects (2016): 14-33.

41. Rickhi Badri., *et al*. "A Spirituality Teaching Program for Depression: A Randomized Controlled Trial". *The International Journal of Psychiatry in Medicine* 42.3 (2011): 315-329.

42. Sylvia Mohr and Philippe Huguelet. "Religious and Spiritual Assessment in Clinical Practice". Religion and Spirituality in Psychiatry, by Philippe Huguelet and Harold G. Koenig, Cambridge University Press, Cambridge (2009): 232-243.

43. Martinez Jennifer., *et al*. "Spiritual Interventions in Psychotherapy: Evaluations by Highly Religious Clients". *Journal of Clinical Psychology* 63.10 (2007): 943-960.

44. Monod Stéfanie., *et al*. "Instruments Measuring Spirituality in Clinical Research: A Systematic Review". *Journal of General Internal Medicine* 26.11 (2011): 1345-1357.

45. Piotrowski Jaroslaw., *et al*. "The Scale of Spiritual Transcendence: Construction and Validation". *Annals of Psychology* 16.3 (2013): 469-485.

46. Delaney Colleen. "The Spirituality Scale: Development and Psychometric Testing of a Holistic Instrument to Assess the Human Spiritual Dimension". *Journal of Holistic Nursing* 23.2 (2005): 145-167.

47. Howden Judy W. "Development and Psychometric Characteristics of the Spirituality Assessment Scale". Texan Woman's University (1992).

48. Post Brian C and Nathaniel G Wade. "Religion and Spirituality in Psychotherapy: A Practice-Friendly Review of Research". *Journal of Clinical Psychology* 65.2 (2009): 131-146.

49. Canadian Code of Ethics for Psychologists. - Canadian Psychological Association (2017).

50. Newberg Andrew B. "The Metaphysical Mind: Probing the Biology of Philosophical Thought". CreateSpace Independent Publishing Platform (2013).

Volume 8 Issue 6 June 2019