



Moral and spiritual aspects in counseling: Recent development in the West

Abdul Mufid

Sekolah Tinggi Agama Islam Khozinatul Ulum Blora

Email: nawalmiza@gmail.com

Abstract

This paper aims to explore the moral and spiritual dimensions of counseling. Since professional counseling has developed in the West, the cultural identity and individualistic orientation of identity has entered the counseling profession. Recently a surge of interest in spirituality and religion has been noted with several treatments focused on a new approach to counseling. The new approach shows that spirituality in life is central to individuals, families and communities. Therapists examine the relationship between spirituality and general psychological health. Secular and religious professionals recognize the paradigm shift from illness to health and from individualism to collectivism. Counseling that develops from the premise of such a therapist must be free of value. The emergence of an integrated perspective with religious and spirituality counseling views has resulted in a fundamental conflict with the prevailing professional value system. Counselors still want to avoid the role of a moralist. The controversy also relates to the firmness one wants, the therapist attaching moral and spiritual dimensions while advocating certain values. Psychotherapy, as a moralistic company, requires modification in its training program. Therapists need to change their orientation, namely as scientists with deep moral or spiritual commitment. Clients need and demand reorientation like this. This profession has a claim to respond to the needs of its clients and it cannot ignore the impetus that arises in practice.

Keywords: counseling; morality; spirituality

Abstrak

Studi literatur ini bertujuan untuk mengeksplorasi dimensi moral dan spiritual dalam konseling. Sejak konseling profesional berkembang di Barat, budaya kekhasan dan orientasi individualistis dari oksidentalisme telah merasuki profesi konseling. Baru-baru ini gelombang minat dalam spiritualitas dan agama telah dicatat dengan beberapa pelayanan yang terfokus pada pendekatan baru konseling. Pendekatan yang baru menunjukkan bahwa spiritualitas dalam kehidupan adalah pusat bagi individu, keluarga, dan komunitas. Terapis meneliti hubungan antara spiritualitas dan kesehatan psikologis umum. Para profesional sekuler dan religius mengakui terjadinya perubahan paradigma dari penyakit ke kesehatan dan dari individualisme ke kolektivisme. Penelitian ini didasarkan pada kajian pustaka, dimana beberapa teori menyebutkan bahwa terdapat perspektif yang terintegrasi dengan pandangan konseling agama dan spiritualitas telah menghasilkan konflik mendasar dengan sistem nilai profesi yang berlaku. Konselor masih ingin menghindari peran sebagai seorang moralis. Kontroversi juga berkaitan dengan ketegasan yang diinginkan seseorang, terapis dalam melampirkan moral dan dimensi spiritual sambil menganjurkan nilai-nilai tertentu. Psikoterapi, sebagai perusahaan moralistik, memerlukan modifikasi dalam program pelatihannya. Terapis perlu mengubah orientasi mereka, yakni sebagai ilmuwan dengan moral yang mendalam atau komitmen spiritual. Klien membutuhkan dan menuntut reorientasi seperti ini. Profesi ini memiliki klaim untuk menanggapi kebutuhan kliennya dan hal itu tidak bisa mengabaikan dorongan yang muncul dalam praktiknya.

Keywords: Konseling; moralitas; spiritualitas

Introduction

Counseling is a dynamic profession and continues to grow along with historical differences and therapeutic modalities (Glading, 1996). Many sciences mention that counseling develops and is developed as an American product in the 20th century. Counseling is an applied social science that aims to promote health functions and inspire people to live passionately (Underwood, Kamhawi, & Nofal, 2013). Krumboltz defines counseling with all any ethical activities that seek to help clients including the types of behavior that will lead to the resolution of client problems (Krumboltz, 1965).

Counseling and psychotherapy are seen as overlapping fields. Both activities rely on verbal interaction within a framework of the atmosphere of mutual trust and non-possessiveness. Many doctors argue that there is no essential difference between the two and the difference is artificial (Hansen, Stevic, & Warner, 1986;

Patterson, 1992; Pietrofesa, Hoffman, & Splete, 1984). George and Cristiani hold that both counseling and psychotherapy utilize a general knowledge base and a set of techniques in the therapeutic process but may differ in approach according to the severity of client's situation (George & Cristiani, 1995). Counseling has traditionally been seen as less intensive, short-term, and education-oriented to help normal people function more effectively. This means that the basis of counseling is caring for people who are not sick but those who are mentally stuck (Gladding, 1996). On the other hand, psychotherapy has been described as long-term, reconstructive, deep, and analytical processes that focus more on dysfunctional patients with severe mental problems. The aim of counseling has been oriented towards the development and prevention of mental health problems, while the aim of psychotherapy is generally to help people to empower themselves. Many consider the difference between counseling and psychotherapy to be quantitative rather than qualitative. Because the fundamental process carried out does not change, only the situation or client concerns may be different, and the provisions of counseling and psychotherapy are used interchangeably (Brammer, Abrego, & Shostrom, 1993; Feltham, 1995; Hansen, Stevic, & Warner, 1997; Kottler & Brown, 1997).

The development of professional counseling theory and application is based on an empirical investigation model. There has been an effort to limit secular context counseling services in which religious and spiritual values play a small role. The main idea of the attitude of secular counselors has been questioned by several Western theorists and writers in recent decades. The basic idea is that counseling and religion or spirituality have something in common to heal suffering subjects, and both use interactive and special techniques. Then, new thoughts emerge that support the development of integrated approaches to the practice of counseling and religious services. This is a clear indication of a paradigm shift that is still possible and takes a long time to develop. However, it is important to identify relevant issues and concerns that surround the fundamental propositions of the system of values, spirituality, morality, and the use of religion.

Many references have emerged on counseling and spirituality according to the North American counseling context. There is a need to adopt a stock of intellectual

progress in the West. Although there are strong traditions of civilization and religion in the East that may have consequences for conceptual considerations, this has not been reviewed through systematic efforts. This article aims to present an analytical review of prominent works on moral issues and the spiritual aspects of counseling as presented in the West. An attempt was made to project a synthetic framework that was the focus of the discussion so that it could be directed to address an important problem. It can also serve as a stepping stone to checking for worthiness from the perspective of a particular religious context.

Islam claims to have a universal appeal for humanity. The salvation of the Islamic version requires a holistic view to achieve harmony between the material and spiritual dimensions. The Islamic perspective contrasts sharply with some of the fundamental principles of counseling in the West, such as individualism and secularism. The main dilemma of Western counseling theory is that they are unable to break the foundation of this binding proposition (Ghobari Bonab & Haddadi Koohsar, 2011). Many Islamic historical evidences show that the clergy (read: *ulama*) provide extraordinary comfort and happiness for those who are depressed and poor. This notion form is then the basis for reviewing relevant issues. Besides, Islam is one of the religions that contribute to developing an integrated model of counseling practice through religiosity with certain religious faiths and practices.

Research Method

The methodology used in this literature review is through the search for papers related to moral and spiritual aspects in counseling. The paper chosen is the paper with the title closest to the purpose of writing this literature review. In addition, explore the selected papers, and analyze the papers into a literature review to explore the moral and spiritual dimensions of counseling.

This paper is a review is expected to provide a useful framework for further research for muslim psychologists and mental health practitioners. At the beginning of this paper, a brief description of the development of counseling has been described. Then, the moral and spiritual aspects of counseling have also been

described. This last section addresses the relevant issues and concerns that arise from the discourse on this matter.

Results and Discussion

1. The emergence of Spirituality in Counseling

Counseling and guidance emerge as academic fields and disciplines of professional practice during the last century. This field initially grew out of vocational needs in the era of industrialization occurred causing massive migration and social change. Then, around the beginning of the 20th century, counseling and guidance were introduced in schools to guide students in making better homework choices. The attention to individual health also increases with the widespread application of competitive values and individualism in private life. In the second decade of this century, the United States federal government adopted it as part of the public health movement to address mental health needs ([Hajloo, 2011](#)).

Foundations or educational institutions are used as research subjects in case studies and in developing and refining counseling measurement techniques. The results of this study are then used as the basis of the federal law in the United States in which the professionalization and institutionalization of counseling is enriched.. Mental health movement is a hallmark of the 40s and 50s, and value-free counseling seems to be on the agenda of the 60s, professional diversification, and the emergence of specialization marking the 70s ([Manteghi & Haddadpour Jahromi, 2011](#)).

During the 1980s, counseling continued its growth as a different mental health profession. Standard training, certification programs, and increasing diversification of counselor specializations were the important dimensions of this decade. Counselors were becoming more diverse with an emphasis on human growth and development. Moral development was another way in which the problem of human growth was highlighted ([Hajloo, 2011](#)).

According to Gladding, the evolution of counseling profession took a new dimension in the 90s ([Gladding, 1996](#)). The movement incorporated spirituality and religious beliefs in the therapeutic process. As a result, transpersonal

psychology appeared as a fourth power. According to other experts, the psychology of religion seems to experience a resurgence and attract new talent (Miller & Martin, 1988).

Now counselors take the lead role as a diagnosis and practitioner. Training standards, codes of ethics, and program certification are being developed and widely recognized. Returning to the study of values, especially spiritual, is a broad cultural phenomenon with new sophistication and empirical analysis. Bergin argues that the movement can eventually reach a point that becomes an orientation (Bergin, 1986). Edwards stresses that this is the time to rediscover and reintegrate roots to create new synergies that will form the basis of 21st-century counseling (Edwards, 1992). For the present time, a movement towards the synthesis and integration of psychotherapy will encourage this field of counseling, which is a clear indication of a paradigm shift.

2. The Meaning of Spirituality

After a decade, spiritual values are gaining momentum in the West. There has been an interest in a research to investigate the impact of spiritual awakening on human health and development. Edwards states that, after crossing the Sahara atheism, we are now in a position towards spiritual awakening (Edwards, 1992). Research has led to spirituality which is largely related to religion because both are based on the affirmation of transcendence. This is a feeling of being close to God's inner self in which there is an effort that sustains life, a search for meaning, and an altruistic attitude towards others (Bergin, 1980; Chandler, Holden, & Kolander, 1992; Kelly, 1995). This is an innate component of human function that acts to integrate other personality components (Westgate, 1996). Religion and spirituality emerge from the core of human experience and can deeply affect the physical, mental and social aspects of life. Spirituality and religion are very important for one's complete understanding. Although spirituality and religion are closely related to each other, some of them do make a difference between one person and another. In contemporary American society, spirituality is seen as a kind of bridge between religion and humanism (Kelly, 1995).

3. The Use of Spirituality in Therapy

Counseling profession has been defined as a basic system, an invitation to authenticate, or an attempt to find truth (Ellis, 1973; Jourad, 1964; Yalom, 1989). Halmos argues that faith and love are the two building blocks of the counseling profession (Halmos, 1965). Most agree with Halmos and view spirituality and religion as the beginning of mental health. It is proven with the presence of positive relationship between religion and mental health. According to Robinson, the accumulation of evidence based on extensive literature review shows the overlap between religion and psychotherapy (Robinson, 1986). He views that both of them have their own religious attitudes in terms of views and approaches. Studies show that a person's lifestyle is related to a spiritual condition in which illness, difficulty, and poor health will occur if they do not have a better quality of life. On the other hand, it was found that lack of adherence to spiritual and religious lifestyles can affect physical and mental health (Martin & Carlson, 1988). Feelings that are increasingly helpless and hopeless will increase in certain conditions when it lacks of spiritual perspective (Seligman, 1990). Bergin studied on ten thousand subjects for nearly ten years (Bergin, 1983). He found the direct and strong influence of religion on the personal adjustment and achievement of the people of strong faith. A research conducted by Ellison also corroborates Bergin's findings (Ellison, 1991). From these studies, the following propositions can be concluded: Religion offers comfort in sadness and misfortune, as well as forgetting the negative effects of trauma. In addition, this can improve the quality of life with greater satisfaction. Worthington identified four themes inherent in the Western view of religion as relevant as spirituality. He mentioned that religion facilitates one's relationship with a higher reality beyond one's control, instills hope and certainty in dealing with uncertainties and difficulties, gives satisfaction with purpose in life, and helps build relationships with like-minded people both individuals and communities (Worthington Jr., 1989).

Quackenbos, Privett, and Klentz regard religion as a pervasive force in Western society even though it has been largely ignored by most psychotherapists. They strongly emphasized the need to integrate religion and therapy because they both aim to help people empower themselves. The author analyzed the current

situation and placed four positions to describe the relationship of religion and psychotherapy. The four positions are orthodox religious, aesthetic, neutral, and moderate positions (Quackenbos, Privette, & Klentz, 1986).

JAGC | 8 **4. The Spiritual and Moral Aspects of Counseling**

Glover states the theory concerning the moral and spiritual vision of counseling profession: "No one should practice psychotherapy unless he has the wisdom of Socrates and the morality of Jesus Christ." Counseling is a moral effort, but may not be rooted in psychotherapist awareness. They usually see themselves as applied scientists whose main task is to develop techniques and to apply them to complete works (Grant, 1992). Persistent minorities have challenged this assumption, and they made counsellors aware that moral and religious values always influence their performance implicitly or explicitly (Bergin, 1980).

The word "advice" indicates a special type of relationship between counselor and client in an accepting and non-possessive atmosphere, so it tends to lead to happiness and meaningful life. Happiness is the final target of counseling, referring to the maximum state or process of human function involving mind, body, and soul. Witmer and Sweeney state that spiritual well-being has recently been added to the WHO's health definition (Witmer & Sweeny, 1992). The five elements indicating one's healthy life are spirituality, self-regulation, work, love, and friendship. Spirituality, at the center of the wheel of health, shows sincerity, optimism, and values. Optimism is one of the main characteristics of a healthy person and reveals the philosophy of life (Maslow, 1968).

The concept of individualism as a moral vision requires humans to be unique, independent, competitive, and self-promoting. Christopher states that moral vision has both descriptive and prescriptive functions (Christopher, 1996). This not only explains the nature of human reality (world view) but also governs how reality should be (ethos). Ethos refers to the character or philology of life. Objectivity and value neutrality are the core principles of individualism.

In the context of spiritual counseling, the code of conduct developed by the American Association of Personnel and Guidance (APGA code) is significant enough. The code of conduct was initiated by Super in 1961 with the aim of

protecting the public and developing high professional standards. Since then, the code of conduct has been revised periodically with a clear utilitarian attitude. A major concern expressed about these guidelines was their orientation to the American context, which made them not universally applicable. Excessive emphasis on individualism also reflects contextual bias (Gibson & Pope, 1993; Grant, 1992; Pederson, 1997).

Both religion and psychotherapy that deal with individuals and humankind are in conflict with various ideologies and beliefs as a focus of mutual interest. The basic views of psychotherapists, religion, and psychology are complementary to one another. Psychology contributes to human understanding of nature and one's relationships with others; religion enhances understanding of the meaning and purpose of life. Both can contribute to a more effective life (Brammer et al., 1993).

Some authors argue that the problem between psychology and religion needs to be reviewed objectively. From several analyzes, it is found that psychotherapists occupy places that were previously considered the true domain by religious leaders (Edwards, 1992; London, 1986). The view of western society, particularly among doctors, is generally not trusted to treat psychological symptoms, and a religious leader is not considered capable of solving practical problems of daily life. The therapist is seen as the referee and the liaison between two experts (Brammer et al., 1993). Pattison describes that religious leaders and doctors have become separated in American society, and as a result, a large number of people who suffer from psychological pain are left without adequate healing (Pattison, 1988).

5. Value Systems and Cultural Context

Counseling practice is so rooted in cultural values that it is difficult to be in dominant ways separated from one another. Christopher has noted that counseling theories and concepts represent 30% of humanity, but this figure is being expanded to potentially 70% (Christopher, 1996). In addition, many social scientists argue that a large number of problems in modern society such as depression, anxiety, loneliness will not be solved if the culture is not emphasized as a western society. Besides, strong independence is one of the prerequisites for a person's ideal personality. This training differs from the values prevalent in many

non-Western societies in which parents and other adults train children to be group dependent. Such values appear to be universal (Bergin, 1985; Santrock, 1996). Maslow also supports the basic values of human standards that use culture and time. London argues that therapists need to see themselves as moral agents when they are faced with ethical problems (London, 1986).

6. Religion and Psychotherapy

Religion is still considered a dominant force in the West. A Gallop survey conducted after 1950 found that 90% of the American population held some forms of religious beliefs. In addition, it is found that two thirds of the population, when faced with a serious problem, prefer to see a legal or spiritual advisor and follow religious beliefs to solve the problem. The pastor is often the first person to contact in times of difficulty because of serving in a free, easy, and not stigmatized way (Gordon, 1996). However, some evidence suggests that pastors are often unsure about their counseling skills because they are not professionally trained (Worliington Jr, 1986).

7. Developmental Approach and Spirituality

The process of counseling cannot occur unless it adopts a developmental approach. The development of this attitude requires acceptance of a "holistic model" of well-being and prevention that covers a whole lifetime. Development is at the heart of what counselors do.

Many psychologists agree that counseling profession rejects the disease-oriented medical model. They also rejected the previous diagnosis as a counseling service and argued that everyone may use counseling because it gives hope for better and brighter things in the future. They regard development and prevention as fundamental in the counseling setting. On the other hand, there is resistance to counselors because they do not have a medical model even though they face a paradigm shift (Ivey, Ivey, & Simek-Morgan, 1997). This shift is not only from disease to health, a closeness orientation to lifelong targets, but also from an individual-based approach to broader community, from fragmentation to wholeness and from selfishness to self-transcendence. According to WHO

estimates, 50% of mental and neurological problems may be prevented when counselors shift the focus from pathology diagnosis and treatment towards health, prevention, and growth (Witmer & Sweeny, 1992). This emphasis involves a change in the roles and functions of counselors who need to have a new view of the religious dimension and their professional moral competence and cultural sensitivity. Sensitivity to spiritual and religious issues requires that counselors must have an appreciative understanding of how diverse these problems can manifest in a variety of clients and settings. Religious agents and counselors must each learn any method they can use together while respecting what will always be unique and different. Psychotherapists, such as Fosket and Quackenbos, insist that many ideological differences are being resolved, but there is still a need for leaders to emerge and build bridges (Fosket, 1993). Bergin states that it is time to add spiritual keystones to the building blocks already provided by the behavioral, psychodynamic, humanistic, developmental, and cognitive approaches.

8. Counseling and Mental Health

Optimism is a growth-producing element in life and is deeply nurtured by religion (Witmer & Sweeny, 1992). Counseling enables practitioners to bring about positive changes in the lives of their clients. Counselors need to learn how to teach others without making them realize they have been taught. Therapists do not convey their morals and values directly to clients. Instead, they teach clients through the strengths of their character and the richness of their experiences with a focus on the client's reality. The emphasis that therapists should not impose their values or philosophy on clients, and then it turns to the view that therapists cannot avoid communicating values to clients by accepting the client's ultimate goal.

Professionals and researchers of mental health have paid a lot of attention especially to the counseling process. The personal growth of a person, from the beginning, can be facilitated by the counselor. However, counselors often have difficulty when clients are less aware of the meaning and comfort of life. On the other hand, therapists tend to be tasked with providing assistance with knowledge, wisdom and expertise in manifesting their particular self-confidence. They have a greater potential impact on the client's psychological well-being. They are seen as

the models for assisting clients in developing more functional skills and processes based on their final grades (Grant, 1992). This assessment process occurs mainly in a person. Counselors can help clients identify their spiritual strengths and look into the values manual to become "inwardly directed." Brammer et al argue that the goal of effective counseling is to encourage people to seek guidance, trust, and empower themselves, and find between an inner and outer balance (Brammer et al., 1993).

Researchers continue to face ethical dilemmas in discussing moral and spiritual issues with clients. Some of the reasons may include fear of imposing personal values on clients, negative attitudes towards religion, and a lack of theological knowledge that can help them explore religious and spiritual issues (Brown & Srebalus, 1996). In general, counselors claim to be value-free and scientifically separate from the values of their clients. They think that their main job is to develop and use techniques and serve clients. They seldom ask questions about morality. Although this position appears to be taken with care, it is not universally accepted and substantially the one that is being challenged by a new generation of therapists. Beutler views psychotherapy as a persuasion process that systematically instills a healthy philosophy of life (Beutler, 1979). Client's values will form a large part of the content of counseling process, while the counselor's values enter into the process of case conceptualization, technique selection, goal setting, and outcome assessment.

This is expected to strengthen their emotional maturity and spiritual health (Bergin, 1985; Kelly, 1995; Quackenbos et al., 1986). Numerous studies have revealed that people prefer mental health professionals as a more useful profession for treating neurological disorders. However, they prefer religious leaders who are the best source of help and hope for marriage and other life problems. Bergin found that the values of mental health professionals and most clients sometimes differ from moral behavior, pathology, and human potential development. He visualizes the potential harm that results from these differences especially if the counselor is not aware or lazy about these differences (Bergin, 1986). The research conducted by Worthington and Scott shows that religious clients have certain fears when they are faced with secular counseling. They are

also afraid of having their values changed as a result of being served by a secular counselor (Worthington Jr. & Scott, 1983).

It is generally recognized that successful counseling creates changes in client values in line with the counselor's values. The mechanism by which this convergence of values occurs is not very clear. These strong attributes change the credibility of the temporary counselor which Rogers views as a result of the client's sense of self-worth for the counselor (Rogers, 1942; Strong, 1980). Truax appreciates this change for the counselor's empathic attitude and the respect he holds for clients (Truax, 1966). Worthington and Scott suggest that counselors influence client values through selective attention to their goals (Worthington Jr. & Scott, 1983). Both the procedure and the goals of psychotherapy have moral implications. As emphasized by Grant, the client's health is affected not only by the goals achieved by the therapist but also by the way in which activities are used to achieve the goals (Grant, 1992).

9. Counselor's Paradigm Shift

The current situation demands a paradigm shift as people suffer from conflicting choices. The spirituality or religiosity of counselor is an implied power without the intention or application of secret beliefs to the position (Morrow, Worthington, & McGullough, 1993). Psychotherapists are not priests or doctors. They are not questioned for their religious commitment. London does not view them as teachers even though their work is more educational in nature than medical (London, 1986).

Bergin considers it ethical for counselors who recognize that they apply their own values in their professional work. Counselors must be explicit about what they believe while respecting client's value system. This will help the client decide whether it is possible that differences in belief systems need to be resolved or not. He regards therapists as teachers who can help clients reconstruct their worldviews and incorporate values into a system of constructs that concern intra-psychology and interpersonal consequences of behavior. He also emphasized that time requires counselors to let go of barriers and help people activate values that can be used as cognitive guides in achieving self-regulation and maintaining a meaningful

lifestyle. Some clients view counselors as mere applied scientists and ignore their role as a temporary value agent who may feel comfortable with value-imbued therapy. Counselors need to understand client religiosity as a process of continuous transformation and have a profound impact on their inner peace, health, productivity, and interpersonal relationships (London, 1986).

The need to integrate religion and psychotherapy was felt in the past by many psychotherapists. In 1961, Mowrer stated that the integration between the two was taking place. In 1971, Walter observed that the growing understanding between religion and psychotherapy was taking root. The division of official psychologists, interested in religious matters within the American Psychological Association, has been functioning since 1975. There have been initiatives in synthesizing spirituality or religion with counseling and psychotherapy. There is still a wide gap between religion and therapy (Lovinger, 1984; Miller & Jackson, 1995). Recent studies have shown that religious workers are unhappy with their current status and want to improve themselves by developing therapeutic skills through professional training.

10. New Training Models

The concept of psychotherapy as a moral endeavor essentially demands modification in the therapist's training program. Moral issues and social philosophy should be the main focus in this process. One widely held view is that therapists must not forget that it is people, not religion, to focus on. They can learn all the theoretical and technical things and yet fall behind in the understanding of people living in traditions. Counselors can help clients critically examine their moral and spiritual resources and develop effective plans for realizing these resources (Christopher, 1996).

Psychotherapists can play a valuable role through collaboration with religious agents in the following three directions: developing collegial relationships, sharing action plans with religious peers about emergencies, and offering them educational modules to deal with problems more effectively. Miller and Jackson observe that spiritual dimension has been neglected in the training and practice of traditional mental health professionals (Miller & Jackson, 1995). Therapists ignore

it or consider it irrelevant in healing process. They may hold different views that may hinder counseling process or may not have sufficient information to benefit the client's religious and moral belief systems. Many psychotherapists recognize the importance of religious or spiritual identity as counseling on ethnicity or cultural identity. Worthington claims that there is a solid basis for synthesizing religion or spirituality as an important part of the counseling process. This is based on the notion that the majority of the world's population describes themselves as believers in divine power and that most people regard religion and spirituality as means of comfort in resolving their emotional conflicts (Worthington Jr, 1989).

11. Methodological Issues

The need to integrate religion and psychotherapy has been around for a long time and is felt by the majority of clients. Quackenbos and his colleagues suggest two ways for rapprochement: offering psychotherapy in a religious context and also considering religious issues in a secular context (Quackenbos et al., 1986). There are many problems which are not resolved at this stage. Psychotherapists representing different perspectives on religion and morality need to work together to address relevant issues. The integration of religion with therapy is expected to expand the scope of counseling and psychotherapy. As a result, individuals and communities will grow together towards more meaningful resolutions.

The main concern stems from the widely held epistemology of the universal and objective Western cultural assumption that value-free knowledge is attainable. Bickhard takes a drastic position by claiming that all knowledge is constructed in a motivational manner (Christopher, 1996). Another important notion is that scientific method is not the only valid means of developing knowledge. Scientific procedures, based on physical and biological models, have separated psychology from its philosophical roots. Edwards admits that we have been seduced by the same science as other eras in that we have been captivated by religious dogma. Secular therapists believe that science promotes their empirical and technical credibility (Edwards, 1992). Yet, science cannot justify the moral order in which religion operates. Science is only a method of systematic accumulation and analysis of information. It reveals facts and does not determine

how to act on them. It cannot provide a code of life. To arrive at moral conclusions from scientific facts will require a deductible leap of faith. Science does have great potential to define and explain human nature, but it does not explain the purpose by which it is to be steered. Religion provides a holistic conception of life, sets goals in life, and provides guidelines for achieving those goals. Science can never arrive at ultimate truth, nor is it able to nourish human soul because it cannot heal soul wounds. Science and religion must complement each other to meet the spiritual and psychological needs of mankind. Psychotherapists do not need to replace their methodology, but they should examine other means and methods with a certain degree of objectivity and openness (Christopher, 1996).

Conclusion

Counseling with spiritual and religious values is a phenomenon that can be sustained. The term counseling has since emerged to cover all modes of therapy including vocational guidance, psychotherapy and other forms of mental medicine. Counseling has progressed through a number of phases of vocational emphasis, mental health movement, psychological measurement, value-free treatment and intensive interaction with clients.

The last few decades have been marked by the growing sophistication of therapeutic medicine with enhancements being perfected through research efforts. This also leads to an investigation into the primary premises hitherto considered sacred and untouched. Most striking is evidence of the finding of challenges posed to the phenomena of empiricism, value neutrality, individualism, and secular foundations. Concurrent waves of interest were also noted in exploring religion and spiritual paths to healing and developing clients. So far the initiative has been sporadic, fragmented, and devoid of coherence theory. Consistent with the character of the theoretical field, significant dimensions have been raised that need to be further explored, refined, theorized, and synthesized. This paper has identified important conceptual viewpoints and lines that serve as vital signs in the development of the sub-discipline of moral and spiritual counseling.

The problems that require systematic research are as follows: 1). Exclusive and overlapping territories of religious counselors and agents. 2). Appropriateness of

interaction and influence of religious or spiritual values. 3). Mode for convergence of counseling services and religious practice. 4). Facilitating interaction between the two professional schools and providing training opportunities in a sharing and mutually beneficial environment. 5). Development of models for the integration of counseling and spirituality. 6). Addressing the core issues of an epistemological orientation in dealing with methodological monopoly empiricism. 7). Attending the issues of empiricism, value neutrality, secularism and individualism for theoretical contemplation.

Questions arise about how to deal with the consequences of this clear paradigm shift. The first response is behavioral research which should focus on vital, largely unresolved issues. Second, a set of core values that permeate the essence of faith can be defined which may have universal appeal. However, this will require inter-religious dialogue taking advantage of commonalities that cut across the basic principles of the three religions. Then, such an exercise will be limited to conceptualizing the basics and may not deviate into the unique nature of a belief.

One major problem may be related to the definition of spirituality alone. Western concept refers more to individualistic and mystical or transcendental perception, but Islam has a different perspective of achieving conformity between the inner self and the outer imperatives through regulation, discipline, submission and much respect to the health of society as a whole. The ultimate goal of this pursuit of consolation and contentment is pursued through simultaneous transcendental confession which cannot possibly involve mystics.

Islam also has clear targets for the well-being of individuals and communities which are at the heart of counseling process. This perspective is different and also needs to be adequately described. Clear articulation from this perspective is a prerequisite for the development of a code of practice for "Islamic counseling." This requires a strict intellect with pursuing deliberation intensively. Only then can the dream approach actualization.

As we have previously described, this paper is not aimed at applying concepts relevant to a particular religion. However, new developments indicate a much

needed effort to integrate Islamic principles relating to social and individual well-being with peer concepts and techniques. Several attempts are being made to investigate the methods and practices of prominent spiritual leaders which have presented examples of spiritual counseling. Given the lack of literature in this area, much remains to be done.

References

- Bergin, A. E. (1980). Psychotherapy and Religious Values. *Journal of Consulting and Clinical Psychology*, 48, 95-105. DOI: <https://doi.org/10.1037/0022-006X.48.1.95>.
- Bergin, A. E. (1983). Religiosity and Mental Health. *Professional Psychology*, 14, 170-184.
- Bergin, A. E. (1985). Psychotherapy : Sacred or Secular? *Journal of Counseling and Development*, 63, 432-440. DOI: <https://doi.org/10.1002/j.1556-6676.1985.tb00661.x>.
- Bergin, A. E. (1986). Psychotherapy and Religious Factors : A review of R. J. Lovinger's, Working with Religious Issues in Therapy, and M. H. Spero's, Psychotherapy of a religious patient. *Contemporary Psychology*, 31, 85-87. DOI: <https://doi.org/10.1037/024478>.
- Beutler, L. E. (1979). Values, Beliefs, Religion and Pervasive Influence of Psychotherapy. *Psychotherapy: Theory, Research and Practice*, 16, 432-440. DOI: <https://doi.org/10.1037/h0088370>.
- Brammer, L. M., Abrego, P. J., & Shostrom, E. L. (1993). *Therapeutic Counseling and Psychotherapy*. New Jersey: Prentice-Hall.
- Brown, D., & Srebalus, D. J. (1996). *Introduction to the Counseling Profession*. Boston: Allyn and Bacon.
- Chandler, C. K., Holden, J. M., & Kolander, C. A. (1992). Counseling for Spiritual Wellness : Theory and Practice. *Journal of Counseling and Development*, 71, 168-175. DOI: <https://doi.org/10.1002/j.1556-6676.1992.tb02193.x>.
- Christopher, J. C. (1996). Counseling's Inescapable Moral Visions. *Journal of Counseling and Development*, 75, 17-25. DOI: <https://doi.org/10.1002/j.1556-6676.1996.tb02310.x>.
- Edwards, G. (1992). *Does Psychology Need a Soul? Dans Psychotherapy and its Discontents* (pp. 194-224). Buckingham: Open University Press.

- Ellis, A. (1973). *Humanistic Psychotherapy*. NY: Julian Press.
- Ellison, C. G. (1991). Religious Involvement and Subjective Well-being. *Journal of Health and Social Behavior*, 32, 80-99. DOI: 10.2307/2136801.
- Feltham, C. (1995). *What is Counseling?* London: Sage Publications.
- Fosket, J. (1993). *Theology and counseling. Dans Counseling : Interdisciplinary Perspectives*. Buckingham: Open University Press.
- Frankel, V. (1977). *The Unconscious God*. London: Hodder and Stroughton.
- George, R. L., & Cristiani, T. L. (1995). *Counseling Theory and Practice*. Boston: Allyn and Bacon.
- Ghobari Bonab, B., & Haddadi Koohsar, A. A. (2011). Reliance on God as a core construct of Islamic psychology. *Procedia—Social and Behavioral Sciences*, 30, 216-220. <https://doi.org/doi:10.1016/j.sbspro.2011.10.043>
- Gibson, W. T., & Pope, K. S. (1993). The Ethics of Counseling : A National Survey of Certified Counselors. *Journal of Counseling and Development*, 71, 331-336. DOI: [10.1002/j.1556-6676.1993.tb02222.x](https://doi.org/doi:10.1002/j.1556-6676.1993.tb02222.x).
- Glading, S. (1996). *Counseling : A Comprehensive Profession*. NY: McMillan.
- Gordon, A. (1996). *Religion and Psychotherapy : Share Ideals and Beliefs*. (S.I.): APA Monitor.
- Grant, B. (1992). The Moral Nature of Psychotherapy and Spiritual Values in Counseling. Dans *Ethical and Spiritual Values in Counseling* (pp. 28-35). Alexandria VA: ASERVIC.
- Hajloo, N. (2011). The Study of Counselling Services Effect on Iranian Adolescence's Mental Health. *Procedia—Social and Behavioral Sciences*, 30, 312-315. DOI: <https://doi.org/doi:10.1016/j.sbspro.2011.10.062>.
- Halmos, P. (1965). *The Faith of the Counselors*. NY: Schocken.
- Hansen, J. C., Stevic, R. R., & Warner, R. W. (1986). *Counseling Theory and Process*. Boston: Allyn and Bacon.
- Hansen, Stevic, & Warner. (1997). *Counseling Theory and Process; and Less Parrot, Counseling Psychotherapy*. NY: McGraw-Hill.
- Ivey, A. E., Ivey, M. B., & Simek-Morgan, L. (1997). *Counseling and Psychotherapy : A Multicultural Perspective*. Boston: Allyn and Bacon.
- Jourad, S. (1964). *The Transparen Self*. Princeton NJ: D. Van Nostrand.

- Kelly, E. W. (1995). *Spirituality and Religion in Counseling and Psychotherapy*. Alexandria VA: American Counseling Association.
- Kottler, J. A., & Brown, R. B. (1997). *Introduction to Psychotherapeutic Counseling*. Pacific Grove: Brooks and Cole.
- Krumboltz, J. D. (1965). Behavioral Counseling : Rationale and Research. *Personnel and Guidance Journal*, 44. DOI: [10.1002/j.2164-4918.1965.tb03531.x](https://doi.org/10.1002/j.2164-4918.1965.tb03531.x).
- London, P. (1986). *The Modes and Morals of Psychotherapy*. NY: Hemisphere.
- Lovinger, R. J. (1984). *Working with Religious Issues in Therapy*. NY: Jason ,Aronson.
- Manteghi, N., & Haddadpour Jahromi, M. J. (2011). Counseling for the best choosing in applying distribution generation. *Procedia—Social and Behavioral Sciences*, 30. <https://doi.org/10.1016/j.sbspro.2011.10.509>
- Martin, J. E., & Carlson, C. R. (1988). *Spiritual Dimension of Health Psychology*. Dans *Behavior Therapy and Religion* (pp. 57-110). Newbury Park: Sage Publications.
- Maslow, A. H. (1968). *Towards a Psychology of Being*. NY: D. Van Nostrand.
- Miller, W. R., & Jackson, K. A. (1995). *Practical Psychology for Pastors*. Englewood Cliffs: Prentice Hall.
- Miller, W. R., & Martin, J. E. (1988). *Behavior Therapy and Religion : Integrating Behavioral Approaches to Change*. Newbury Park: Sage Publications.
- Morrow, D., Worthington, D. L., & McGullough, M. E. (1993). Observer's Perception of a Counselor's Treatment of a Religious Issue. *Journal of Counseling and Development*, 71, 452-456. DOI: <https://doi.org/10.1002/j.1556-6676.1993.tb02664.x>.
- Patterson, C. (1992). Values in Counseling and Psychotherapy : Therapist and Family. Dans *Ethical and Spiritual Values in Counseling*. Alexandria VA: ASERVIC.
- Pattison, C. (1988). *Theories of Counseling and Psychotherapy*. NY: Harper & Row.
- Pederson, P. B. (1997). The Cultural Context of the American Counseling Association Code of Ethics. *Journal of Counseling and Development*, 76, 23-35. DOI: <https://doi.org/10.1002/j.1556-6676.1997.tb02372.x>.
- Pietrofesa, J., Hoffman, A., & Splete, H. (1984). *Counseling : An Introduction*. Boston: Houghton Mifflin.

- Quackenbos, S., Privette, G., & Klentz, B. (1985). Pshychotherapy : Sacred or Secular? *Journal of Counseling and Development*, 63, 290-293. DOI: <https://doi.org/10.1002/j.1556-6676.1985.tb00661.x>.
- Quackenbos, S., Privette, G., & Klentz, B. (1986). Pshychotherap and Religion: Rapprochement or Antithesis? *Journal of Counseling and Development*, 65, 82-85. DOI: <https://doi.org/10.1002/j.1556-6676.1986.tb01237.x>.
- Robinson, L. H. (1986). *Psychiatry and Religion: Overlapping Concerns*. Washington DC: American Psychiatric Press.
- Rogers, C. A. (1942). *Counseling and Psychotherapy*. Boston: Houghton-Mifflin.
- Santrock, W. C. (1996). *Child Development*. NY: Brown and Benchmark.
- Seligman, M. E. P. (1990). Why is There so much Depression of Health Psychology. Dans *Contemporary Psychology Approaches to Depression* (pp. 1-9). NY: Plenum.
- Stein, H. F. (1992). Therapist and Family Values. Dans *Ethical and Spiritual Values in Counseling* (pp. 81-92). Alexandria VA: ASERVIC.
- Strong, S. R. (1980). Christian Counseling : A Synthesis of Psychological and Christian Concepts. *Personnel and Guidance Journal*, 58, 589-592. DOI: <https://doi.org/10.1002/j.2164-4918.1980.tb00458.x>.
- Truax, C. B. (1966). Reinforcement and Non-reinforcement in Rogerian Psychotherapy. *Journal of Abnormal Psychology*, 71, 1-9. DOI: <https://doi.org/10.1037/h0022912>.
- Underwood, C., Kamhawi, S., & Nofal, A. (2013). Religious leaders gain ground in the Jordanian family-planning movement. *International Journal of Gynecology and Obstetrics*, 123, 33-37. DOI: <https://doi.org/10.1016/j.ijgo.2013.07.006>
- Westgate, C. E. (1996). Spiritual Wellness and Depression. *Journal of Counseling and Development*, 75, 26-35. DOI: <https://doi.org/10.1002/j.1556-6676.1996.tb02311.x>
- Witmer, J. M., & Sweeny, T. I. (1992). A Holistic Model for Wellness and Prevention over the Life-span. *Journal of Counseling and Development*, 71, 140-147. DOI: <https://doi.org/10.1002/j.1556-6676.1992.tb02189.x>.
- Worilington Jr, E. L. (1986). Religious Counseling. A Review of Published Empirical Research. *Journal of Counseling and Development*, 64, 421-431. DOI: <https://doi.org/10.1002/j.1556-6676.1986.tb01153.x>.

Abdul Mufid

Worthington Jr, E. L. (1989). Religious Faith Across Life-span : Implications for Counseling and Research. *The Counseling Psychologist*, 17, 555-602. DOI: <https://doi.org/10.1177/0011000089174001>.

JAGC | 22

Worthington Jr., E. L., & Scott, G. G. (1983). Goal Selection for Counseling with Potentially Religious Clients by Professional and Student Counselors in Explicitly Christian or Secular Settings. *Journal of Counseling and Theology*, 11, 318-329. DOI: <https://doi.org/10.1177/009164718301100405>.

Yalom, I. (1989). *Love's Executioner and other Tales of Psychotherapy*. NY: Basic Books.