*Intellectual Discourse, 2000*
*Vol 8, No 1, 81-94*

# Psychology and Religion: Two Approaches to Positive Mental Health

**Amber Haque**

**Abstract:** *Historically speaking, psychology and religion have worked separately toward the goal of improving mental health among the people. Can psychology and religion work together and reap better results for the client? How important is religion for the people and how important are religious values for psychologists? What is the relationship between religion and mental health? How today's schools of psychology deal with the religious client? How is religion integrated in psychotherapy? These and other related issues are addressed in this paper. It is concluded that psychologists are obligated to work within the value system of the client and that this approach would achieve a more positive therapeutic outcome.*

Psychology being a "science" has generally neglected religion and its impact on human behavior and thought processes. However, there is now a trend, which suggests a positive and growing relationship between psychology and religion.[1] This is nowhere more evident than in the field of mental health which is also becoming an increasingly important research area within psychology. Significant developments have taken place especially in the West, for understanding and treating such problems.[2] This paper examines, (a) the acceptance of religion in the general population, (b) how the issue of values entered into supposedly "scientific" psychology, (c) the association between religion and mental health, (d) how have psychologists dealt with religious clients in psychotherapy, and (e) what are the implicit and explicit ways of integrating religion and psychotherapy.

Before we venture any further into discussing the relationship between psychology, religion, and mental health, let us briefly define first, what these terms mean. Psychology is now defined as the

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Dr. Amber Haque is Assistant Professor in the Department of Psychology, International Islamic University Malaysia. E-mail <amberh@iiu.edu.my>.

"scientific study of behavior and mental processes."[3] Religion and mental health fall within the scope of psychology as both of these relate to human behavior and mental processes. When the spirit of behaviorism was strong in America, it was impossible to bring "mental" concepts into the scope of psychology, since they are "unobservable" and fall outside the realm of scientific psychology. This was true until the death of B.F. Skinner, the father and defender of behaviorism. It was only in the 1980's and especially after Skinner's death in 1990 that the cognitive school took a more aggressive approach and "mental processes" were added in the definition of psychology.[4] This inclusion made the definition of psychology well rounded and complete and is consequently more popular now, in the introductory textbooks of psychology.[5] The term "religion" in general, refers to the beliefs and practices followed by established faiths; while an etymological analysis of the word connotes the idea that it involves people's striving for a sense of wholeness or completeness.[6] Since the term religion is also associated with religious prejudices and biases, many people use the term "spiritual" that entails good qualities without belonging to any religious sect. For our purpose, we will define religion as a belief relating to theism, particularly referring to a higher power, i.e., God. The term "mental health" is also a broad concept encompassing not only the absence of abnormality but also the presence of positive qualities of a person's state of wellbeing.[7] Mental health thus covers a wide range of states of mind, from negative to positive; and at the same time, denotes professional services used to enhance the mental states of a person. Since mental illness is now viewed from a psychosocial rather than biological perspective, the health care workers, including psychologists, can utilize their therapeutic skills in improving the mental health of their clients.[8]

**Acceptance of Religion**

Survey research shows that over 90% of the population identify itself with a religion and also that, religious beliefs have continuously grown in the West since the American Revolution.[9] Realizing the influence of religion on the general population, the American Psychological Association (APA) now mandates its members to view religion as a significant aspect of human life and that this may require special knowledge and training on the part of the psychologist. The 1992 APA Code of Conduct specifies that in the absence of such a service from the psychologist, appropriate referrals for the clients should be made to ensure proper and complete treatment of the patients.[10] Considering the

importance of religion, the *Diagnostic and Statistical Manual* published by the American Psychiatric Association, now includes in its 4th edition a classification on "religious problems" which further indicates a growing recognition among the scientific community of religion as a factor in mental health.[11] In a review on religion and mental health, Schumaker cites a number of contemporary psychologists who believe that the presence of religion among the people provides them with a "moral net"—which helps people control their impulses and differentiate the right from the wrong.[12] Literature on psychotherapy also suggests that therapists will have to deal with client religious issues in the coming years, as people are more vocal now about their religious orientations and demand therapists who also understand their religious outlook.[13]

**Psychology and the Value Issue**

While values are central to both religion and mental health, they have been considered somewhat of a taboo within psychology. Some psychologists believed that values should be kept away from the theories, research, and their practical applications. But whether psychology is really value free is debatable because "scientific value" is also a value-laden approach. Psychology, as a science, carries its own implicit worldview within each theoretical orientation that conflicts primarily with the theistic worldview. Bergin shows how the value issue started to attract the interest of clinical psychologists during 1970's and asks for an infusion of religious values into mainstream psychology for widened research and client benefit.[14] With this recommendation, the door was opened for research on how client beliefs and values affect their behaviors and how client values can be used to enhance client functioning. In another article, Bergin points out that between 1987 and 1993; a review of the PSYCLIT showed 6,138 articles on "values" and 198 journal articles on "values and psychotherapy."[15]

Empirical findings also suggest that people's values considerably affect their mental health and cannot be avoided by practicing psychologists.[16] In his book on family therapy, Kudlac puts it very explicitly, saying that, "if God is part of the problem-organized system, then God must be part of the solution."[17] Kudlac is saying that the therapist does not have to believe in the same value system as that of the client, but the therapist also cannot ignore client values in the interest of positive therapeutic outcome. Religious values are often more sentimental to many people than other values which they hold

and the secular therapist must be careful not to ignore or ridicule such values, which the client considers spiritual or transcendental in nature.

**Religion and Mental Health**

Empirical investigations show that mental health and religion are closely associated. In a comprehensive review of literature, Levin and Vanderpool found 22 out of 27 studies showing positive relationship between religion and mental health.[18] Gartner found six studies, which demonstrate improved mental health after the use of religiously-oriented therapies.[19] Gartner also addresses how religious values benefit mental health and points out that "beneficial mental health consequences are an outcome of congruence or behaving in synchrony with one's religious values, whereas acting contrary to personal values results in dissonance with consequences of guilt, anxiety, despair, or alienation." (p.303) Zain and Varma also worked on a scientific model of religious psychotherapy for clients who are inherently religious, and report remarkable improvement compared to the subjects who received supportive therapy only.[20] However, there are studies, which also report an ambiguous or negative relationship between religion and mental health. Let us briefly look at some of the research findings in specific mental health areas, which report a positive relationship between religion and mental health and then we will examine areas where a negative or indifferent relationship is reported.

In his review, Gartner cites several studies, which indicate religiosity as an important factor in lowering depression and anxiety. Studies show that religious subjects are generally less anxious in everyday situations than non-religious subjects and less anxious after performing a religious event.[21] Another interesting topic of research within psychology that has emerged in the last twenty years is death anxiety. Six empirical studies have shown that there is less fear of death among the religiously committed subjects compared to the non-religious subjects.[22] Other studies also report a positive relationship between religion and wellbeing for a variety of populations.[23] Gartner's literature review shows 11 out of 12 studies reporting a negative relationship between religion and substance abuse. Gartner also indicates that attending a church is a more powerful factor in preventing a person from abusing substance rather than having a "religious feeling" about the situation. In other words, acting upon one's feelings is imperative in preventing substance abuse.

Argyle and Beit-Hallahmi report a positive relationship between religion and wellbeing; for instance, people who are religiously committed, report a higher level of life-satisfaction and happiness.[24] Research studies show that there is a positive relationship between religious activities and longevity.[25] A study by Comstock & Partridge suggests that those individuals who do not attend a religious organization are four times more likely to commit suicide compared to those who frequently attend.[26] Gartner reports 12 studies, all of which show negative relationship between religion and suicide. A review on religion and marital satisfaction research shows that there is a negative relationship between religiosity and divorce.[27] In one study, subjects from longer marriages rated religion as one of the most important factors in maintaining a happy marriage.[28]

In areas such as prejudice, self-concept, intelligence, authoritarianism, and self-actualization, a negative relationship has been found with religiosity.[29] It has been found that religion can actually be associated with psychopathology. One study suggests that males seen for sex-related problems come from traditionally religious homes.[30] It should be noted however, that such clients were not treated for sex problems as much as for the sense of guilt and sin associated with it. Increased fear of death is also reported among religious people.[31] Some research findings also suggest that there is no relationship or an indifferent relationship between religion and mental health. Gartner cautions regarding the discrepancies in the findings and suggests that measurement methods could be largely responsible for the test results. Gartner explains that research findings associating religion and mental health negatively are mostly derived from paper and pencil tests, in which, the psychologist infers subject traits on the basis of certain personality theories. This method of investigation has serious reliability and validity problems.

**Religious Issues in Psychotherapy**

What do psychologists do when they encounter religiously oriented clients? Let us briefly examine the approaches taken by three major schools of psychology in dealing with this issue and then also address mental health and its treatment from Islamic perspective.

*Psychoanalytic Therapy*: The psychodynamic approach suggests that a client with religious orientation cannot be successfully treated unless there is some representation of religion and belief in God made available in the therapy. Psychoanalysts believe that the concept of

God has played a psychic role in the child's mind throughout the development stages and its exploration may prove extremely helpful in the therapeutic process. Attending to religious issues will provide proper insight to the clients on their childhood experiences as well as repressed feelings and how those beliefs and experiences are affecting their present condition. Research studies indicate that psychoanalysts have now started to routinely take a "religious history" of each client. This was not the case earlier, as the classical psychoanalysts did not recognize the importance of religion, except the Jungians.[32] Smith and Handelman have discuss the continued and meaningful interaction between religion and psychoanalysis, which the interested reader may find educational.[33]

*Cognitive and Behavior Therapies*: Propst suggests that the attitude of cognitive therapists toward religion has come "full circle," from neglect to appreciation of the influence of religion on one's cognition, emotion, and behavior.[34] Albert Ellis, who is a prominent and influential cognitive psychologist, contended that religious beliefs incorporate the concepts of sin and guilt and are thus pathological for the client. Ellis' followers were also hostile toward religious issues until Ellis later clarified his position in 1992, explaining that his stance is relevant only for the "devoutly religious" client.[35] However, present day cognitive therapists are more tolerant of religion and say that the "cognitive errors" made by religious beliefs can actually be corrected through cognitive restructuring procedures. Implicit in this statement is the stance of the cognitivists that they do not consider religion as a conducive source for mental health. Propst however, wrote a book on cognitive therapy from religious perspective and other cognitive therapists also recommend the use of such techniques with religious clients.[36] Researchers have also demonstrated the positive effects of religious imagery (a form of cognitive therapy) on depression with certain clients.[37] Self-examination and thought monitoring are two other examples within cognitive therapy that are used to treat clients successfully.[38] Studies on behavioral therapy and religion are also pouring in and suggest positive effect on client's presenting mental health problems.[39]

*Existential-Humanistic Therapy*: Psychologists who belong to this camp regard religion as an important factor in the growth of personality and self-actualization. Erich Fromm and Abraham Maslow are two important names of psychologists who regard religion as a significant variable in the development of human personality. Another

humanistic psychologist, Rollo May, points out that, "religion is the belief that something matters—the presupposition that life has meaning."[40] What he is essentially saying is that the religious person has found meaning in life, while an atheist has not or cannot, and this discovery of meaning has great relevance on one's personality and mental health. Similarly, Allport believed that a religious orientation often makes a healthy adult personality. He wrote, "A man's religion is the audacious bid he makes to bind himself to creation and to the Creator. It is his ultimate attempt to enlarge and to complete his own personality by finding the supreme context in which he rightly belongs."[41] For these psychologists, the client's religious issues are important avenues for finding out those special personal feelings, which are far more important than searching for "signs" of abnormalities in the client. The existential-humanistic psychologists emphasize that the therapist must be "aligned" with the religious client and feel as if the client's words and statements are coming out from within the therapist. This would of course require the therapist to be free of his or her own personal attitudes toward religion whether positive or negative. Once the therapist and client have identified a certain special feeling toward religion, the therapist can then search for deeper meanings. This exercise can actually enable the client to discover himself and become a qualitatively new person and this is what a therapist should aim for.

*Islam and Mental Health*: In Islam, man is considered a body as well as a soul. While the body is perishable, the soul is ever lasting; and both influence each other throughout the life of a man. Al-Ghazali actually considers soul as the "king of the body" and the different organs as the "servants" of the soul, which follow the commands of the soul.[42] Man's happiness or good mental health is derived from knowledge and good character. The source of these positive qualities lie in the spiritual realms within man that are often referred to in the Qur'ān as *Qalb* (heart), *Nafs* (self), *ʿAql* (intellect), and *Rūḥ* (spirit). There is a constant struggle and interplay among these entities that eventually determine the psychological and spiritual condition of a person. Islam emphasizes that positive mental health and divine peace is attained when a person inclines towards the spiritual guidance, which is inherent in the very nature of man or in his *Fiṭrah*.[43] Qur'ān also asserts that those who forget God, also forget their souls and cater to bodily desires. Implicit in this, is the meaning that these acts of men give rise to poor knowledge, which in turn, results in poor mental health. It is important to remember however, that Islam does not

recommend the suppression of human urges, instead it asks for a balance and moderation among them.

Muslim thinkers, scholars, and therapists have attempted various ways of treating mental problems based on Islamic teachings.[44] Ajmal points out that "no systematic theory in psychology can be formulated without assuming a definite posture toward metaphysics" and says that psychologists resort to a flight *into* the laboratory because they are afraid of a serious encounter with humans as individuals and groups, and also with themselves! Ajmal further explains that formulating metaphysical assumptions in psychology is more important today, because human personality is afflicted with an acute "dispersion into multiplicity" and distancing oneself from religion and God "is equivalent to mental disease."[45] Rizvi classifies the various therapies used in Muslim societies in two major categories; the conversational model and the Sufi model.[46] Psychotherapeutic advances from Islamic perspective are also available, especially for the treatment of alcoholism and aids.[47] Since Muslims believe that moral transgression causes emotional distress, religious forms of treatment have also emerged: recitation of the Qur'ān, fasting, and supplications are quite commonly used as a part of healing process. The Qur'ān prescribes certain virtues like observing the rights of others, and obligations towards self, avoiding envy and jealousy, controlling of rage and emotions, and remembrance of God (3:134, 4:32, 13:18, 16:90 etc.).

**Integrating Religion and Psychotherapy**

How is religion integrated in psychotherapy? Although it may seem that there are many different ways of doing it, Tan classifies all methods of using religion in two main categories, implicit and explicit.[48] In implicit integration of religion with psychotherapy, the use of religiousness is not obvious; it is rather hidden or covert. However in implicit integration, religious issues may be brought up and discussed between the client and the therapist. A therapist who is not comfortable using explicit religious materials or resources is more likely to practice implicit integration and may even refer the client to one who practices explicit integration. Explicit integration is when the religious resources are openly used in therapy. This may be the use of prayer in the open and aloud and the use of scripture or sacred texts as well as referral to religious groups and/or religious authorities for spiritual guidance and direction. In order to use the religious resources however, it is obvious that the therapist has the same religious orientation as the client or at least a religious affinity of some kind.

Where there is a different religion or no religion the therapist can still use such resources in his own way, at least, indirectly. Research has shown that therapists who are most successful have some sort of a healing power, which is often based on faith and spirituality. References on Christian and Jewish counselors incorporating their religion in the treatment of mental problems are also abundant.[49] Given that the use of religious resources is effective even for population that is irreligious among the alcoholics and antisocial personalities, it is obvious that there must be a greater research emphasis on these issues in psychotherapy. The main issue here is to take an integrated approach in treatment. It is a moot question whether Islamic or other religious psychologies exist: the point is to engage religion with empirical knowledge in order to achieve utmost understanding, and solutions of human problems.

## Conclusion

Psychology and religion play a major role in the positive mental health of human beings. Research evidence is accumulating on the increased religiosity among the people, and psychologists now consider religion as a significant variable to work with. It is shown that psychology cannot do without dealing with the client value system. A positive relationship between religion and mental health is emphasized and it is pointed out that where such a relationship is not evident, methodological errors in studies could be largely responsible. Similar reviews and research studies of specific nature with mental health clients are encouraged. Such integrated research would be mutually beneficial for practicing psychologists and religious counselors, and above all, it will benefit the ailing client, the most.

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## Notes

1. See for instance, A.E. Bergin, "Psychotherapy and Religious Values," *Journal of Consulting and Clinical Psychology* 48 (1980): 95-105; E. P. Shafranske (ed.), *Religion and Clinical Practice of Psychology* (Washington, D.C.: APA, 1996) and a review essay by A. Haque, "Psychology and Religion: Their Integration and Relationship from an Islamic Perspective," *American Journal of Islamic Social Sciences* 15 (1998): 97-116. Why is there a growing interest in psychology-religion relationship is speculative at best. Researchers point out that psychologists may want to catch up on their neglect in research in psychology and religion in the last few decades or perhaps being a new area of research, it is attracting more psychologists. Another

factor could be that more and more people in the West are getting attracted to religion and demand religiously oriented therapy from their psychologists. At the same time, the APA Code of Conduct mandates psychologists to be aware of religion as an important factor and if they cannot do so, the client must be referred to a psychologist who can. See K. V. O'Connor, "Religion and Mental Health: A Review of Antoine Vetgote's Approach in Guilt and Desire," *International Journal for the Psychology of Religion* 8 (1998): 125-148. For interesting comments on the developments in the psychology and religion area see letters from prominent psychologists, listed in the *American Psychologist* 50 (1995): 540-545.

2. Starting in the 1980's, we find a growing interest within psychology on the relationship between religion and mental health. This is perhaps due to the fact that in U.S. alone, almost 20% of the adult population suffer from diagnosable mental problems in any given year, with an annual cost of $148 billion—this presents the patient, their families, and the government with some serious challenges. See for instance, M. E. Oliveri, "Basic Behavioral Science Research for Mental Health: A Report of the National Advisory Mental Health Council," *American Psychologist* 50 (1995): 485-493.

3. R.L. Atkinson, *Hilgard's Introduction to Psychology* (San Diego: Harcourt Brace College Publishers, 1998), 8.

4. Historically speaking, psychology concentrated on the study of human soul. The term psychology itself is derivative of the term "psyche," which refers to soul or spirit. It was only in the late 1800's when psychology declared itself a science and rejected the study of mind and soul. Psychology is now more tolerant of the concepts of mental and cognitive processes and even religion is creeping its way into the mainstream psychology. See, e.g., A. Haque, "Interface of Psychology and Religion: Issues and Developments," *North American Journal of Psychology* (in press), 2000.

5. See for instance, R.A. Baron, D. Byrne, and B.H. Kankowitz, *Psychology: Understanding Behavior* (New York: Holt, Rinehart and Winston, 1977); D. P. Schultz and S.E. Schultz, *A History of Modern Psychology* (4th edition) (City Harcourt Brace, 1987); K. Hoffman, M. Vermory and B. Williams, *Introduction to Psychology* (Singapore: John Wiley and Sons, 1987) and C. D. Doyle, *Explorations in Psychology* (California: Brooks Cole Publishing Co., 1987).

6. See, R.F. Paloutzian, *Invitation to Psychology of Religion* (Boston: Allyn and Bacon, 1996). It is perhaps sufficient to say that religion is a very broad concept of which there are multiple meanings.

7. See, R. A. Winett, A.C. King, and D.G. Altman, *Health Psychology and Public Health: An Integrative Approach* (New York: Pergamon, 1989). For a collection of definitions of mental health, see, K. Tudor, *Mental Health Promotion: Paradigm and Practice* (New York: Routledge, 1996), 21-22.

8. A. Haque, "Psychosocial Rehabilitation for Chronically Mentally Ill: A Critical Review of a Comprehensive Model Used in a Michigan State Psychiatric Hospital," *Malaysian Journal of Psychiatry* 6 (1988): 4-17.

9. Shafranske (ed.). *Religion and Clinical Practice of Psychology*, 1. No survey from the "East" is currently available, but given that the East is often considered more conservative than the West, one could perhaps assume that a similar survey result would be achieved.

10. American Psychological Association, "Ethical Principles of Psychologists and Code of Conduct," *American Psychologist* (1992), 47, 1597-1611. The Preamble and General Principles in the APA Ethical Principles of Psychologists and Code of Conduct specifies that "...psychologists respect the fundamental rights, dignity, and worth of all people. They respect the rights of all individuals to privacy, confidentiality, self-determination, and autonomy mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual and role differences, including those due to age, gender, race, ethnicity, national origin, religion..."

11. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), (Washington D.C.: American Psychiatric Association, 1994), 685. Although devised by psychiatrists, clinical psychologists have a large say in the overall development of the DSM—psychologists are on the editorial committee of the DSM and they also use it constantly in their clinical practice, especially in the United States.

12. J.F. Schumaker (ed.), *Religion and Mental Health* (Oxford, England: Oxford University Press, 1992).

13. E.L. Worthington, "Psychotherapy and Religious Values: An Update," *Journal of Psychology and Christianity* 10 (1991): 211-223.

14. A.E. Bergin, "Psychotherapy and Religious Values," *Journal of Consulting and Clinical Psychology* 48 (1980): 95-105.

15. A.E. Bergin, I.R. Payne, and P.S. Richards, "Values in Psychotherapy," in Shafranske (ed.) *Religion and the Clinical Practice of Psychology*, 316.

16. J.P. Jensen, & A.E. Bergin, "Mental Health Values of Professional Therapists: A National Interdisciplinary Survey," *Professional Psychology: Research and Practice* 19 (1988): 290-297.

17. K.E. Kudlac, "Including God in the Conversation: The Influence of Religious Beliefs on the Problem-Organized System," *Family Therapy* 18 (1991): 277-285.

18. J. Levin, and H. Vanderpool "Is Frequent Religious Attendance Really Conducive to Better Health?: Toward an Epidemiology of Religion," *Social Science Medicine* 24 (1987): 589-600.

19. J. Gartner, "Religion and Mental Health" in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 187-214. Unless indicated otherwise, all of Gartner's research findings quoted in this paper are referenced under this citation.

20. A.M. Zain and S.L. Varma, "Religious Psychotherapy—A Proposed Model Based on The Malaysian Experience," *Journal of FIMA* 1 (1996): 118-123.

21. D. Hertsgaard and H. Light, "Anxiety, Depression, and Hostility in Rural Women," *Psychological Reports* 55 (1984): 673-674. Also see, P.A. Morris, "The Effect of Pilgrimage on Anxiety, Depression and Religious Attitude," *Psychological Medicine* 12 (1982): 291-294.
22. R.H. Aday, "Belief in Afterlife and Death Anxiety: Correlates and Comparisons," *Omega Journal of Death and Dying* 15 (1985): 67-75 and A. S. Westman and F.M. Canter, "Fear of Death and the Concept of Extended Self," *Psychological Reports* 56 (1985): 419-425.
23. See for example, L.J. Beckman and B.B. Housner, "The Consequences of Childlessness on the Social-psychological Wellbeing of Older Women," *Journal of Gerontology* 37 (1982): 243-250 and R.F. Guy, "Religion, Physical Disabilities, and Life Satisfaction in Older Age Cohorts," *International Journal of Aging and Human Development* 26 (1982): 283-295.
24. M. Argyle and B. Beit-Hallahmi, *The Social Psychology of Religion* (London: Routledge, 1975).
25. See e.g., J. Levin and H. Vanderpool, "Is Frequent Religious Attendance Really Conducive to Better Health?: Toward an Epidemiology of Religion," *Social Science Medicine* 24 (1987): 589-600.
26. G.W. Comstock and K.B. Partridge, "Church Attendance and Health", *Journal of Chronic Disease* 25 (1972): 665-672. This finding is certainly true for countries like Japan, where suicide rate is very high and religious affiliation is generally low compared to many Asian or Western countries.
27. D.B. Larson, "Religious Involvement," in G. Rekers (ed.), *Family Building* (Ventura, CA: Regal Books, 1985), 121-147.
28. M.J. Sporawski and M.J. Houghston, "Prescriptions for Happy Marriage Adjustments and Satisfaction of Couples Married 50 or More Years," *Family Coordinator* 27 (1978): 321-327.
29. J. Gartner, "Religion and Mental Health," in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 187-214. Gartner reports an interesting finding in the area of prejudice—those who are least prejudiced are people who either attend church regularly or do not attend at all; while those most prejudiced are those who attend church with moderate frequency.
30. Z. Hoch, M. Safir, Y. Peres, and J. Shepher, "An Evaluation of Sexual Performance: Comparison between Sexually Dysfunctional and Functional Couples," *Journal of Sex and Marital Therapy* 7 (1981): 195-206.
31. M.A. Beg and A.S. Zilli, "A Study of the Relationship of Death Anxiety and Religious Faith to Age Differentials," *Psychologia* 22 (1982): 75-81.
32. A.M. Rizzuto, "Psychoanalytic Treatment and the Religious Person," in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 409-431. Freud in particular, regarded religion as an illusion, which is the result of wish fulfillment rather than reason. He contended that people must leave religion and rely on science, as this is the only way that a person and society could actually grow beyond their infantile stage. However, Jung believed that people have an inborn need to look for God, and this a natural and positive aspect of human psychological makeup. See, C.G. Jung, *Modern Man in*

*Search of a Soul* (New York: Harcourt Brace, 1933) and *Psychology and Religion* (New Haven: Yale University Press, 1938).
33. J.H. Smith and S.A. Handelman (ed.), *Psychoanalysis and Religion* (Baltimore: The John Hopkins University Press, 1990).
34. L.R. Propst, "Cognitive-Behavioral Therapy and the Religious Person," in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 391-407.
35. A. Ellis, "My Current Views on Rational-Emotive Therapy and Religion," *Journal of Rational-Emotive and Cognitive- Behavior Therapy* 10 (1992): 37-40.
36. L.R. Propst, *Psychotherapy in a Religious Framework: Spirituality in the Emotional Healing Process,* (New York: Human Sciences Press, 1988).
37. L.R. Propst, "The Comparative Efficacy of Religious and Nonreligious Imagery for the Treatment of Mild Depression in Religious Individuals," *Cognitive Therapy and Research* 4 (1980): 167-178.
38. L.R. Propst, "Cognitive-Behavioral Therapy and the Religious Person," in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 399-401.
39. W.R. Miller and J.E. Martin (eds.), *Behavior Therapy and Religion: Integrating Spiritual and Behavioral Approaches to Change* (Newbury Park, CA: Sage, 1988).
40. B.R. Hergenhann and O.H. Matthew, *Introduction to Theories of Personality* (New Jersey: Prentice Hall, 1999), 537-538.
41. Ibid., 142
42. See al-Ghazali, *Ihya ulum al-din*, vol.3, 1-52, (Cairo: 1939).
43. For a detailed description of *Fitrah* or man's nature from Islamic perspective, see, Yasien Mohamad, *Human Nature in Islam* (Kuala Lumpur: Noordeen, 1998).
44. For purposes of brevity, I refer the reader to a recent review essay, which lists many relevant references. See A. Haque, "Psychology and Religion: Their Integration and Relationship from an Islamic Perspective," *American Journal of Islamic Social Sciences* 15 (1998): 97-116. Also see, M. B. Badri, *Are the Contributions of Early Muslim Scholars relevant to Modern Muslim Psychotherapists?* Unpublished Manuscript, 1999.
45. M. Ajmal, *Muslim Contributions to Psychotherapy and Other Essays*, (Islamabad: National Institute of Psychology, 1986), 1-3. In his book, the author also talks about Transcendental Humanism, Sufi Psychotherapy, and other forms of therapies from Islamic perspective.
46. S. Azhar Ali Rizvi, *Psychotherapies in Muslim Societies*, Paper presented at The International Conference on Psychotherapy and Counseling: An Islamic Perspective, August 15-17, 1997, Kuala Lumpur Malaysia. Also, S. A.A. Rizvi, *Muslim Tradition in Psychotherapy and Modern Trends*, (Lahore: Institute of Islamic Culture, 1988). Also see A.H. Alawi, "The Qur'anic Concept of Mental Health" in Z.A. Ansari (ed.), *Qur'anic Concepts of Human Psyche* (Islamabad: International Institute of Islamic Thought, 1992).

47. B. Aisha Lemu, *Islam and Alcohol* (Virginia: Saadawi Publications, 1992), 18. M.B. Badri, *Islam and Alcoholism* (Indiana: American Trust Publications, 1976), 68. Also see, M.B. Badri, *The Aids Crisis: An Islamic Sociocultural Perspective* (Kuala Lumpur: IIITC, 1997).

48. S.Y. Tan, "Religion in Clinical Practice: Implicit and Explicit Integration" in Shafranske (ed.), *Religion and the Clinical Practice of Psychology*, 365-387.

49. See electronic references (web pages) on Christian pastoral counseling and training programmes in the area of mental health, e.g., http:// www. aapc.org and http://www.hartland.edu. Jewish religious counseling can be found on http://pluto.njcc.com. For Sufi counseling, see http://www. spiritriders.com. Also see the comprehensive text, Shafranske (ed.), *Religion and the Clinical Practice of Psychology*.