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Running head: RELIGION, PSYCHOLOGY, AND SUFFERING

Dealing with Suffering:
A Comparison of Religious and Psychological Perspectives

By

Emily Pimpinella

B.A., Alfred University, 2005
M.S., Antioch University New England, 2008

DISSERTATION

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for the degree of Doctor of Psychology in the Department of Clinical Psychology
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Keene, New Hampshire



DISSERTATION COMMITTEE PAGE

The undersigned have examined the dissertation entitled:

**DEALING WITH SUFFERING:
A COMPARISON OF RELIGIOUS AND PSYCHOLOGICAL PERSPECTIVES**

presented on March 10, 2011

by

Emily Pimpinella

Candidate for the degree of Doctor of Psychology

and hereby certify that it is accepted*.

Dissertation Committee Chairperson:
Victor Pantesco, EdD

Dissertation Committee members:
Barbara Belcher-Timme, PsyD
David Junno, PsyD

Accepted by the
Department of Clinical Psychology Chairperson

Kathi A. Borden, PhD

on 3/10/11

* Signatures are on file with the Registrar's Office at Antioch University New England.

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Abstract

One of the main tasks of psychologists is to help clients deal with suffering. In order to assist the client, a therapist needs to have an understanding of the client's beliefs about suffering. Due to the importance of religion for much of the general population, and considering how beliefs influence clients when dealing with suffering, it is essential that psychologists be mindful and respectful of religious beliefs in order to provide competent service. In order to do this, therapists need to have knowledge about the religious doctrine that their client observes. Therapists also need to be aware of their own belief systems and the attitudes toward suffering and religion visible in the field of psychology in order to understand how these beliefs may influence treatment. This dissertation will: (a) explore literature which includes religious texts from Christianity, Islam, and Buddhism, as well as research and other scholarly works in order to distill different themes regarding suffering; (b) address how these themes are dealt with in the field of psychology; and (c) discuss how therapists can use this knowledge more effectively with their clients. The frame is social constructionist theory, which highlights the importance of culture and language in shaping how people view the world and suffering in particular.

Dealing with Suffering:

A Comparison of Religious and Psychological Perspectives

Rationale and Background

Suffering is a key element in the field of psychology and therapists assist clients who are struggling to make sense of and deal with their suffering. One element that may impact how clients deal with their suffering, the focus of this dissertation, is the client's religious orientation and beliefs. Understanding and respecting these beliefs is a part of being culturally competent.

Much attention has been given to diversity and multiculturalism in psychological literature and psychologists are becoming increasingly aware of their need to become culturally competent. Cultural competence stipulates "people should not only appreciate and recognize other cultural groups but also be able to work effectively with them" (Sue, 1998, p. 440). Sue also asserted that cultural competence involves delivering mental health services in a manner that is consistent with the client's cultural background. The American Psychological Association (APA; 2003) strongly recommends that psychologists be culturally competent in order to work ethically with racial and ethnic minorities. Further, the organization has included this stipulation in its codes of ethics (APA, 2003). This attention is necessary because culture permeates and affects every aspect of counseling (Roysircar, 2003). In order to be culturally competent, the therapist would need to be somewhat knowledgeable about the client's culture, which may include religious belief. Many therapists, however, may only think of race, ethnicity, minority status, and other group-specific factors when considering diversity and overlook the diversity in clients' religious beliefs, thereby ignoring religion as crucial in shaping a person's culture. Religion and culture also shape how many people live and deal with suffering.

Despite different opinions on its therapeutic relevance, religion has not been ignored in

the field of psychology. In the early 1900s, research focused on religious conversion, the effectiveness of prayer, moral education, religious psychopathology, and the development of religious beliefs (Brown, 1987). James (1936) was particularly interested in personal religious experiences. Many of the descriptions of religion by authors during this time were far from flattering. For example, Malinowski (1925/1954) described religion as a phenomenon existing somewhere between science and magic. Studies on religion were somewhat limited and most of these early works focused solely on Western religions, namely Christianity (Raiya & Pargament, 2010). In the beginning of the psychological study of religions, religion and its effects were not measured because different religious leaders feared that measurement could destroy the mystery of religion. The authority of religion was absolute and was not to be questioned. This idea enforced the concept that religion and science were not compatible.

In later years, there has been more interest in religion with Gordon Allport (1966) examining intrinsic versus extrinsic religious orientation in the 1960s. Religion was also examined from different perspectives. For example, Fowler's (1995) stages of faith have described faith through a developmental lens. Other works illustrated religion's importance to the practice of psychotherapy (Aten & Leach, 2008; Miller, 1999; Richards & Bergin, 2000, 2003; Sperry & Shafranske, 2005). Peer-reviewed journals for religion also appeared, the early ones being the *Review of Religious Research* in 1959, and the *Journal for the Scientific Study of Religion* in 1961 (Brown, 1987). Recently, journals are also publishing articles on providing services to specific religious groups, such as Muslims, in the United States (Haque, 2004). However, as will be discussed, religion remains a controversial topic that many psychologists avoid (Bilgrave & Deluty, 1998).

Definition of Terms

Religion. It is important to note that, when addressing religion, this dissertation refers to organized religion and not spirituality (though religious people are often spiritual). The word religion comes from a few different Latin words: *religio* (taboo, restraint), *religare* (to hold back, bind fast), and *religere* (to read over again, rehearse; Brown, 1987). These descriptions speak to an institution that is organized, has rules, and there is an element of behavioral practice involved in repetition. Religion is not simply a collection of rules and behaviors; its definition also needs to include some element of the numinous. Flower (as cited in Brown, 1987) describes religion as an “attitude determined by the discrimination of an element of ‘utterly-beyondness’ brought about by a mental development which is able to appreciate the existence of more in the world than that to which existing endowment effects adequate adjustment” (p. 30). Religion can encompass much of a client’s life. For example, James (1936) describes religion as “man’s total reaction upon life” (p. 35), which speaks to the idea of how steeped people’s mentalities can be in their religious beliefs.

Suffering. Suffering is a phenomenon that is frequently addressed in work with clients. According to the online Merriam-Webster Dictionary (2008), to suffer is to “to submit to or be forced to endure,” “to feel keenly,” and to “labor under.” These definitions give the impression of something heavy and oppressive. Similarly, the Sanskrit word for suffering, *dukkha*, refers to stress, unsatisfactoriness, and burden (Stone, 2007). These definitions do not indicate whether suffering is a mental or physical phenomenon. The Buddhist teachings of the Two Darts, as explained by Stone, describes how suffering will be defined. In this conceptualization, the First Dart that the person experiences is the physical feeling of pain. The Second Dart is how the mind interprets the sensation and the story about the Self it constructs. Suffering lies in the

Second Dart and, according to this teaching, people are able to experience pain without suffering if they do not allow themselves to interpret the pain and incorporate it into their view of self.

Though the explanation of the Two Darts refers to physical pain as a possible impetus to suffering, suffering is not only tied to physical pain because many people suffer in the absence of physical pain. So, for this dissertation, the focus is on the mental pain that a person creates and endures as an interpretation of events and mood states.

To add to the conceptualization of suffering as a mental phenomenon, *tanha*, a Buddhist idea, will be used. Tanha is “literally ‘thirst:’ the mental habit of insatiable longing for what is not, which implies an equal and irremediable dissatisfaction with what is” (Hart, 1987, p. 38). This longing could be focused on anything: a day without pain for the chronic pain sufferer, a beloved person for the client suffering from unrequited love, or to be a different and worthwhile person for the depressed client. Again, it is the mental interpretation of the situation that causes the suffering.

In defining suffering, there is no imposed limit of “how much” a person should be in mental pain in order to be suffering. Consider this idea posed by Frankl (1992):

To draw an analogy: a man’s suffering is similar to the behavior of a gas. If a certain quantity of gas is pumped into an empty chamber, it will fill the chamber completely and evenly, no matter how big the chamber. Thus suffering completely fills the human soul and conscious mind, no matter whether the suffering is great or little. (p. 55)

Goals

This dissertation examines how suffering and dealing with suffering are constructed in selected religions and psychology. This exploration also covers viewpoints in the field of psychology about religion and religious clients (clients who purport to follow a religion). Both

psychological and religious literature is examined to explore themes of suffering. Due to the fact that cultural competence in part involves knowing about the client's culture, the intent is to acquaint the reader with the religions thoroughly enough so that readers have the knowledge and tools to be creative and generate their own interventions beyond what is suggested. The religions explored in this dissertation are Christianity, Islam, and Buddhism. Christianity and Islam are well known and have many followers, so there is a high likelihood that a therapist would encounter a client from these versus other religious backgrounds. Buddhism was chosen because of its growing popularity and because Buddhist principles are often integrated into contemporary psychological theories and treatments. The writer then explores how the themes of suffering gleaned from these religious traditions have been addressed in the field of psychology. A case example illustrates how the religious perspective and psychological perspective might be applied jointly.

The other goal of this dissertation is to make psychologists more aware of both their clients' and their own worldviews and how these worldviews influence how they think and behave. If psychologists are more mindful of their worldviews and meaning constructions, they may be less likely to impose their views onto their clients. If they understand more about the client's worldview, especially concerning suffering, they may be less likely to use interventions which are incongruent with their clients' beliefs. Based on literature regarding culture and treatment effectiveness (Lo & Fung, 2003; Sue, 1998; Zane et al., 2005), it appears that the goodness of fit between the person's religious ideas about suffering and how the therapist explores suffering with the client would influence the person's success in treatment. A person's work field is a culture as well, and understanding how the themes of suffering have been portrayed in psychology culture is important in order for a therapist to understand what beliefs

he/she might have developed as a result of being immersed in this culture.

There is some research on the impact of the cognitive match (the extent to which the therapist and client agreed on the goals for therapy) between the therapist and client, and there is also research gauging the effectiveness of making cultural modifications to treatment. For example, Sue (1998) found that there was a lower dropout rate in treatment where cultural modifications had been made. He also found that a client therapist match on the goals for treatment was related to better client adjustment (in life) and a more favorable impression of the sessions. Lo and Fung (2003) also found that an incongruence between the therapist and the client's understanding of the presenting problem can negatively affect the clinical encounter. Zane et al. (2005) explored the effect of cognitive match more deeply. The authors found that it was counterproductive to treatment if the client's problems were conceptualized in a way that conflicted with the client's belief system. They found that asking the client to engage in activities that went against their beliefs reduced the credibility of the therapist. The authors indicated that clients in their study may have terminated treatment prematurely because they felt misunderstood. Therefore, if a therapist is better able to tailor treatments to the client's beliefs, treatment will likely be more effective.

Method

This section describes the paradigm used for this dissertation—how the topics are explored and some of the terms are defined.

Paradigm

The overarching paradigm for this dissertation is social constructionism. This section explains how knowledge is viewed in this paradigm and why this frame was chosen.

Epistemology. Epistemology deals with the nature of knowledge, or “how we know

what we know” (Crotty, 2003, p. 8), and it dictates how the material in this dissertation is explored. In the social constructionist perspective, there is no objective truth to be uncovered, rather meaning is constructed (Crotty, 2003). In social constructionism, people do not create meaning independently; they create meaning through interaction with the environment and other people (Crotty, 2003). In this view, humans are constantly engaging with others and striving to make meaning. The author too is creating meaning through interacting with the literature used for this dissertation. Many different worldviews are encountered which, in turn, broaden the author’s and the readers’ worldviews.

Social constructionism. This frame was chosen because of the importance of culture in shaping a person’s view of reality. Culture is particularly important in constructionism because culture shapes how people think, behave, and create meaning. Crotty (2003) highlights this idea by stating that, “For each of us, when we first see the world in meaningful fashion, we are inevitably viewing it through lenses bestowed upon us by our culture. Our culture brings things into view for us and endows them with meaning and, by the same token, leads us to ignore other things” (p. 54). This idea is important because religion, which can be a large part of a culture, likely, has a hefty impact on how suffering is talked about, conceptualized, and dealt with among its followers. The culture of psychology, and how it has shaped how practitioners view and deal with suffering and religious clients, in particular is also explored.

Another relevant aspect of social constructionism is its emphasis on language in constructing reality. Words are not a reflection of reality; rather they are interpretations and constructions of reality (Gergen, 1999). Language is also extremely contextual, both determining and being determined by context; language is only meaningful within a relationship. Gergen also talks about how language is essential in promoting action. He notes that we cannot

have a love affair without having the word “love” and knowing what it entails. Fowler (1995) initiates an intriguing description of Smith’s (a comparative religions researcher) exploration about faith and belief and how it is expressed in words. Smith (1977, 1987) writes about the importance of words that express belief, such as *credo* and *sraddha*. The word *credo* comes from the Latin *cor*, *cordia* (heart), and *do* (put, place, give). The Hindu word *sraddha* also has a similar translation involving the heart. In these words, belief is very personal; the person is giving their heart. Fowler iterates a question that he keeps in mind when working with religious clients, “On what or whom do you set your heart?” (p. 14). This question is so simple, but so important. Where someone places his/her heart gives the therapist information about who the person is and what is precious to them. If religion is precious to the client, it is important to explore.

It is important to look at the words people use to describe their suffering and how religious texts describe suffering in order to see how the description and person’s actions are tied together. Gergen (1999) talks about the power of texts, and how the meaning of a text is embedded in a community. Rizzuto (2005) also writes about how religious literature can help a person form his/her internal representation of God. As such, elements of religious texts and texts by experts in the field are examined in order to explore their meaning in their respective religious communities. These texts delineate the beliefs, values, and rules that religious communities live by. Quotes are provided to illustrate how the texts address relevant concepts. Texts in psychology also illustrate values and practices. Writings about how the themes of suffering are dealt with in psychology literature are also used in order to examine the meaning these ideas lend to the psychology community.

Constructionism is an inherently critical frame and it can be used to deconstruct the way

we view the world (Crotty, 2003). Using constructionism is not intended to criticize religion or psychological theory; rather, it is used to elucidate how these institutions (whether religious or academic) shape how people think about suffering. Psychologists need to be mindful about how their theoretical orientations influence their treatment of clients and their client's way of viewing the world. Gergen (1999) speaks about cultural imperialism, which occurs when a certain group believes that their truths are universal and impose these truths on others. Psychologists in particular must be careful not to become cultural imperialists and must view clients' truths as important and valid as their own. As part of this exploration, this dissertation examines how psychological theorists have sometimes fostered a negative view of religion and explores how this view has influenced different psychology theories. It is not necessarily the theories themselves that are being criticized, but how they might be used in culturally insensitive ways.

Another reason social constructionism was chosen for this dissertation is the importance of culture in shaping how therapists and clients perceive disease and mental illness. Aronowitz (1998) writes extensively about the social construction of disease. He asserts that we cannot view a disease independently from its historical and social meaning and states:

The term 'social construction of disease' has come to represent a mode of historical analysis in which non-biological factors—beliefs, economic relationships, societal institutions—are seen as greatly influencing, if not defining, our understanding of particular ills. (p. 57)

In this way, therapists must be mindful of the societal context of the mental illnesses that their clients are diagnosed with, especially concerning the client's religious context. Though he certainly takes into account the social and biological aspects of a disease, Aronowitz considers the patient's perspective as paramount, "...the patient's phenomenological experience of

sickness and suffering should be as or more important than medicine's 'objective' criteria in defining and diagnosing disease" (p. 33). This is certainly the idea that this writer is advocating: for therapists to be more aware of their client's contexts and subjective beliefs and experiences.

Exploration of the Material

This dissertation is theoretical in nature and no subjects were used. As mentioned, due to the importance of language in constructing our culture (Gergen, 1999), portions of religious texts were examined in order to ascertain how suffering is constructed and dealt with in the Christian, Muslim, and Buddhist faiths as well as literature from experts in psychology and theology. In articles about how religion can be used in therapy, there is often a lack of detail provided about the different religions. According to a social constructionist framework, knowing a person's context is crucial in understanding the person (Gergen 1999). These religions do not exist in a vacuum; they all developed within certain historical contexts that shaped how they were received and how they grew. The historical context in which they developed also likely affected each religion's ideas about suffering and how to deal with it. As such, some information about the development of the religions discussed in this dissertation is provided. Information about important religious figures is also provided, as many followers seek to emulate these respected figures.

Rizzuto (2005) indicated that characteristics of religious figures may also be incorporated into the internal God representation that people build. Followers of religions learn about the beliefs in different ways, such as through hearing religious leaders speak, reading religious texts, hearing stories and parables, and being exposed to more artistic expressions of belief, such as through art and poetry. These elements can often express lessons for followers and a therapist may be able to use some of these stories and poems in therapy with clients. Therefore, when

relevant, the author provides stories and passages from the religious texts. The basic tenants of these religions are outlined in order to familiarize the reader with religious ideas and practices in order to elucidate how suffering is incorporated.

After exploring the identified religions in depth, that information is used to develop different themes of suffering, which are also explored as they appear in psychology literature. Information is provided about how religion has been viewed in the field of psychology as a whole, as this is an important context. The overall idea is to elucidate how therapists can be more competent to treat religious clients by knowing more about religious beliefs about suffering, understand their (therapists') own contexts and biases, and be respectful of client's beliefs. The author also hopes that therapists will be able to use the information provided about the religions to generate their own interventions and questions to use when exploring clients' religious beliefs.

Religion and Psychology

Psychological theorists have conceptualized religion in different ways, both favorably and unfavorably. This section explores religion in the general population—what authors view as motivation for following a religion, what the research indicates about religion and mental health, the field of psychology's general response to religion—and it provides specific information about how religion is addressed in different psychological theories.

Religion and the General Population

Religion is widely practiced in the United States and throughout the world. According to the Pew Forum of Religion and Public Life's 2007 survey, about 83.9% of the people in the United States adhere to a religion, which implies that religion is a key element in many clients' lives. In a similar statistic, 84% of the people in the world follow a religion (Adherents.com,

2005). Understanding their religious experience and beliefs can help a therapist work with such clients. Yarhouse and VanOrman (1999) stress that therapists are ethically obligated to make efforts to become knowledgeable about different religions, and to consult with other professionals about religions about which they are ignorant. Sperry and Shafranske (2005) also assert that spirituality must be considered in each clinical case, even if religion appears to play only a minor role. That is not to say that the therapist would force the issue if the client did not desire to talk about their spiritual beliefs; rather, that the therapist would be mindful and recognize the contribution of spiritual beliefs (Sperry & Shafranske, 2005). Due to the sensitive nature of religion for both therapists who do or do not believe in a religious tradition, Pfeifer (2006) also cautions therapists to be aware of their own countertransference toward religion and memories of their own religious experiences that may be activated when working with clients.

Being knowledgeable about religion is important because clients may request, or even expect that their religion would be included or acknowledged in therapy. For example, Belaire and Young (2002) reported that (politically) conservative Christians expected even secular counselors to include religious behaviors in therapy (i.e., prayer, etc.), and both moderate and conservative Christians expected the therapist to be respectful of their beliefs. With Muslim clients, Kelly, Aridi, and Bakhtiar (1996) found that 85% of their sample indicated that they would want their counselor to understand their beliefs. In contrast, some religious clients feared that therapists would seek to undermine their religious beliefs and that the therapist would misunderstand them (Richards & Bergin, 2000). Exploring religion is also important because, as previously stated, involvement in religion also has some connection to mental health, and therapists should be aware of these implications.

Motivation for following a religion. The psychology literature describes the religious

person by inferring his/her motivation for engaging with a religion. Certain researchers have noted that humans are primed to see patterns in their environment and to try to make meaning about those patterns (Azar, 2010). Azar notes that humans also have a tendency to anthropomorphize their environment. Both of these factors may contribute to the development of religious beliefs; people may develop religious beliefs to explain and make meaning about their environment. Other factors also likely contribute.

The literature about religious conversion is especially concerned with people's motivation to follow a religion. It is important to keep in mind that the theories expressed have been constructed within the worldviews of the theorists and, therefore, contain all the biases and assumptions of the theorists. However, these theories still provide useful knowledge to consider for conceptualizing clients. The views most prevalent in the literature are the deficiency view, the social perspective, and the fulfillment perspective.

The deficiency view. The deficiency view conceptualizes religion as a response to a deficiency; the person's motivation to follow a religion is based in the desire to supplement a weakness (Rambo, 1992). This deficiency can manifest in different ways. For example, deficiency can occur as the result of a specific event. If there is a crisis (e.g., a war), people feel fear (deficiency) so they may convert to a religion in order to feel secure again. The deficiency can also have its root in emotion and attachment. For instance, Ullman (1982) and Allison (1969) found that people who converted to a religion typically had bad relationships with their fathers and unhappy childhoods, so religion was seen as a means for the participants to align themselves with strong father figures, like God or Allah, as a way to compensate for their deficient past. In this way, religion can be used in a positive way to supplement a weakness which may result in better mental health. For example, Starbuck (1899) found that most of the

participants in his study experienced depressive symptoms before conversion and, after converting, they felt exalted and joyful. Robbins and Anthony (1982) also found that people fared better after conversion and experienced, among other things, a decrease in psychosomatic symptoms, lessening of neurotic symptoms, and renewed vocational interest.

The social perspective. The social perspective is similar to the deficiency perspective in that it focuses on what the person is lacking. While the deficiency perspective deals more with emotional fears and deficits, the social perspective is more concerned with the social order and how people can experience deficits and disconnection in society. There is a striking disparity between privileged and poor in many societies today, and people on the disadvantaged side may feel that they are neglected in society. From the social perspective, people may be attracted to religion if they feel deprived by society, feel a weakening connection to the conventional social order, and if they have formed connections within a religious tradition (Bainbridge, 1992). People who feel deprived by society can turn to religion to transcend their deprivation. For example, in the Christian faith, people may find doctrine comforting, because in heaven all people will be equal and all needs will be fulfilled (Bainbridge, 1992). In support of the idea that deprivation contributes to a person's desire to follow a religion, Stark and Bainbridge (1985) found that people who converted had suffered greater deprivation than lifelong members of the religion. Thus, a new societal group (the religious group) might be able to better provide for converts who feel disadvantaged. As mentioned previously, such social support is related to positive mental health outcomes, and religious communities can be a good source of social support.

The fulfillment perspective. As for the fulfillment perspective, most often emphasized by humanistic theorists (Rambo, 1992), people are on a never-ending quest for meaning, and

religion can be seen as part of that quest. Conversion is deliberate, “rather than passive victims of aggressive advocates, these people are actively searching for new options, stimulation, ideas, depths of involvement” (Rambo, 1992, p. 166). Hierich (1977) was particularly adamant in emphasizing this position and he asserted that religious conversion and general religious involvement were an attempt by people to understand reality, not a response to stress or a deficiency. Religion is a means of making sense of the world and finding fulfillment. In relation to this idea, Frazier, Mintz, and Mobley (2005) found that in elderly African Americans, active public participation in a religion that was viewed positively by participants was associated with higher feelings of mastery over the environment, personal growth, good interpersonal relations, a purpose in life, and self-acceptance.

Religion can also be used to find meaning and for the person to make sense of their experiences and trials when confronted with pain and suffering. For example, Watlington and Murphy (2006) found that, in a sample of African American women who had experienced domestic violence, religious involvement (independent from social support) was associated with fewer depressive symptoms and fewer posttraumatic stress disorder symptoms. Though not articulated by the authors, one reason for their findings could be that women who followed a religion were able to make sense of their traumatic experiences by using religion. For example, perhaps they saw their experience as an opportunity for growth, or a test from God.

In summary, knowing about motivation for following a religion and how religion is used to help client coping can be useful in therapy. Also, from the social constructionist perspective, practitioners would be asked to examine the biases inherent in each of the coping perspectives delineated and how those biases might influence how we view clients. Some describe religion as supplementing a deficiency or weakness that a person has. This view of the religious person is

negative because it implies that people who follow a religion are weaker than those who do not. This idea is something to keep in mind when working with a religious client. If the therapist believes that the client is weak, it will influence treatment. The social perspective also deals with deficits and how people turn to religion to fulfill those deficits. This view is slightly more positive in that it highlights the importance of social support and describes how religion can provide that support. The fulfillment view expressed the most positive view of religion and delineates how humans are constantly striving to make meaning. Religion can be one avenue used to make meaning.

All these perspectives express a positive or negative bias concerning religion. Even so, it is still helpful for a therapist to be knowledgeable about how religion affects client coping. Psychologists can best help clients by holding this information in their minds when sitting with clients and letting it inform them without imposing it onto the client. For example, based on what we know about these ideas, we may suspect that a client is following a religion to cope with a deficiency; however, we would not take this information as fact. Rather, we would be aware of what the deficiency perspective posits about a client, but we would be most interested in the client's own unique experience. We can use the information we get from both the theory and the client in order to conceptualize the client and to inform treatment.

Religion and Health

One way to examine how religion is viewed in psychology is to look at how the literature describes religion's relationship with health. Many studies have examined religious involvement's effect on people's lives (Frazier et al., 2005; Rambo, 1992; Watlington & Murphy, 2006). The literature essentially delineates the pros and cons of being involved in a religion. First, this section examines how religion may or may not be beneficial for individuals'

physical and mental health, and then there is a discussion of some of the proposed mechanisms for this effect. Throughout this section, it is important to keep in mind how these studies influence practitioners' views about religion and religious clients.

Religion is an important aspect of some clients' lives and has both positive and negative effects upon mental health. The research on this topic is divergent with some studies showing that religion is beneficial to mental health and others illustrating negative effects. In their review of the current literature, Coruh, Ayele, Pugh, and Mulligan (2005) found that religious involvement correlated with increased longevity and improved health outcomes. One reason for this improvement was based in psychoneuroendocrinology, which showed a decreased secretion of stress-hormones resulting from being involved in a religion, which in turn has a positive effect on health. Similarly, Schnittker (2001) found that religious involvement has some stress-buffering effects, but these effects were mostly observed in instances where people were experiencing multiple negative life events. In these cases, the amount of stress the individual was experiencing mattered the most in predicting religion's positive effect rather than the type of stress. People were also found to benefit from the increased social support provided by religious communities and a healthier lifestyle due to prohibitions against harmful behaviors, such as using alcohol and other drugs (Coruh et al., 2005). The information about the positive effects of religious social support is consistent with literature on social support in general which asserts that having social support is considered, in many cases, a long-term protective factor against mental illnesses like depression (Heponiemi et al., 2006).

Religion has also been seen as helpful in both preventing and treating substance abuse. Some religions proscribe alcohol consumption (Coruh et al., 2005) and there is evidence that spiritual involvement can be protective against alcohol abuse (Miller, 1998). There is also some

evidence that if one does develop a substance abuse problem, spirituality may help to overcome it. For example, Zemore (2007) found that an increase in spirituality and an increase in religious behaviors were associated with a higher probability of recovering alcoholics staying abstinent from alcohol for twelve months. Similarly, Jarusiewicz (2000) found that persons who had achieved two years of recovery had higher levels of spirituality than those who continued to relapse.

So far, the mentioned studies have described religion's positive effect on people, but other studies highlight possible negative effects. For example, certain negative aspects of religion can contribute to greater depression and suicidality. One such aspect is religious strain, which may occur if a person is feeling alienated from God or if they are experiencing a religious rift in which the person disagrees with a religious institution (Exline, Yali, & Sanderson, 2000). These authors found that high suicidality is related to religious fear (about the punitive aspects of religion) and guilt about committing sins. Also, ill patients who felt abandoned by God or felt that the devil had something to do with their illness, suffered increased mortality (Coruh et al., 2005).

In trying to tease out the positive and negative aspects of religion, several researchers have looked at the construct of internal versus external orientation to religion (Allport, 1966). The intrinsic dimension posits religion as an integral, guiding part of a person's life, and the extrinsic dimension views it as social and self-serving. The client's orientation to religion (internal or external) can sometimes present a barrier to getting mental health care, though the findings are mixed. For example, Harris, Edlund, and Larson (2006) found that participants suffering from severe distress who indicated an internal orientation to religion (religion influenced their decision making) were significantly less likely to seek out mental health care.

However, this finding was not exhibited in people who indicated only moderate levels of distress. Also, religious service attendance (an external aspect of religion) was correlated with an *increase* in the likelihood of mental health care utilization for those in high distress. It appears that, in this case, it was the more internal aspects of religion, such as using religious ideas in decision making, rather than the external aspects, like going to church, that contributed to preventing people from seeking out services. It seems that people who have a more internal orientation to religion might have faith that their religion will help them in trying times and decide not to seek outside help. This study paints a more negative view of intrinsic orientation to religion.

Other studies, however, have also highlighted the positive aspects in having an internal orientation to religion. For example, Dezutter, Soenes, and Hutsebaut (2006) found that intrinsic elements of religion were related to life satisfaction and having a purpose in life while an external orientation was negatively related to self-actualization and happiness. This finding makes sense because most religions dictate a purpose and a path for individuals that some might find comforting.

In viewing how mental health was affected by the importance of religion for participants, it is apparent that people on either end of the spectrum suffered (Schnittker, 2001). That is to say, both people who reported that religion is very important to them and people who reported that religion was not at all important experienced more depression than people with more moderate responses. Similarly, Dezutter et al. (2006) found that people who believed in the absolute truth of religious beliefs and people who disaffirmed the truth of religion both experienced psychological distress. In contrast, James and Wells (2003) found that people who were uncertain about their religious beliefs experienced more distress. The authors speculated

that those who have strong beliefs concerning religion (either believing in it or not) have a clear conceptual framework to use in guiding their decisions. Those who are uncertain about their beliefs were seen to lack a framework that they can use to determine meaning for themselves and events. Therefore, they were more susceptible to becoming depressed.

To a certain extent, religion's ability to encourage positive mental health also relies on people's perception of religion's effectiveness. For example, in a study by Loewenthal, Cinnirella, Evdoka, and Murphy (2001), using religious coping (i.e., going to church and praying) to deal with depression was perceived by participants as being relatively effective. If people do not believe that religion is effective in helping them cope, it will be less effective. In relation to this idea, Breslin and Lewis (2008) wrote that one possible explanation for the positive effect of prayer on health was related to the placebo effect; the person's belief that they were going to feel better contributed to actually feeling better.

The results described in this section have been mixed. This discrepancy may be due to any number of factors such as: (a) the degree of the participants' religiosity, (b) the specific religion that the person ascribed to, and (c) the religious beliefs of the researchers. Whether the effect is positive or negative, it appears that religious belief does have an effect on a person's health, so practitioners should be mindful about how their clients' religious beliefs are contributing to their health.

To summarize, as mentioned, it is important to view how religion has been explored in relation to health. Researchers' hypotheses and results contribute to how religion is viewed in the field of psychology. As described, there has been a mix of results about religion and health with some studies highlighting the benefits of religion (i.e., providing a sense of meaning; decreasing stress; providing a sense of community; and reducing harmful behaviors, such as

substance abuse) and the negative effects of religion on health (i.e., feeling religious strain and fear). The studies have also described intrinsic versus extrinsic orientations to religion with varying results. On one hand, having an intrinsic orientation correlated with people being less likely to seek out mental health care, but, on the other, those with this orientation to religion expressed having more meaning and satisfaction in their lives. The literature also displayed mixed results regarding the strength of religious belief. While some researchers indicated that having an extreme view about religion (vigorously religious or atheistic) correlated with being unhealthy, others indicated that those who did not have a strong opinion were more likely to suffer because they did not have a strong frame with which to structure their lives.

In interpreting these results, we must be aware of how culture has shaped perceptions. For example, someone who was taught that religion is “bad” may pay more attention to the studies whose findings expressed the harmful effects of religion and see these results as more valid than ones that describe the benefits of religion. As psychologists, we need to be aware of these biases and make an effort to pay attention to other viewpoints. Psychologists cannot only pay attention to aspects of the client’s experience that confirm their own beliefs. In both research and therapy, clinicians need to be open to all possibilities.

Treatment of Religion in the Field of Psychology

Despite growing research on working with religious clients, the importance of religion remains a controversial topic in the field of psychology, especially in clinical practice. This controversy is not surprising when considering the response that religion garners from society. Religion evokes strong feelings in both believers and non-believers and both groups do not take kindly to their beliefs being questioned. Thus, despite the importance of these topics to people, they are often avoided in social and work situations. They are also frequently avoided in therapy

(Bergin & Jensen, 1990).

It is interesting to explore the field of psychology, a field that is supposedly concerned with the whole person, to see what kinds of views are constructed and fostered about religion. It turns out that many psychologists consider religion to be an unnecessary aspect of their client's life to explore. Bergin and Jensen (1990) found that only 29% of the psychologists in their study thought that the client's religious beliefs were important in treatment. This finding may be related to the scientific thrust of psychology today. In theoretical frameworks that rely on behaviorism and biology (as in many empirically supported treatments), there is little room for any transcendent power or spirit (Haque, 2001). Contributing to the idea of religion as irrelevant to understanding human motivation and behavior, prominent psychologists such as Freud and Skinner discounted religion in their respective theories; the former declaring it an illusion based in wish fulfillment and the latter dubbing religion the same as all other behavior—subject to reinforcements (Haque, 2001). With these views about religion, it seems a difficult task to effectively treat a client who views religion as vital.

Religion and substance abuse treatment. Though the field of psychology is somewhat divided in terms of the importance of religion and spirituality, spirituality has historically been used in treating addictions. Spirituality and the idea of a Higher Power have long been a part of substance abuse treatment since Alcoholics Anonymous (A.A) became popular (founded by Bill W. and Dr. Bob in 1935). A.A. is not considered a religious organization, but the concepts of religion and spirituality are deeply embedded in the treatment (Brown, Whitney, Schneider, & Vega, 2006). It is stated that the only requirement to join A.A. is a desire to stop drinking, but this may not be entirely true. It seems that another requirement that must be met for the person to engage in treatment is a belief and practice in some kind of religion and spirituality. This idea

is seen in the Twelve Steps of A.A., as presented in the “Big Book,” as they are peppered with references to a “Higher Power” (see A.A. Services, 1939/2001 for detailed information about the steps and about A.A.). This Higher Power is responsible for “restoring us to sanity,” “removing deficits of character,” and “removing our shortcomings” (A.A., 1992). Those who participate in A.A. admit that they are powerless over their substance abuse and turn to the Higher Power for help. Swora (2001) provides a quote from an A.A. member that illustrates this idea, “We tried self-help, and it didn’t work. Now we rely on God-help” (p. 9). However, the concepts of what a Higher Power means are flexible and open to interpretation, so that members of all different religious backgrounds are able to relate to them. Swora (2004) gives an example to show how flexible the idea of a higher power can be by describing the experience of one A.A member:

... no matter how hard he tried, he could not come up with a ‘perfect’ conception of a power greater than himself. Tired of this struggle, he decided to think of God as the good manifested in everything and everybody, but particularly people in A.A. When he saw the good in others, he suddenly recognized the good in himself, and he wept. He described this experience as profoundly spiritual and claimed that it marked the beginning of his sobriety for him. (p. 195)

Prayer is also a part of A.A. and many meetings close with the Lord’s Prayer, or the Serenity Prayer (A.A., 1992; Swora, 2004). Prayer is also often prescribed in order to help members deal with their anger and resentment (Swora, 2001). In the past, before A.A. developed literature of its own, the Bible was used for guidance (A.A., 1992). Swora (2001) also comments that “therapeutic ‘success’ in A.A is more akin to religious conversion than cure” (p. 18). So, as we can see, spirituality is integral to the practices of A.A. While A.A. is not specifically a psychological treatment, many clients with substance abuse difficulties use these services in

tandem with counseling, so practitioners must be aware of the core values of this organization.

Not all substance abuse practitioners are united in their usage of spirituality in treating substance abuse. Other practitioners follow the ideas of the rational recovery movement (initiated by Trimpey, 1992) and criticize A.A. for encouraging members to become dependent on something outside of themselves (Brown et al., 2006). Some advocates of rational recovery (i.e., Ellis, 1992) go so far as to write that A.A. can lead a person to become addicted to the 12-step program itself. These practitioners believe that the client should be the one in control of their recovery and that people have the ability to overcome addiction without spiritual means. Rational recovery utilizes methods similar to cognitive behavioral therapy and rational emotive therapy in order to dispute members' dysfunctional beliefs (Ellis, 1992), which garners it some credibility in the therapeutic community. So, one can see that, though spirituality is often used when dealing with substance abuse, there is also resistance to using spirituality and religion in substance abuse treatment.

Mindfulness and psychology. Religious elements have also been integrated into psychology through the use of mindfulness in treatment (Kabat-Zinn, 1990; Linehan, 1993; Segal, Williams, & Teasdale, 2002). Mindfulness has different definitions. Kabat-Zinn described it as “the disciplined awareness of moment-to-moment awareness... the complete ‘owning’ of each moment of your experience, good, bad, or ugly” (p. 11). Mindfulness is a central aspect of the Buddhist tradition. It has become more common in the West since the discord in Tibet and Southeast Asia has led to the exile of many Buddhist monks who have taken up residence in the U.S. (Kabat-Zinn, 1990). With more exposure to mindfulness, health practitioners became interested in mindfulness techniques that might help their patients.

Gilpin (2008) describes two ways in which practitioners can use mindfulness with clients.

In mindfulness informed therapy, therapists borrow ideas from Buddhism and may use a mindfulness-oriented framework for themselves, but they do not share this information with clients or teach them techniques. In mindfulness based therapy, the therapist actually teaches the client different mindfulness skills and techniques. A therapist can teach clients in different ways, such as using mindfulness along with other interventions, as in Dialectical Behavior Therapy; or they can use mindfulness-based interventions where the central component is the instruction and practice of mindfulness (e.g., Mindfulness Based Stress Reduction [MBSR] and Mindfulness Based Cognitive Therapy [MBCT]).

Mindfulness first became popular in therapy when John Kabat-Zinn introduced Mindfulness Based Stress Reduction (MBSR) as a means for managing chronic pain. His treatment began as an eight-week course called the Stress Reduction and Relaxation Program. His treatment program involved formal meditative practice with body scans, sitting meditation, and mindful movement (Gilpin, 2008). Kabat-Zinn (1990) tries to help participants foster a different relationship with their pain. He encourages people to experience the “full catastrophe” of their lives, or the “poignant enormity of our life experience” (p. 6).

Another treatment that utilized mindfulness is Mindfulness Based Cognitive Therapy (Segal et al., 2002). This treatment was developed in the 90s and the originators have continued to publish in this area. This treatment is an eight-week program mainly used to treat recurrent depression. Clients were taught to observe their thoughts and feelings and to relate to them differently using mindfulness practice. The authors also describe how mindfulness can help clients become more aware of the more subtle indications that their depression is returning. The treatment incorporated all the elements of MBSR, but also used exercises from CBT, provided information about depression, and introduced the Three Minute Breathing Space, where clients

had scheduled times during their days to practice mindfulness (Gilpin, 2008). The breathing space can be used to deal with difficult feelings by first acknowledging the feeling, then moving their attention to their breathing, and then moving their attention to their body as a whole (Segal et al., 2002). Then the person can choose how to respond.

Some therapy practitioners also advocate integrating mindfulness training in the training of mental health practitioners (Twemlow, 2001). Mindfulness can aid the therapist in "...the fine-tuning and training of attention and other states of consciousness [and understanding] the impact on the patient of certain values or presuppositions of the therapist and his/her concept of reality" (p. 2). Twemlow asserts that mindfulness can help the therapist attend to his/her own unconscious material in an effort to avoid misinterpreting the client's material. Christensen and Rudnick (1999) write about how mindfulness and Buddhist principles can aid therapists in dealing with projective identification because it encourages therapists to neither like nor dislike the projection; problems are usually caused when the therapist finds the projection aversive. Some authors (Epstein, 1990) have noted similarities between mindfulness and the concept of the observing ego. More about mindfulness is discussed in the Buddhism section.

Multicultural Counseling Competencies (MCC). The multicultural competencies consist of an overarching framework that practitioners are encouraged to use along with their chosen theory. Sue, Arredondo, and McDavis (1992) developed the MCC because they indicated that: (a) the population was diversifying, (b) psychological training largely did not involve attention to culture, (c) there are sociopolitical realities that minorities face, (d) there is not enough research on culture, and (e) malpractice may occur without competence. As mentioned, APA (2003) indicated that being multiculturally competent is an ethical obligation for the therapist. Sue et al. delineate several core competencies for treating diverse clients. In

their frame, clinicians must: (a) be aware of their own assumptions, values, and biases; (b) understand the worldview of their client; and (c) develop culturally appropriate counseling strategies. In order to develop awareness of their contexts, clinicians must engage in: (a) assessment of their self-awareness, (b) examination of defensiveness, (c) self-disclosure, and (d) formation of a multicultural relationship (Roysircar, 2003). This frame works well with social constructionism because it emphasizes how culture influences a person's worldview. It also addresses power in that the therapist is cautioned to refrain from imposing his/her worldview on the client and to instead attend to the client's context. In looking at the client's worldview, for many clients, and many therapists as well, religion is paramount.

Psychologists' beliefs. In thinking about the importance of religion in psychology, as well as the centrality of beliefs, it is also necessary to examine psychologists' own religious beliefs and how these beliefs play out in therapy (i.e., in treatment, conceptualization of the client, etc.). Bilgrave and Deluty (1998) conducted a survey in which they examined how therapists' beliefs influence treatment. They stressed that therapists, intentionally or not, use their own values to determine therapy goals and to guide the course of their work with clients. London (1986) concurs with this view and argues that therapists are indeed moral agents. He states:

Some may avoid emphatic positive or negative responses—some may show a studied neutral attitude, and may devotedly feel no censure or approval of what they have been told. But to regard this neutrality as an amoral position, to salve one's democratic, egalitarian, or relativistic conscience, to convince ourselves that we are not 'imposing our value systems on the client'—because we wish not to—is finally to deceive both clients and ourselves. (p. 10)

In some cases, the therapist's values may be based in a religion. While the authors acknowledged that psychologists are generally less religious than the general public, in the survey, 66% of the psychologist participants believed strongly in "God or a universal spirit" and 74% considered this belief moderately or extremely important to their lives. To highlight the importance of therapist's religious beliefs in therapy, 72% of the participants indicated that their religious beliefs influenced their practice at a moderate or high level. In knowing this, as Pfeifer (2006) wrote about, a therapist has to be mindful about his/her religious history and how it influences their reactions and treatment of clients who consider religion important.

In summary, religion has been a controversial topic in the field of psychology. There have been many psychologists speaking both for and against religion and these people have helped create the atmosphere concerning how religion is dealt with in the field of psychology. Many psychologists seem uninterested in religion and how it affects their clients. Others dislike religion and some are atheistic. This is striking considering the sheer number of people currently adhering to a religion, as described. The substance abuse field of psychology seems to be an exception and Alcoholics Anonymous is a popular substance abuse treatment that embraces religion. Some therapists are also able to incorporate religious elements like mindfulness into treatment. Research has found (consistent with the ideas of social constructionism) that therapists' values influence how clients are viewed and treated. Therefore, psychologists need to be aware of their own biases so that they do not negatively affect treatment.

Psychological Theories' Responses to Religion

As indicated in the previous section, the field of psychology is somewhat divided with regard to religion. Some theorists are more apt to acknowledge religion's benefits and some are more likely to focus on religion's disadvantages. This is important to take into account when

considering how practitioners from different theoretical frames may view religious clients and their suffering. The theories discussed in this section are cognitive behavioral therapy (CBT), psychodynamic theory, and existential theory. These theories were chosen because they are some of the more popular theories (often taught in graduate school) and most practitioners would be at least somewhat familiar with them in order to flesh out more how religion is seen in the field of psychology. Earlier, the writer mentioned the importance of language and texts in creating a shared reality between people. In light of this idea, texts by different theorists will be used to elucidate the different theories.

Psychodynamic Theory.

Brief history. In order to provide some context, the historical development of psychodynamic therapy is first discussed. Sigmund Freud began psychoanalysis in 19th century Vienna, but many other therapists have emerged from classic psychoanalytic thought with their own ideas and variations. Theorists were “expelled” from the Freudian mainstream if their ideas diverged from Freudian “doctrine” (Mitchell & Black, 1995, p. xvi). After Freud’s death in 1939, theorists were permitted to branch out more. Much of Freud’s original theory has been challenged, such as the importance of the Oedipus complex, sex, aggression, and instinctual drives (Mitchell & Black, 1995). Psychodynamic therapy has gone through five different waves: (a) Freud’s theory with a focus on libidinal and aggressive drives; (b) ego psychology, with a focus on defenses and coping devices; (c) object relations theory, which focused on the mental representation of objects; (d) self psychology, with the focus on the cohesion of the self; and (e) relational theory, which combines interpersonal and object relations theories (Wolitzky, 2003).

Religion in psychodynamic theory. Psychodynamic theory exhibits an interesting view of religion, as one of the most prominent theorists, Sigmund Freud, adamantly spoke about the

negative aspects of religion. The author describes how some of the intellectual underpinnings of psychodynamic theory relate to religion in order to illustrate the context of the theory and how this context might effect how a practitioner using this theory may view a client who follows a religion.

Freud's views set the stage for how religion and clients who follow religion would be viewed in psychodynamic theory. In his work *Obsessive Actions and Religious Practices*, Freud (1907/1989) wrote about the similarities between religious rituals and neurotic, obsessional behaviors. He asserted that obsessional behaviors were created to alleviate the anxiety caused by the temptation of repressed instincts, which demand to be expressed and are always threatening to break through to the surface. Religious practices and prohibitions also fulfill the purpose of obsessional acts, as they are also designed to repress instinctual impulses. Thus, he described religion as a "universal obsessional neurosis" (p. 435).

Freud (1927/1989) does not end his feud with religion here. He goes on to further criticize religion in his work *The Future of an Illusion*. In this work, Freud described how religion was created to mitigate anxiety and fear of the crushing power of nature (i.e., storms, floods, etc.). He wrote about how a personified nature was more easily dealt with than believing that nature is random/spontaneous because there is hope of reasoning with and bribing a person. In continuing with this thinking, Freud discussed how religion is the embodiment of humanity's wish for the father. He highlights his disrespect of religion by describing this desire for a father as an infantile way of thinking. Freud spoke of the farfetched nature of religious claims and asserted that, "...scientific work is the only road which can lead us to a knowledge of reality outside ourselves" (p. 705). Freud believed that, as science became more practiced and as it explained more about the world, people would believe less in religion. He stated, "Men (sic)

cannot remain children forever; they must in the end go out into 'hostile' life" (p. 717).

Interestingly, though he spoke against religion frequently in his writings, Freud's theories may have some commonalities with religion. Bakan (1958) notes that Freud's theory and techniques have much in common with the Jewish mystic tradition, Kabbalah, especially in the use of dream interpretation and the emphasis on sexuality. Other scholars examined the language that Freud used in his writings and assert that Freud did leave some room in this theory for religion and the idea of the soul. For example, Berke and Schneider (2006) write about the meaning of the words that Freud chose to use when discussing his theory:

If Freud had chosen to refer to the intellectual mind, he would have used the precise German word *geistig*, meaning mental. On the contrary, he wrote *psyche* or *seele*, both of which mean soul. But they tend to be misconveyed in English as 'mind.' (p. 339)

So, perhaps Freud did consider some religious ideas in his writing. Regardless, Freud did not create a climate where religion would be valued or respected. He characterized religious clients as regressed and even neurotic. These ideas, as do all psychologists' values, likely influence how clinicians interact with clients (London, 1986) and there can be a danger that the client's perspective is minimized.

Not all psychodynamic theorists hold with Freud's ideas. For example, object relations theorists seem to highlight positive aspects of religion rather than negative elements, and are more likely to indicate that religious material should be discussed in therapy. Rizzuto (1996) wrote about how it is healthy to have an internal object representation of God and she asserted that neither belief nor non-belief in God are indicators of mental health. The God representation she describes is built from the child's relationship with his/her parents. Rizzuto described how having an internal representation of God can help the person maintain psychic equilibrium and

also to maintain relatedness and connection even when they feel abandoned. Similarly, Etezady (2008a) states poignantly:

As a restorative intersubjective state, faith provided a reservoir of unmatched consistency, omnipotence, and stability. Benevolent and unfailing, the object of faith provides inexhaustible narcissistic supplies and unshakable certainty in the permanence of a tie that knows no limits in time nor hindrance imposed by the dictates of physical reality. (p. 562)

Parker (2008) also writes that positive objects, like the Holy Spirit (in Christianity), can create a spiritual holding environment in which the person can develop their spiritual self. From these descriptions, one can see how a person might take comfort in religion or the idea of God.

Tillman (1998) and others (Gurney & Rogers, 2007) advocate discussing the client's religious beliefs in therapy because they might inform the therapist about the client's internal object relations. For example, belief in a cold, punishing God may indicate a negative relationship with parental figures and internal bad objects. Working through these internalized objects can help a person have better relationships with others. Parker (2008) also advocates that the therapist work through the client's relationship with God:

Because interactions with parents provide the building blocks for our understanding of God, sometimes these images of God can be skewed negatively; people can sometimes confuse parental voices with the voice of God. Creative adaptations would include the reworking of these God images so that different or more mature ways of relating to God emerge. (p. 290)

Some object relations theorists view object relations theory as being compatible with spirituality and religion because both object relations and religion emphasize relationships

(Gurney & Rogers, 2007). For example, these authors write about how a relationship with God can provide a substitute attachment figure for those with poor attachment to their primary caregivers. The relationship with God can function much like a relationship with a parent, sometimes in negative ways. For example, children quickly learn from their parents what aspects of themselves are undesirable and they work hard to minimize these aspects of themselves so that they will not be rejected by their caregivers. So, too, may people develop ideas about what characteristics of themselves would not be tolerated by God and they attempt to banish these characteristics so that they will not be rejected by the sacred (Gurney & Rogers, 2007). Faith is seen to facilitate defense mechanisms (i.e., repression, reaction formation, and sublimation) in order to deal with these undesirable characteristics (Etezady, 2008a). It may be difficult to engage in therapy, which uncovers unconscious and undesirable impulses, when the person has exerted so much effort denouncing these impulses (Etezady, 2008a).

In object relations theory, one of the main goals in therapy, and in life, is to be able to tolerate the idea that one object, say a parent, contains both good and bad aspects. This idea is not encouraged when dealing with God, as many believe that God is perfect (Gurney & Rogers, 2007), which may pose a barrier when trying to explore religion with a client. In concordance with this idea, Etezady (2008a) writes that, though there are certainly positive aspects to religion, sometimes faith can be regressive and characterized by splitting. Despite this information, some theorists assert that it is possible to have a relationship with God that encapsulates both the good and the bad. Parker (2008) states:

One could suggest that it is only as God is able to survive all our fantasies about God (both good and bad), that the true God that is, other than just our projections about God, is able to emerge and be real to us. However, just as other objects cannot become real

without prior capacity to experience the moment of illusion, the real God cannot emerge without our prior imaginative capacities to project God. The life-giving work of the Holy Spirit might be understood as that which conveys God's survival and non-retaliatory presence no matter how needy or devouring or frightening our images of God and self.

(p. 291)

Of course, it must be said that the observations of the object relations theorists might only apply to religions that have gods.

Though the client's religious beliefs are important to explore, Rizzuto (1996) believed that the analyst should never share his/her religious beliefs with the client because it would interfere with the transference. She adheres to the idea that the therapist should be more of a blank slate, which is open to the client's projections and fantasies. Knowing too much about the therapist may hinder this process.

To summarize, early psychodynamic theorists largely viewed religion as infantile wish fulfillment and did not believe it had any value. This idea likely affected how therapists interacted with religious clients. Later theorists adopted a more tolerant view of religion, but that view still implied that religion was a psychic element and not something externally true. For example, Rizzuto (1996) talked about how the God image is constructed from a parental relationship. She does not talk about God as being something real. In this view, religion can still be seen as an illusion and an infantile wish because belief stems from the person's parental relationship. Therapists need to be aware of these subtle implications when viewing their clients from this lens because many clients may see their beliefs as truths. They do not see God as simply existing in their minds.

Existential Theory.

Brief history. Existential theory began with philosophers and theologians like Bergson, Brunner, Buber, Heidegger, Kierkegaard, Niebuhr, Nietzsche, and Sartre (Jones & Butman, 1991). It emerged as a reaction to the dominance of rationalism and empiricism, but also to the dominance of religion. Irvin Yalom and Rollo May are the most well known American existential psychologists. Victor Frankl, in Europe, also made substantial contributions.

The existential framework is well designed to take different client contexts into account. Though there are certainly different interventions the therapist can use in the therapy session, it should be noted that existential therapists do not advocate a strict therapy framework or that specific techniques *should* be used. Some theorists advocate that existential therapy embodies an attitude toward therapy rather than dictating techniques and methods (Dreyfus, 1962). Proponents of this therapy believe that an overemphasis on techniques blocks any real understanding of the individual; reliance on techniques takes the humanity out of therapy and makes the client simply an “object to be managed” (May, 1983, p. 151). Some believe that it is stifling to the client to be placed in diagnostic categories and to be treated in cookbook ways by having certain interventions performed simply because of a diagnosis. In an existential lens, the therapy is different from client to client because each client is different and is in a different place in his or her life. As stated by Dreyfus, “the client is seen as an ‘emerging being,’ always developing his [sic] potentialities for continued growth” (p. 129). This emerging being encounters different barriers that impede it and cause suffering.

Religion in existential theory. Existential theory is no stranger to dealing with religious issues, as the bedrock of the theory concerns meaning making and death (May, 1983, Yalom, 1980). Yalom talks about four ultimate concerns that humans have: (a) death, (b) freedom,

(c) isolation, and (d) meaninglessness. These concerns are addressed in most religions as well. Several proponents of existential and humanistic theories, such as May and Rogers, attended theological seminaries as part of their education and are well informed about religion (Eliason, Hanley, & Leventis, 2001). Due to its earlier beginnings, existentialism has an interesting relationship with religion. Existential theory incorporates the ideas of existential philosophers, such as Nietzsche, an antagonist against religion, and Kierkegaard, a philosopher who expressed belief in God, to build the theory. The author describes how some of the intellectual underpinnings of existential theory relate to religion in order to illustrate the context of the theory and how this context might effect how a practitioner using this theory may view a client who follows a religion.

Nietzsche is one of the key thinkers whose ideas were incorporated into psychological existential theory. Nietzsche was notorious for being discontented with the religious institutions of his time and took religious leaders to task for their behavior (May, 1983). His ideas about individualism also may be incompatible with adhering to religious ideas. He believed that people should follow their own path instead of prescribed rules or even his own ideas, stating "Follow not me, but you!" (as cited in May, 1983, p. 76). Van Deurzen-Smith (1997) describes Kierkegaard's views, which have a similar flavor. She wrote that Kierkegaard expressed that:

We should not hide either in God, or in the trappings of social role or status. We must recognize the singular individual that we are in the face of the eternal, without the paraphernalia of secular life and without the cloak of religion. It is only standing alone and facing up to our personal challenges that we can be true to the self we are. (p. 13)

In concordance with this idea, many existential theorists believe that clients should not be told what to believe because meaning borrowed from someone else is meaningless (May, 1983). This

idea might not bode well for the acceptance of religion, in which religion dictates what is meaningful.

Also speaking to the idea of individuality, May (1983) talked about how the conformist nature of society today inhibits people from freedom and recognizing their potentialities. He said that conformism was people's failure to confront the idea of non-being. Based on this idea, some of the more conformist aspects of religion probably would not be favorably looked upon by existential therapists. For example, May talked about how "...people individually and collectively surrender freedom in the hope of getting rid of unbearable anxiety, citing the individual's retreating behind the rigid stockade of dogma..." (p. 112). It seems that the rule-based and limiting aspects of religion would be considered harmful, while the more numinous and spiritual aspects would be looked upon more favorably because they help people be aware of their potentialities.

Complementing the idea of individual choice is that of personal responsibility. The human's power (to make choices and forge his/her own destiny) is emphasized and existential therapists assert that humans must be responsible for themselves (May, 1983). Freedom is an important part of existential theory and theorists believe that a person has the freedom to "choose his way of being" (Dreyfus, 1962, p. 131). This idea may or may not fit well with religious ideas if the person believes that an ultimate being is responsible for their successes and failures instead of themselves. More about this idea of is discussed when speaking about specific religions.

In existential theory, what the client is denying at any given moment is crucial. Many times, the client is denying a potentiality (a potential way of being). Clients often come into therapy because they are experiencing anxiety that derives from being confronted by a potentiality (Dreyfus, 1962). In some cases, these potentialities that the client is denying can

actually are related to religion. May (1983) talked about a man who was psychically crippled because he was denying the spiritual and God aspects (his power and the spiritual parts of his being) of himself and his potentialities. So, in this way, religion could be a positive influence in the client's life. Conversely, religion can also be used to deny someone's potentialities.

Freedom is difficult to experience, so the client may turn to religion to offer structure and limits so that the individual is no longer solely responsible for their life and choices (Yalom, 1980).

Religious tenets may forbid the client from being a certain way or performing an act (i.e., sinning), which forbids them to view this as a potentiality. So, it seems that the question is not whether religion would be accepted in existential therapy, but how religion is affecting the client's perception of their choices. Can the person explore different aspects of him/herself, fulfill his/her desires, and have the freedom to make choices, or do religious beliefs forbid the client from taking certain paths? For example, if a male client were attracted to other men, but his religion dictates that his thoughts and feelings are forbidden, and he denies that aspect of himself, he would be denying a potentiality. If religion is not blocking a potentiality, or if it is enhancing the individual's ability to live fully, then these aspects of the person would most likely be cultivated by the existential therapist. For example, Frankl (1992) speaks about how a therapist can draw from a client's spiritual resources in order to help them deal with suffering.

Though Frankl wrote positively about religion, he did not necessarily believe that religion is "truth." He described how the drive to search for meaning contributes to a religious impulse in people that crystallizes into religion (Jones & Butman, 1991). Jones and Butman indicate that, in Frankl's view, "the roots for religion are within persons and not in the objective existence of a deity beyond ourselves" (p. 282). In this way, his view could be less compatible with religions that depict an ultimate power.

In relation to the idea of denying potentialities, existential theorists believe that it is essential to be aware, not only of living and being, but also of the possibility of non-being (May, 1983; Yalom, 1980). Many religions skirt around the idea of non-being by including an afterlife or some way of eternal being in their doctrines. If adhering to the idea of eternal life, it may be difficult for a religious client to think about the idea of his/her nonexistence, as religion denies the potential for non-existence.

In some ways, existential ideas can be very compatible with religious ideas because, in existential theory, the idea of truth is not so important, rather it is the meaning that an idea has for the individual that is important. In this way, the psychologist does not have to be concerned if they agree with the client's ideas about religion. They instead will focus on the meaning these ideas have for the client. The therapist is concerned with the *Dasein*, literally the "being who is there" (May, 1983, p. 151). The therapist puts his/her effort in seeing people for who they are and how they are interacting with their world (Dreyfus, 1962), and the therapist refrains from projecting judgments and theories onto the client. For example, Yalom (1980) stated that the analyst "... must enter the patient's experiential world and listen to the phenomena of that world without the presuppositions that distort understanding" (p. 17). Yalom also wrote about the importance of understanding clients' belief systems in order to help them find meaning in their lives. In this way, the existential therapist may be more open to understanding the client's religious experience because it is so crucial to who they are.

To summarize, existential theory constructs the image of a human being who is an individual, who is independent, and who is responsible for him/herself. This image of how a person should live may be incongruent with different religious conceptions about the ideal person, as most religions delineate rules to follow and stress the power of a supreme being.

Despite this incongruence, the existential therapist is also open and invested in learning about the whole person, so in this way religion can be retained as part of the person.

Cognitive Behavioral Therapy (CBT).

Brief history. Cognitive Behavioral Therapy (CBT) has dominated the field as one of the most used treatments and it is considered an empirically validated treatment (Chambless & Hollon, 1998), so it is likely an influential theory so it will be helpful to explore how these theorists have addressed religion. The earliest CBT therapies emerged in the 60s, though the theory became more elucidated in the 70s (Dobson & Dozois, 2001). CBT emerged from traditional behavioral therapy. It became apparent that the behavioral approach could not account for all of human behavior, so the importance of cognitions began to be studied as well. Purely cognitive therapy was formed and was later combined with ideas from behavior therapy in order to become cognitive behavioral therapy. CBT therapists rejected elements of psychodynamic therapy, such as the focus on unconscious practices, history, transference, and countertransference. Albert Ellis' rational emotive behavior therapy (REBT) was one of the earliest cognitive therapies. He created the "ABC" model, which indicated that activating events initiate beliefs about the event, which lead to consequences or symptoms. Aaron Beck is often considered the father of cognitive therapy. He examined how thoughts (specifically cognitive distortions) affected depressive symptoms. Though there are many different CBT theories, this section will draw from the main accepted tenets of CBT. Most CBT therapies are time-limited in nature and they are often used to treat specific problems (Beck, 1995; Dobson & Dozois, 2001). CBT therapists also tend to have a collaborative relationship with clients where they educate the client about the CBT model and then help them apply it (Beck, 1995).

Religion and CBT. CBT proponents have been mixed in their views of religion. Some

theorists do not seem to deal with religion at all in their theories, and critics have noted that most descriptions of CBT fail to address religious/spiritual issues (Anderson & Asmundson, 2006). Those that do address religion, especially when the theory was forming, seemed to address religion only to disagree with it. The behavioral component of the theory, for example, arose as the antithesis of religion (Eliason et al., 2001). Proponents of the theory, such as John B. Watson, rejected the idea of a spirit and relied only on measurable actions and observable behaviors (Eliason et al., 2001). The author describes how some of the intellectual underpinnings of CBT relate to religion in order to illustrate the context of the theory, and how this context might effect how a practitioner using this theory may view a client who follows a religion. The history and development of CBT are discussed so the reader can get a sense of the context in which the theory was formed.

Originally, theorists advocating the cognitive component of CBT did not view religion positively. Albert Ellis was outspoken in his views about religion. In his early writings, he described religion as harmful propaganda and asserted that there was a linear relationship between religiousness and poor mental health (Johnson, 1994). When asked about his own religious orientation in an interview, Ellis responded that he was a probabilistic atheist and described this concept fully:

So, a probabilistic atheist is not a dogmatic atheist who says that there is no God and that there can't be. He says that in all probability there is none and therefore, since the probability of there being a God is 0.00001, I will assume there isn't any deity. If there is, and if he ever comes and talks to me, I'll ask him to prove that he really is God. (Ellis, as cited in Halasz, 2004, p. 327)

Ellis (1973) also advocated that psychotherapy and religion should remain separate, stating that

REBT "...is one of the few systems of psychotherapy that will truly have no truck whatever with any kind of miraculous cause or cure, any kind of God or Devil, or any kind of sacredness" (p. 302).

Later Ellis became more open to religion and wrote about how REBT can still be used with religious clients (Ellis, 2000). He wrote that perhaps what he was reacting to about religion was not necessarily the beliefs themselves, but the absolutism that some religious clients exhibit in their thought, which he saw as damaging. Though he was open to the idea of incorporating religious beliefs into REBT (such as by using scriptures to challenge negative beliefs about the self), he still believed that secular REBT is more effective because God-oriented approaches "require strong beliefs in superhuman entities and all-encompassing laws of the universe that are unprovable and unfalsifiable" (p. 31). One might consider how religious clients would be viewed by practitioners adhering to these ideas. The religious client here is viewed as illogical and rigid, believing in entities and ideas that cannot be proven. Ellis does not parcel out how the degree of religious belief might vary between clients.

Recently, CBT practitioners have appeared to be open to addressing clients' religious beliefs in treatment. There have been a few articles asserting that CBT can accommodate religion and be used effectively to work with religious clients. For example, Nielsen (2001) wrote about how religion can be integrated into REBT. He argued that religion could be seen as a core element in the religious client's schema, and, therefore, is very important to take into consideration. Nielson also stressed the effectiveness of using religious material, such as scriptures, in disputing a client's negative beliefs. Similarly, James and Wells (2003) wrote about the importance of religion in shaping some client's cognitions. They described religion as providing people with mental models to use in appraising events and self-regulating the thinking

process. Therefore, one would have to take religious beliefs into account if they are a driving force in how a person organizes and processes information. Propst (1996) also wrote about how CBT is now more concerned with the *kind* of thinking the client is exhibiting (e.g., overgeneralization, personalizing, mind reading, catastrophizing) rather than the content of the thoughts. She writes that CBT can fit well in a religious framework because there is "...a similarity between cognitive restructuring and the religious idea of 'repentance,' which comes from the Greek, meaning 'to change one's mind about how one's self and the world is to be viewed'" (p. 394).

Contemporary CBT has also embraced religion as part of the theory of change. For example, other adaptations of CBT, such as Linehan's (1993) dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT; Hayes & Smith, 2005) have incorporated aspects of Eastern religions, such as mindfulness into their treatments. This occurrence may illustrate a growing acceptance of religious ideas in CBT.

To summarize, though its proponents have a history of being unfriendly to religion (i.e., Ellis, Skinner), CBT theorists have more recently made an effort to accommodate religious clients. Despite this effort, there are still elements in the treatment that have the potential for leading the therapist to disrespect a client's beliefs. In CBT, it is common to view certain beliefs a client holds as being irrational. The therapist is in a powerful position because they decide the client's reality (intentionally or unintentionally) by making judgments about what beliefs are and are not rational. This view has the potential to clash with religious clients' beliefs. Interventions that view the client's religious beliefs as being irrational are likely unhelpful and potentially damaging. Clinicians must make an effort to be mindful of how their own context shapes them before making judgments on a client's beliefs. There are elements in the approach that make this

sensitivity possible. The therapist and the client generally work collaboratively to examine beliefs, so the therapist is not necessarily imposing beliefs onto the client (Beck, 1995).

Therapists do hold some power though in that the questions they ask and what elements of the client's story they choose to explore lead the client to conclusions that are in this way shaped by the therapist. What therapists choose to highlight is in some ways informed by their own beliefs, and therapists need to be mindful of that. Also, despite the collaborative nature of the treatment, many clients still see therapists as authorities and may give the therapist's opinion extra weight.

Summary: Religion in the Field of Psychology

Due to religion's importance to the general population, as well as recent efforts in the field of psychology to build awareness about the importance of culture and diversity, it is essential that psychologists are mindful and respectful of their clients' religious beliefs. Religion has been a controversial topic in psychology, but now many practitioners and theorists understand how integral religion can be in some clients' lives and how religious beliefs can shape a client's perceptions and meaning making. Especially important for the purpose of this dissertation is how religious beliefs help construct a client's perception of the purpose of suffering and how he/she should deal with suffering. As client suffering is integral in therapy, this dissertation poses that therapists must understand how clients view suffering and how suffering is dealt with in the client's religious institution in order to provide competent service that does not clash with the client's belief system. Therapists also need to be aware of their own belief systems and the attitudes around suffering and religion that are fostered in the field of psychology (as indicated by the exploration of the field and selected psychological theories) in order to understand how these beliefs may influence treatment.

Suffering

Psychology and religion both deal with suffering and contain ideas that convey meaning about suffering and how to manage it. Psychology is a profession of empathy and compassion. To show how embedded the idea of suffering is in psychology (and religion), explore the meaning behind the word “compassion,” a word used frequently in the field. Compassion comes from the roots *com* (together) and *pathos* (suffering), so, in this context, it basically embodies the idea of the therapist and the client suffering or feeling together (Stone, 2007). Religions espouse having compassion for their fellow man, so this idea is inherent in religion as well. Though both religion and psychology deal with suffering, they may advocate managing it in different ways. Psychologists need to explore how suffering is constructed within a religion so that they can better help their clients deal with suffering in ways that will not go against their religious beliefs and teachings.

Religion and Suffering

Suffering is considered part of the human condition and exists in all cultures, though it may be framed differently in different cultures (Goździak, 2004). Based on this idea, as well as some of the information presented about mental health, it seems logical that religion is instrumental in some clients' abilities to endure and make sense of suffering. When meaning is attached to suffering, instead of seeing suffering as meaningless and inescapable, people are able to overcome the most horrible events (Frankl, 1992). The client's perception of the purpose of suffering is important to consider when thinking about different treatment strategies. Some religions construct suffering as part of life and a motivation to align oneself closer to reality, as in Buddhism and Hinduism (Tyson & Pongruengphant, 2007). Others view suffering as a punishment that they must endure, or the result of a past action (Pfeifer, 2006; Whitman, 2007).

Yet others might construct suffering as instrumental in their growth. Consequently, the client's view of suffering is obviously important to consider in therapy. As indicated by the literature about cognitive matching (Lo & Fung, 2003; Sue, 1998; Zane et al., 2005), if the therapist's and the client's worldview of suffering do not match, or if the clinician does not understand the client's worldview, the therapist is at risk of alienating the client and demonstrating poor multicultural competence.

One such client-therapist disconnect may manifest because of the "western propensity to medicalize human suffering" (Goździak, 2004, p. 206). Western medicine also advocates a quick-fix mentality with the goal of eliminating pain without understanding it (Stone, 2007). In terms of how this mentality might affect a client (e.g., if someone thinks that suffering is part of the growth process), they would feel misunderstood by a therapist who aimed to reduce their suffering right away, perhaps with the use of medications, without examining what suffering meant to the client. Goździak writes about how suffering, a natural human condition, has been pathologized and is seen as a psychological illness that must be cured—a view that may be largely discrepant from the view of the client. Aronowitz (1998) asserts that, though disease has been largely socially constructed, the patient's perception of the disease is more important and should be attended to by the health professional. Gehart and Paré (2008) talk about society's current view of suffering, which might contribute to the disconnect between how suffering is seen by the client and how it is seen by the system:

If we make sense of our experience in relational terms, this is like roommates who avoid each other at all costs, leaving the room at the slightest hint of the other's footfall. The result, of course, is that we do not know each other and, over time, become increasingly uncomfortable in each other's presence. When we confront each other, as we inevitably

will with finite floor space, we are not prepared for the meeting; we have no history of relating to each other and no foundation to draw from in repairing our relationship. And so for our time on this planet: it is a place where we will inevitably experience suffering, and without a similar foundation we are not equipped for the meeting. (p. 301)

Religion exhibits a long-standing acquaintance with suffering and might offer people a way of dealing with it.

Christianity

Research has indicated that in order to work effectively with Christian clients who desire to utilize their faith in therapy, the therapist should learn about Christian beliefs (Jones & Butman, 1991). This section discusses: (a) the prevalence of Christianity, (b) an overview of the basic beliefs of Christianity, and (c) how Christianity portrays suffering. The goal is for this information to enable therapists to work more skillfully with Christian clients on dealing with their suffering.

Prevalence of Christianity

Christianity is the most prevalent religion in the United States. The National Opinion Research Center (2008) found in their polls that 74.7% of the people in the United States identify as Christian. Adherants.com indicated in their 2005 statistics that there are approximately 1.2 billion Christians in the world (33% of the world population). Based on these statistics, there is a high probability that therapists in the United States will encounter Christian clients.

Brief overview of Christianity. In order to get a sense of the historical context of the religion and the beliefs and practices, an overview of Christianity (including important religious figures) is given. Therapists may be able to use this information in their interventions, as is discussed later in this chapter.

Jesus. Jesus is the most important figure in Christianity. Followers seek to emulate him, so a brief description of his life and death is covered in order to give practitioners a sense of how clients might view him. Jesus (also called the Messiah or simply Christ) was born in 4BCE before the death of King Herod the Great and he lived a little over 30 years (France, 2005a). In Jesus' time, the Jews were subjugated by the Roman Empire. Three Jewish groups emerged: (a) the Sadducees (who accepted Roman rule), (b) the Pharisees (the dominant group which applied Old Testament law), and (c) the Essenes (a strict group which set up isolated communities with the goal of preserving their religious piety). Many Jews hoped for "the day of the Lord," when God would set them free from Roman rule (France, 2005a, p. 318). So, when Jesus was born, people were already primed to accept a new leader.

It is reported that Jesus was to have been conceived by a virgin mother through the power of God (France, 2005a). Jesus was born in Bethlehem, but was brought up in Galilee in a village called Nazareth. Jesus was a carpenter by trade until he began preaching. He amassed a following of disciples, twelve of which were his constant companions. Jesus refused to acknowledge class barriers and preached to anyone who was interested. He reinterpreted the Old Testament law and advocated that people should have few possessions and that they need not follow some of the elaborate rituals that had been dictated in laws that were previously accepted. Jesus was also known to heal with touch and words. The Gospels in the Bible provide information about numerous miracles that Jesus was said to have performed.

Jesus' death and resurrection are central to Christianity. During a Passover festival in Jerusalem, Jesus rode in on a donkey and demonstrated against the temple regime (France, 2005a). He was arrested by Jewish leaders with the help of Judas, one of his disciples, and was crucified and buried in a tomb. Some accounts say that Jesus predicted his own suffering and

death and he accepted it willingly (more about Jesus' suffering is covered in the sections about suffering in Christianity). Two days later, the tomb was found open and empty and Jesus was said to have resurrected and appeared numerous times to his followers before ascending to heaven.

Teachings of Christianity. The teachings of Christianity are recorded in the Bible, which is a collection of books that were written over a 1,000-year period (France, 2005b) and divided into two sections. The Old Testament of the Bible contains the scriptures of Judaism. The New Testament contains writings of Christians of the first century CE, which contain: (a) the Gospels of Matthew, Mark, Luke, and John that detail information about Jesus' life; (b) the Acts of the Apostles which describe the first 30 years of the church; (c) thirteen letters written by Paul; (d) eight letters by other leaders, and (e) the Revelation of John. Though the books are written by different people, they are considered the Word of God and followers believe that God, in the form of the Holy Spirit, was working through the writers. Most Christian beliefs are structured around the information that the Bible provides.

There are several main beliefs that Christians adhere to. These include: (a) the belief that there is only one God; (b) that humans are made in the image of God, but because they rebelled they will be judged based on their earthly deeds; (c) that God is gracious and merciful; (d) that God will someday establish His rule in the mortal world during Judgment Day; and (e) that people should live a moral life under the guidance of the Old Testament (except they do not observe the Jewish holy days). Additionally, rites, such as baptism and the Eucharist, are practiced and the Holy Spirit, who is believed to foster qualities of love and freedom from sin, is made available to all who accept Him (Marshal, 2005, p. 328).

Another element of Christianity is the importance of the religious community. Christians

are encouraged to avoid being seduced by material wealth and selfish desires. Rather, they are encouraged to be kind to their fellow man. This attention to others' the needs of others will become important after a person's death in order to determine how well that person lived his/her life. Kirk (2009) writes about how people will be judged by God:

On the day of judgment, God will not ask about the size of your house but about the people you made welcome; God will not ask about the neighborhood in which you lived but about those to whom you were a good neighbor; God will not ask about the make of your clothes but will want to know about the people you helped to clothe; God will not ask about the size of your bank balance but about the way you spent your money; God will not ask about the number or status of your friends, but about those to whom you were a friend. (p. 603)

Therefore, good deeds will impact how a Christian is judged.

These are just a few of the main beliefs that are important in Christianity. It appears that both belief and action are necessary in order to be a "good Christian." A therapist might keep this concept in mind when designing interventions for Christian clients by seeking to address both a client's thoughts and actions. This concept is discussed further when examining how the psychological theories might meld with Christian ideas about suffering.

Sects of Christianity. Christianity has gone through many structural changes since the time of Jesus. Different sects have developed, each of which hold slightly different beliefs. Some of the different churches are noted by Sadgrove (2005) as follows (with world populations included): (a) the Eastern (Orthodox) Church (250 million), (b) the Roman Catholic Church (960 million), (c) the Anglican Church (80 million), (d) the Lutheran Church (66 million), (e) the Reformed Church, (f) the Baptist Church (43 million), (g) the Methodists (70 million), (h) the

Society of Friends, also known as Quakers (300,000), and (i) the Pentecostal Churches (38 million). There are too many different branches of Christianity to allow an in depth exploration of each one. For the purpose of this dissertation, elements that are common to most of the branches are covered. If an element is unique to a certain branch, that will be specified.

Suffering in Christianity. Suffering and escaping suffering are important elements of Christianity. This section covers the suffering of God and Jesus, the suffering of humans, and solutions to suffering.

The suffering of God. The concept of the suffering of God is an interesting one that likely affects how Christians make meaning out of their own suffering. There has been much dispute amongst theologians concerning the suffering of God. A full account of all the detailed arguments is beyond the scope of this dissertation, so only the more basic information is provided.

Classical Christian theologians (i.e., Augustine, Cyril of Alexandria, Martin Luther, and Thomas Aquinas) advocate the impassability of God. God was seen as beyond suffering and evil because of his divinity (Keating & White, 2009). There was concern that if God suffers, it means that he is helpless and weak (Fides, 1988). The Council of Nicea determined that God is unchangeable (Emery, 2009) and Thomas Aquinas (1244–1274) also asserted that God is unchangeable and all-powerful, an idea that does not seem compatible with a suffering God. Fides explained the dilemma well:

The situation of receiving the impact of something causing pain seemed even more unsuitable for God; it meant being moved by something other than oneself, and so *to be changed*. Since God was envisioned as an absolute Being which excluded any becoming, there was no place for any change in God, from causes outside or within himself. (p. 47)

God was perceived as already perfect, so, if he were able to change, for the better or worse, then it would mean that he had not been perfect, so many theologians opposed the idea that God was capable of change. This is interesting when considering human suffering. Would it be more comforting to have a God who is all-powerful and does not suffer, or a God who suffers along with his people? Different theologians have varying opinions on the matter.

More recent thinking (asserted by theologians like Jürgen Moltmann [1964/1975]) indicates that God is capable of suffering and his suffering is an important element of Christianity. One of the core ideas about Christianity is that God is a loving God who cares about his creations. If he truly loves, then he must suffer; “Truly personal love, it has been emphasized, will involve the suffering of the one who loves; the world being what it is, love must be costly and sacrificial, if only in terms of mental pain” (Fides, 1988, p. 16). Also, because God is so powerful, if he does indeed suffer, then he must choose to do so. In this way there is a certain power inherent in God suffering because “when God chooses to make our suffering his own he is subject to suffering, but not subjected by it; he is under constraint from suffering, but it has no power to overwhelm him because he has freely chosen it as part of his own being. He triumphs over suffering because he chooses it for a purpose” (p. 62). His choice to suffer also reflects his love for his creations in that he would willingly put himself in a position of pain for them. This view of suffering might be empowering to Christians because they are able to look to an example of someone suffering without being crushed by it. The idea presented is that God suffers because of love, but there are also other reasons why God might suffer.

Some scholars (like Kitamori [1966] and Lee [1974]) theorize that part of God’s suffering stems from his conflicting desire to punish and forgive. Fides (1988) states that “the

sorrow of God because his people reject his loving care leads to a unique kind of pain which is ascribed to God, a state of feeling which is characterized by the prophets as *a blend of love and wrath*” (p. 20). Culpepper (2009) writes about different theologians (like Jacques Maritain [1882–1973]), who speak of the eternal “wound” that God experiences; “...God the creator can be said to suffer, insofar as God suffers the creature’s refusal of all the goodness of his creative intentions, the refusal of what can be called God’s antecedent will for creation” (p. 87). This eternal wound is also revealed in the suffering of Jesus.

Theologians have different perspectives about the suffering of Christ. Some theologians, like Cyril of Alexandria and Calvin, advocate the “two natures doctrine,” (Fides, 1988, p. 26) which indicated that Christ has two natures—a human nature, which suffers, and a divine nature that is untouched by suffering (Keating & White, 2009). The Council of Chalcedon also advocated this idea (Marshall, 2009). Jesus reportedly suffers because he keenly feels the sins and suffering of humanity:

Jesus does not lament any sins of his own, but the sins of others, all of those who are at least potentially his members (that is, of every human being). This does not diminish, but increases his suffering. As every penitent knows, contrition is always painful, and the peculiar suffering it brings—voluntary self-humiliation out of sorrow for sin—in fact increases more the sorrow springs from love for God, freely given. (Marshall, 2009, p. 272)

There is also some question as to whether Jesus suffered because of his own experiences (painful death and betrayal) and not just because he took on the suffering of humanity. In the Bible, when he was nailed to the cross, Jesus was said to have cried, “My God, my God, why have you forsaken me?” (Mt. 27:46; Mk. 15:34). This can be taken to illustrate his own pain when he

feared that God abandoned him. In this way, people may be able to identify with the plight of Jesus, especially if they are questioning their faith and are feeling distant from God. While the suffering of God is certainly important in order to understand how suffering is viewed in Christianity, what is of greater concern in the Bible is the suffering of humans.

The suffering of humans. Humans can suffer for many different reasons. Some theorists believe that suffering is all part of what it means to follow God's path. This is a difficult path that requires sacrifice. For example, Jones and Butman (1991) state:

...we are called to a way of life that is often at odds with the ways of the world, a way of life where suffering and pain are an inevitable part of our lot in life, where being *holy*, which literally means being set apart to God's purposes and manifesting his righteous character, can be difficult and even despised by the world. (p. 57)

In this way, Christians might expect to suffer due to their alienation from others. A person might also suffer simply because it is difficult to act morally. In Christianity, a person is simultaneously a sinner and justified; "there are two sides of the doctrine of *simul justus et peccator*: fundamentally justified, yet still living in a broken world as a 'child of God' who continually falls short of the mark" (Vroom, 1996, p. 22). It is difficult to live up to Christian standards, and failure to meet those standards can cause suffering. Related to this idea is the concept that humans suffer because of their free will.

Some scholars indicate that it is possible to suffer because free will allows people to choose to be destructive or sinful (Fides, 1988). Dulles (2009) adds to this idea by writing that God has the power to eliminate all sin, but he does not because then humans would not have free will. People can also suffer while trying to do good if they are misguided. For example, people can suffer when they do not have faith in God's plan and try to act on their own. Vroom (1996)

writes,

...suffering comes from wanting to become a good person on one's own. In the biblical narrative of the fall, the fundamental fault of Adam and Eve is their desire to be like God—'knowing good and evil.' It concerns the desire to be independent of God and to decide and to act for oneself; living not before the face of God (*coram Deo*) but out of oneself (*coram se ipso*). (p. 39)

Jones and Butman (1991) concur with this assessment and write that sin is when a person acts against God and rejects submitting to God's sovereignty. They write:

Confronted with the awesome responsibility of managing the tension between our human finiteness and contingency (dependence upon God for our very existence), on one hand, and our capacity for freedom and transcendence on the other, we experience anxiety of an existential nature. We don't want to be dominated by our temporal existence, but neither do we want the responsibility of choice. The righteous response to this dilemma is to balance the tension and choose to live in humble submission to the creator as a dependent being with responsible choice. But the sinful response is to evade the human responsibility of managing this tension by either denying our freedom and living a life dominated by the cares of this world... or denying our dependence on God and trying to become gods unto ourselves. (p. 51)

Based on this information, suffering can be caused by people's actions, whether they act sinfully, evade their responsibilities, or try to take too much responsibility and attempt to become their own gods. If people are guilty of any of these actions, they may be punished.

Suffering can occur as punishment for wrongdoing or to teach a lesson. Dulles (2009) wrote "if God inflicts it [suffering], he obviously wills it for some reason, either to cure the

sinner or to exact reparation for evil that has been done” (p. 331). Similarly, Dulles summarizes Thomas Aquinas’ thoughts on the matter: “Some evils God directly causes for purposes of punishment; some he causes indirectly by using creatures instrumentally to bring about his purposes; some evils he simply permits for the sake of the greater good” (p. 329). Original Sin began with Adam and Eve, the first humans, in the fall (as depicted in Genesis). Peters (1990) provides information about original sin. The Bible indicates that Adam and Eve lived in the Garden of Eden (a paradise where they could be close to God) and they were permitted to eat all the fruit therein except for the fruit from one tree, which God forbade them from touching. Adam and Eve were reportedly tempted by the Devil in the form of a serpent and ate the fruit of this tree thereby gaining knowledge about right and wrong. As punishment, Adam and Eve were cast out of the garden and were then able to experience suffering and death. This story shows that suffering can be a punishment for disobedience. Humans are seen as flawed beings that can make bad decisions, but they can also be forgiven. In this vein, suffering can be used to help people grow.

For the purpose of growth, suffering can also be seen as a test or a sacrifice that will be rewarded. In terms of a sacrifice, in Isaiah, the Servant Songs depict the Suffering Servant who is punished for the sins of the multitude, and then ends up being exalted and those he suffered for were blessed (Isa. 53:1-12). The story of Job in the Bible depicts suffering as a test of faith. Job was a pious man who was wealthy and prosperous. In the story, God uses Job as an example of a model follower, and Satan challenges God and indicates that Job would not be praising God if he did not have such a good life. So, God makes a bet with Satan that Job would continue to be faithful despite misfortune and, one by one, he takes away Job’s livestock, his children, his servants, and his health. McCord-Adams (2009) describes that, at first, Job tries to take his

suffering in stride, uttering phrases like “The Lord gives, the Lord takes away. Blessed be the name of the Lord!” and “Shall we receive good at God’s hand and not receive evil?” (p. 596). After a while though, his pain seems to be too much to bear. McCord-Adams describes the sad figure he presents, “Racked with pain and covered with sores, his body is as disgusting as a rotting corpse. He moves out of the house onto an ash heap of mourning, cut off from his former dignity and usefulness, no longer fit for polite society” (p. 596). Job reportedly expresses his frustrations toward God and he doubts his own importance to God (God is present to hear his confession, but hidden so that Job can speak honestly). God ends up appearing to Job and restoring him to his previous state. McCord-Adams asserts that the book of Job carries a powerful message to followers:

The book of Job is in the Bible to send the message that God doesn’t expect us to meet disastrous emergencies with pious slogans, that God doesn’t need to have his Divine self-esteem propped up by insincere court flattery, that God is willing to hear the truth about what Divine policies cost us, that horrors don’t mean that God hates us; that the eclipse of God does not signal that God has abandoned us; that the only burden of making good on horrendous situations does not fall primarily on us. It is *God’s* job to make good on God’s boast about the human race, *God’s* responsibility to make success of Divine plans! (p. 597).

So, humans may suffer in a test of faith, but their tests usually ends up ultimately benefiting them and they are not expected to suffer quietly.

Beck (2009) writes about how the Holy Spirit is also active in the process of growth. The Holy Spirit is part of the trinity (the Father, the Son, and the Holy Spirit) and it is thought to be: the presence of God, it brings blessings, it helps people thrive in the world, it is a comforter, and

it helps to activate faith, hope, and love in followers. Beck writes that "...the spirit causes us discomfort and suffering in order to perfect us" (p. 200) and he asserts "we must know the Holy Spirit as our divine Comforter and also our divine Dis-Comforter" (p. 200). Beck references Mark 1:12 to illustrate how the Holy Spirit activated both suffering and growth in Jesus. In this story, after Jesus is baptized, the Holy Spirit drives him into the wilderness (a classic place of testing in the Bible) with the wild beasts for forty days. While he is living there, he is tempted and challenged by Satan, but he prevailed. Beck turns to this story as a model for human behavior:

In a similar way, we can draw parallels between Jesus' testing in the wilderness and familiar experiences we recognize in spiritual formation. To begin with, Jesus' divine sonship is defined in the midst of temptation and testing. Christians who also desire to live as sons and daughters of God should expect the same. (p. 205)

So, Christians might expect to be tested in order to solidify their faith and to grow.

Beck (2009) also writes about the ideas of St. John of the Cross, who asserted that the Holy Spirit is both an agent of comfort and suffering. Beck summarizes St. John's classic metaphor of the *Ascent of Mount Carmel*:

The mountain image conveys multiple dimensions of the spiritual life. Its barrenness connotes the aridity of purgation. Its steepness speaks of difficulty and the need for perseverance. Its inescapability reminds us that there is no other way to reach union with God but the way of the cross... Finally, the mountain's lofty heights direct our gaze upward to its glorious peak. The Holy Spirit acts as divine agent in all these dimensions—summoning, enabling, and demanding that the soul travel this one-and-only path to union with God. (p. 208)

This metaphor illustrates the journey aspect of Christianity. There are barriers to following the path, but it is deemed worth the pain. In support of this idea, Dura-Vila and Dein (2009) also describe the *Dark Night of the Soul* (first coined by Saint John of the Cross), a phase Christians may go through where they: feel loneliness and desolation, feel “spiritual torment and anguish” (p. 544), negatively evaluate themselves and their limitations, are experiencing a crisis of faith, and are concerned about their relationship with God. In this stage, people are still able to function in society and they still have hope. This phase, though difficult, is seen as a gift because it allows an individual to be transformed and purified. Christian clients may come to therapy when they are experiencing a Dark Night of the Soul because the symptoms are very close to clinical depression (Dura-Vila & Dein, 2009).

The Saints. The Saints are special people in the Catholic faith (and also often in Eastern Orthodox traditions) known for their strong belief in God and pious existences. Cunningham (1980) writes that saints were once considered so important that there was a time when priests would only baptize babies who had saints’ names. Parishes and schools were also seen as being protected by saints. The saints are important to examine because, as Cunningham asserts, “great persons can tell us more about a particular subject than can more abstract concepts and/or principles” (p. 2). They are often looked to as examples of model behavior and people may pray to saints.

Saints first arose as a result of Roman persecution of Christians because Christians refused to worship Roman Gods. The saints were especially important during these times because “the saints great attraction . . . rested in their ability, both in life and especially after death, to manifest supernatural power on behalf of the Christian community” (Cunningham, 1980, p. 15). The saint must be associated with a miracle in order to prove that they can act as an

intercessor for those on earth after the saint has died. These criteria have been less important in modern times and a person's good deeds are considered more important. Cunningham articulates his definition of a saint: "A saint is a person who is so grasped by a religious vision that it becomes central to his or her life in a way that radically changes the person and leads others to glimpse the value of that vision" (p. 65).

Many Saints endured significant suffering for the sake of their beliefs. They struggled to find ways for the teachings of the Bible to fit into their lives and times (Cunningham, 1980). Martindale (1968) describes how fully saints are immersed in the work of the lord, "... the secret of the saint is that they judge life and work upon the scale of Christ. Christ *never* deserts; gives himself no holidays; keeps nothing back at all" (p. 119). One might guess that, with this type of mindset, saints would be willing to endure great suffering for the sake of their beliefs. Many of them died for their beliefs and saw their deaths as an "imitation of the death of Christ" (Cunningham, 1980, p. 9). This section highlights a few saints who had experienced suffering in order to provide examples of the kinds of people that Christians might emulate.

St. Paul was one of the earlier saints and died around 67 B.C.E (Martindale, 1968). He was born Jewish and was originally named Saul. Saul initially worked against Christians and he was responsible for putting Christians in prison. He received a message from the Lord telling him to stop persecuting his people and Saul was then baptized and became Paul and he traveled around the world trying to convert people to Christianity. He was constantly physically ill and lonely, far from his friends and family. He was eventually imprisoned underground in Rome and was flogged, tied to a pine tree, and beheaded. Martindale provides two quotes by Paul that express how he encouraged people to deal with suffering: "Bruised but not broken; dismayed yet not despairing; hunted, yet not fainting; stoned, but never slain—ever bearing about in our very

body the killing of the Lord Jesus, so that the *Life of Jesus* may be revealed in this our dying flesh!” and “... play we not the coward, but even though our outward man be being worn away, yet from day to day is our inner self made new. For the trivial anguish of the moment works out for us overwhelmingly, overwhelmingly, an eternal weight of glory, for we look—not on things visible, but on things unseen. What we see endures but for an hour—the Unseen is eternal” (p. 26). Paul’s story illustrates how he was able to take comfort in his faith and use it to endure his suffering.

St. Francis of Assisi (1182–1226) was a saint who was born into luxury but renounced it in favor of doing the work of the Lord. St. Francis then lived in poverty and asserted that possessions did not measure worth (Martindale, 1968). In the year 1224, he was reported to have gone to pray on Mount Alvernia and found that the marks of Christ appeared on his hands and feet. He died later, old and blind, on a hillside that he had blessed. Here again we encounter the idea of being unattached to material wealth. St. Francis experienced the stigmata and felt the suffering of Christ, which brought him closer to Christ.

St. Camillus De Lellis (115–1614) is the patron saint of the sick. He was originally a soldier and was exposed to all the horrors of war. He reportedly sustained a leg injury that never fully healed. A problematic gambler, he lost everything he owned and lived as a beggar before accepting the path of God and working in hospitals where he himself suffered along with the sick. Martindale (1968) writes:

For forty-six years he had his wounded leg, which, as he aged, became excruciatingly painful; he suffered... most terribly from stone; he had always to wear an iron truss; the soles of his feet were intolerable to walk on; for the last thirty months, everything he ate made him sick. He was so weak that he could hardly rise in the mornings; yet, when he

had visited five or six sick-beds, his heart had so rejoiced by reason of this serving of Christ, that his strength had returned. (p. 102)

Here again we see a person discounting his own human limitations in service of his faith. Based on the information provided, one can see that the saints are not ordinary Christians. They are viewed as paragons that epitomize the Christian at his/her best. A client may aspire to be more like his/her favorite saint.

Solutions to Suffering. There are many different ways that Christians manage their suffering. The ways discussed here are: (a) faith in God, God's love, and Jesus; (b) suffering with God; (c) immersing oneself in the religious community; (d) conquering sin; and (e) experiencing the eternal reward of heaven.

Faith in God, God's love, and Jesus. Christians believe that God knows and loves every person. To illustrate this idea, Christians believe that everyone's names are written on the palm of God's hand (Vroom, 1996, p. 36), an image that depicts the importance of humans to God. The belief that people are precious to God and that he knows and cares for everyone can be comforting to many people. In this way, faith in God's love can help people with suffering. People may also take comfort in Jesus, which Jesus encouraged. Jesus reportedly said to his followers:

I am the bread of life. Whoever comes to me shall never be hungry, and whoever believes in me shall never be thirsty... All that the Father gives me will come to me, and the man who comes to me I will never turn away. I have come down from heaven, to do not my own will but the will of Him who sent me. It is his will that I should not lose even one of all that He has given me, but raise them all up on the Last Day. For it is my Father's will that everyone who looks upon the Son and puts his faith in him shall possess

eternal life; and I will raise him up on the Last Day. (Peters, 1990, p. 137; Jn. 6:30-69) Jesus' quote illustrates the importance of obeying God's will. It also illustrates that suffering will be allayed not only in this life, but in the afterlife as well (more about the afterlife is discussed later).

Having faith in God's plan and will is important when dealing with suffering. One way to have faith is for people to give themselves up to God's will. This process entails giving up one's old self; as said by Paul, "I have been crucified with Christ and I no longer live, but Christ lives in me" (Gal. 2:20). This results in the creation of a new self who lives in accordance with God, but the person must choose to change. To make this choice, people must have free will and choose to suffer. Fides (1988) asserts that it is only through suffering that we can achieve our own personhood. One is not expected to suffer alone. People must have faith that God will take care of them: "God's grace and power will achieve a good end for his works and for this reason believers can leave the concerns of their existence behind" (Vroom, 1996, p. 25). A person can also find power in suffering by accepting it. Fides writes, "when someone accepts as his own the suffering that is inflicted upon him, the person who inflicts it loses all power over him; the torturer or oppressor loses the ability to dominate him in any ultimate sense" (p. 107). This approach was used by some of the saints that were discussed earlier who experienced torture at the hands of others, but were not diminished by it (Martindale, 1968).

Suffering with God. There can be some comfort for those who ascribe to the idea that God suffers. Part of this comfort stems from the idea that people are not alone in their suffering; "At the most basic level, it is a consolation to those who suffer to know that God suffers too, and understands their situation from within" (Fides, 1988, p. 31). People may also find it helpful that God is able to endure his suffering and is not overwhelmed. They might also find that they can

feel closer to God through suffering. Practitioners might frame suffering in this way if their client's beliefs reflect these ideas.

Immersing oneself in the religious community. Another way to deal with suffering is to seek out a Christian community where one can interact with peers. Church is a common place to find a religious community where people learn and practice the teachings of the faith. They can also take comfort in knowing that perfection is not expected in order to belong to a religious community. Martindale (1968) encourages people not to be disheartened by their sinful natures, writing "The church does not exist for men who are already good; but to help men to become good: her sacraments are not prizes for the perfect, but rather medicines and tonics for the spiritually sick or weakly" (p. 30). In this way, people can learn ways of dealing with suffering and becoming better people through the church.

Relatedness with people is considered crucial in Christianity. For example, scriptures dictate that it was unhealthy for Adam to be alone, which is why a companion was created for him (Jones & Butman, 1991). Christians need other companions to accompany them on their spiritual journey. Christians are also encouraged to help others and to support one another in difficult times. Jones and Butman write:

We live between the kingdom of God which is present, and the kingdom of God which is to come. We must navigate the struggles and tensions of this 'in between' life by depending on God and others who share this journey. We do this by becoming part of a covenant people, by becoming deeply involved with a local body of believers. Only in the context of a healing community can we learn to cultivate and express the fruits of the spirit, which along with a deep concern and compassion for others should epitomize mature, committed Christians. (p. 56)

Conquering sin. Part of the purpose of suffering is to help people conquer sin and to better themselves. Paul was reported saying, “We rejoice in our hope of sharing the glory of God. More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope” (Rom. 5:2-4:2; Cor. 1:4-7). Developing character and engaging in behaviors that reflect Christian beliefs despite the struggle is important for the Christian who wants to conquer their sin. Vroom (1996) places conquering sin at the forefront of a Christian’s duty. He states,

First, the Christian faith is not concerned with removing suffering from the world which we live or, as it is called, from this broken world. Following Christ entails suffering—even if only through insight into how things are: the brokenness of the world, the groaning of the creation, the yearning of all things for the children of God to be revealed, and the cry of the humiliated and wronged. Within the sphere of this world, Christian faith does not involve being unaffected by one’s own suffering or that of others, but rather it involves conquering sin and its forms of expression. (p. 40)

Vroom paints a picture of the hardship and yearning that is in store for Christians; however, lessons can be learned even when one does sin.

Lau (2009) writes about how God has a plan in mind and a lesson to teach people through their suffering. They can use what they learned for a chance for redemption. He writes:

Like Naomi [who with her family disobeyed the Lord by leaving Israel], we will not always understand the reason for our suffering. God may not even reveal the ultimate reason for our suffering in this life. But the Bible assures us that God is using our suffering for our own good (Rom. 8:28). It is amazing how many people can testify to the fact that God has used suffering in their lives for their ultimate benefit. I am sure that

many of us can look in our lives, and see God working in them to test and refine us.

(p. 28)

In this way, suffering seems to be used to whittle out the parts of people that are considered undesirable leaving a product that is more aligned with God. With a similar description, Beck (2009) writes about how St. John's metaphor of fire elucidates how eliminating sin can be painful, but that it ultimately leads to the ecstatic experience of uniting with God:

The soul is like the log that is saturated with moisture, which represents our sinful qualities that are contrary and repugnant to God. As the Flame acts upon the log, the moisture slowly evaporates. This signifies the purgation of evil from the soul. Then the log heats up and becomes enkindled, which is like the stage of illumination. Finally, as the soul enjoys union with God, it ignites and becomes one with the Flame. (p. 213)

As one might imagine, the process by which the sins evaporate from the log can be painful, but it is necessary to purge the soul from sin in order to achieve an end to suffering through union with God.

The eternal reward of heaven and the kingdom of God. The ultimate end to suffering for humans comes when a person has led a moral life and then enters the Kingdom of Heaven. One can enter the Kingdom in two different ways. In the first way, the person dies, is judged, and is deemed worthy to enter the kingdom. The second way is during the Day of Judgment when God will create his Kingdom on earth. Peters (1990) provides Jesus' parable of the weeds in the field which details the apocalypse (second coming of Christ, judgment day, or Day of the Lord) when all mankind will be judged and people will be sorted into the kingdom or hell based on their deeds:

The sower of the good seed is the Son of Man. The field is the world; the good seed stands for the children of the Kingdom, the weeds for the children of the evil one. The enemy who sowed the weeds is the devil. The harvest is the end of time. The reapers are the angels. As the weeds, then, are gathered up and burnt, so at the end of time the Son of Man will send out his angels, who will gather out of his kingdom whatever makes man stumble and all those whose deeds are evil, and these will be thrown into the blazing furnace, the place of wailing and grinding teeth. And then the righteous will shine brightly as the sun in the kingdom of their Father. (p. 1135; Mt. 13:36-43)

The prospect of heaven might be of comfort to people and help motivate them if they feel like their actions are meaningful and are helping them attain their goal of entering heaven to reunite with God. The concept of heaven might also help ease the suffering of someone who just lost a loved one if they can believe that their loved one is happy in heaven.

These are just some of the ways that Christians are encouraged to deal with suffering. The ideas might vary depending on the sect of Christianity the person belongs to. A clinician can always ask a client to provide more information specific to their beliefs.

Summary. Christianity is the most prevalent religion in the United States (The National Opinion Research Center, 2008). Jesus is the main human figure in Christianity and is seen as the Son of God. The main beliefs in Christianity are: (a) the belief in one God; (b) that humans are made in the image of God, but they rebelled and will be judged; (c) that God is gracious and merciful; (d) that God will someday establish rule in the world through the Messiah; (e) that people should live a moral life under the guidance of the Old Testament (except they do not observe the Jewish holy days); (f) rites like baptism and the Eucharist are practiced; and (g) the Spirit is given to everyone and it fosters qualities of love and freedom from sin (Marshal, 2005,

p. 328). The teachings of Christianity are recorded in the Bible, which is a collection of books that were written over a 1,000-year period (France, 2005). The Old Testament of the Bible contains the scriptures of Judaism. The New Testament contains writings of Christians of the first century C.E, which contain: (a) the four Gospels that contain information about Jesus' life, (b) the Acts of the Apostles which detail the first 30 years of the church, (c) 13 letters by Paul, (d) eight letters by other leaders, and (e) the Revelation of John. There are many different sects of Christianity including the Eastern (Orthodox) Church, Roman Catholic Church, Anglican Church, Lutheran Church, Reformed Church, Baptist Church, Methodists, Society of Friends (Quakers), and the Pentecostal Church.

In Christianity, people are seen to suffer: (a) because of free will (they have the capacity to do both good and evil), (b) because following God's path often involves sacrifice, (c) because of punishment for wrongdoing, (d) for the purpose of growth, and (e) as a test. Many Christians deal with suffering by having faith in God's love, seeing suffering as bringing them closer to God, taking comfort in the religious community, conquering sin, using suffering in order to grow, and thinking about the eternal reward of heaven.

Islam

This section will cover Islam, specifically: the prevalence of Islam, an overview of the religious beliefs, and how suffering is viewed in Islam. Islam and Christianity share some similarities in their ideology and a therapist might use some similar strategies with Muslim clients as are used with Christian clients.

Prevalence of Islam

About 1.5 billion people in the world identify as Muslim (Hamid, 2008) and Islam is the second largest religion in the world (Ali, Liu, & Hunedian, 2004). Seven to eight million

Muslims live in the U.S. (Bagby, Perl, & Froehle, 2001). Of the Muslims in America, 33% are South Asian (Pakistani, Indian, Bangladeshi, Afghani), 30% are African American, and 25% are Arabian (Bagby et al., 2001). These statistics are important because, while Muslim clients share a faith, they may be from very different cultures and locations. Therefore, as with any other cultural group, clinicians should be careful not to assume that every Muslim believes the same thing. The information this chapter provides about Islam is not intended to be exhaustive, rather the aim is to provide a general, but thorough idea about Islamic principles so that practitioners can be more knowledgeable. Research has indicated that Muslim clients may worry that therapists are ignorant about their values or that therapists will not respect them (Hodge & Nadir, 2008), so it would be beneficial if practitioners knew some of the basic values inherent in Islam and about how suffering is dealt with in Islam in order to allay some of these fears.

Brief overview of the central ideas in Islam. In order to provide some context, this section will provide information about the origin of Islam and the beliefs that are articulated in the Qur'an and by religious leaders. Information about Muhammad, the founder of Islam, will also be provided, as many Muslims may seek to emulate him.

Muhammad. Islam acknowledges events that happened in the Christian Bible, but material not included in the Bible is also important in Islam. Muslims believe that there are sometimes distortions in how the prophets report Allah's (God's) message, so each new prophet is called upon to correct the distortions (Hamid, 2008). Since Muhammad is the last prophet, according to Islam, his revision of God's word is considered the most correct by Muslims. It is said that the Prophet was secluded in the mountains of Mecca contemplating his life when the angel Gabriel appeared to him and had him recite the first verses of the Qur'an (Hamid, 2008). Muhammad amassed a group of followers in Mecca and, to escape persecution, he and his

followers migrated to Medina (the Islamic calendar begins with this migration). While in Medina, Muhammad and his followers took over the trade routes between Mecca and Medina and then were able to take over Mecca in a bloodless coup (Hamid, 2008). There were a series of Imams, or Caliphs, after Muhammad, some met with more acceptance than others.

Overview of beliefs. Islam is derived from the Arabic word *salama*, which means “to submit” (Hamid, 2008, p. 4). Part of this submission is expressed in the idea of *tawakkul*, which indicates that Allah alone determines a person’s fate and people should rely on Allah (Hamid, 2008). Submission is also expressed by following the edicts of Islam. The five pillars of Islam (which guide action) are: profession of faith (I believe that there is no god other than Allah and that Muhammad is his prophet), prayer (*salat*- five times per day facing Mecca), *zakat* (giving of alms), fasting during the month of Ramadan, and a pilgrimage to Mecca (Vroom, 1996, p. 85). Reciting the first pillar is the only requirement to perform if someone wishes to convert to Islam (Ali et al., 2004). Muslims also follow dietary restrictions, which prevent them from consuming pork or alcohol (Ali et al., 2004). The main religious texts that help to guide people’s actions are the Qur’an (which is said to be the words of Allah) and the Hadith (four volumes written about the prophet’s actions and deeds; Geaves, 2005).

Branches of Islam. Islam split into two branches in 661 (the Sunni and the Shi’ites [Shia]). The Shi’ites believe in all the basic tenants of Islam, but they believe that only descendants of the Prophet can become Imams and that the descendants inherit secret knowledge because of their bloodlines (Hamid, 2008). The Sufi Muslims appeared in the 9th century (Cook, 2007). The Sunnis comprise the majority of Muslims and the Shi’ites and Sufis make up a smaller percentage. Though the sects share many beliefs, they also diverge on certain beliefs and each of them view suffering a little differently. The information provided in this section will be

information that would be accepted by all the branches, unless otherwise indicated.

Suffering in Islam. The Prophet Muhammad is a figure that Muslims look to as an example of how to manage suffering. The Prophet was said to endure three tests of suffering: hunger and giving up all his possessions to the poor, persecution and physical pain, and knowledge about the persecution his family and descendants were fated to face (Ayoub, 1978). He also endured *A'mr Hush* (the year of sadness) when his beloved first wife died as well as his guardian uncle (who died trying to protect Muhammad and his followers from persecution; Hamid, 2008). Throughout these sorrows, Muhammad was still able to retain his faith in Allah and was very invested in following Allah's path. One way to accomplish this aim is through jihad.

Jihad. The concept of *jihad* needs to be explored to understand the Muslim view of suffering. Vroom (1996) writes that the word jihad can be translated as "holy war, but means literally 'exerting oneself' (i.e., on the pathway to Allah)" (p. 88). Jihad is conceptualized in two ways, the "greater jihad" and the "lesser jihad." The lesser jihad refers to a physical war utilizing weapons and the greater jihad refers to the struggle within the individual against his or her own weaknesses and evil (Vroom, 1996). This is not to say that individuals are viewed as naturally sinful or predisposed to evil acts, rather "Islam does not posit the idea of a corrupted being fallen from grace through original sin but rather a person prone to forgetfulness and weakness, but whose innermost being is altruistic and drawn towards godliness, epitomized by the possibility of submission and obedience" (Geaves, 2005, p. 36). Due to their forgetfulness, humans need to be reminded of their debt to Allah through rituals (Hamid, 2008). Therefore, Muslims believe that people suffer because of their own weaknesses and through the inward process of addressing those weaknesses. The earlier historical concepts of jihad mostly involved the lesser jihad and

the greater jihad was emphasized later in the 18th and 19th centuries as the religion was criticized and accused of being inherently violent (Cook, 2007). Certain contemporary authors like Sam Harris (2004) view Islam as a religion that fosters violence, and he would likely assert that the lesser jihad is the one that is emphasized today. Conversely, other authors (Cook, 2007) indicate that contemporary Muslims may be more focused on the greater jihad and inner improvement, so therapists should be aware of both of these different perspectives when seeing Muslim clients.

In order to improve oneself, a person must deal with his/her desires. Human desires can cause suffering. For example, Shia Muslims believe that Adam and Eve transgressed because they envied the Imams (who are considered as beings somewhere between human and divine and who were present in the Garden of Eden) and desired to be like them, which led to their downfall. Shia Muslims also believe that one should not desire the material possessions of this world because “whatever one desired of this world, of that much will he be deprived of in the next” (Ayoub, 1978, p. 50).

Similarly to Christians, Muslims believe that humans have free will and the potential to do both good and evil (Hamdan, 2007). Free will can cause suffering when people choose the wrong path or follow their own desires instead of Allah’s desires. People may feel guilt for their actions and Allah might punish them. A person is often torn between doing good or evil depending on the state of his/her soul.

Muslims might express their distress as taking place in their heart or their soul (Khalid, 2006). There are three different states of the soul, or *nafs*. The *nafs amarra* is considered the lower self and this part pursues its wants regardless of consequences. The *nafs law wa ma* is the self-reproaching aspect that is aware of wrongdoing. The *nafs mutmainnah* is the peaceful self, which is content. Suffering may occur when there is an imbalance between the various states of

the soul. As Khalid (2006) put it, "... distress and mental unrest are manifestations of an incongruent heart or an unstable soul that is lost and has become distant from itself and the creator" (p. 5). One way to feel close to the divine is through martyrdom.

Martyrdom stories accepted in all branches of Islam. Suffering in Islam can be expressed through stories of martyrdom. Early martyrs who lived before the split between Sunnis and the Shi'ites are accepted by the entire Muslim community (Cook, 2007). The word used, for martyrdom, Shahid (plural shuhada), encompasses both the concepts of "witness" and martyr (Cook, 2007). The very first martyr recorded was an Ethiopian slave named Bilal who lived in Mecca with his master (Cook, 2007). His master reportedly put a heavy stone on his chest and refused to move it unless he renounced Islam, which he refused to do. He was eventually bought and protected by Abu Bakr (a future Imam), so he is not a classic martyr because he did not die for his faith. The first martyr who actually died for the faith was a woman named Sumayya Bint Khayyat. She was stabbed by Abu Jahl, a leader working against the Muslims.

There were also the fighting martyrs, who existed mostly during the time of Muhammad and who were encouraged by Muhammad. Muhammad reportedly said before the Battle of Badr, "By the one who holds the soul of Muhammad in His hand, every man who fights today and is killed, demonstrating patience, seeking a reward from [Allah], going forward without going backward, [Allah] will take him into paradise" (Cook, 2007, p. 23). Many times these fighters would venture into seemingly hopeless looking situations. Cook noted that suicide is forbidden in Islam, but bravery in battle that leads to certain death is condoned. The "leader of the martyrs," Hamza Sayyid al-Shuhada (Muhammad's youngest uncle) was killed after killing a Meccan leader, Abu Sufan. Abu Sufan's wife, Hind, reportedly mutilated Hamza's body and

chewed on his liver (p. 25). Brutal detail like this is often included in Muslim stories about martyrs to show the extreme suffering of the martyr. Some other fighting martyrs were Ja'far al-Tayyar (died fighting the Byzantines) and Abu Ayyub al-Ansari (died single-handedly fighting the enemy). Cook described the Muslim ideal for a fighting martyr, "... that person—usually a man—who through his active choice, sought out a violent situation (battle, siege, guarding an unstable frontier, etc.) with pure intentions and was killed as a result of that choice" (p. 30). These martyrs were distinguished by their pure intentions and many would speak out against their enemy or about the glory of Allah before their deaths so that their words could contribute to furthering Islam.

Martyrdom for Sunnis. Martyrdom was less common in the Sunni community. Sunnis comprise 85% of the Muslims in the world, so, as a group, they have not engaged in as much martyrdom as other Islamic groups and the Sunnis focus on the martyrs during the time of the prophet (Cook, 2007; Hamid, 2008). One martyr who is considered important by the Sunnis is the caliph 'Uthman, a companion of the prophet. He died at 80 years old and was reportedly stabbed nine times while he was reading the Qur'an.

Martyrdom in Shiism. The ideas of suffering and martyrdom are considered central to the Shia branch of Islam. Due to the importance that Shi'ites place on Muhammad and his bloodline, much of the focus is on the Prophet's family and the injustices that they suffered (Ayoub, 1978). Shia Muslims also believe that all the Imams have suffered (Ayoub, 1978). In fact, the "house of sorrows" is the eternal community of suffering, and the 12 imams and the prophet's family are said to reside there. Suffering is seen as the mark of a good person because "... the man of faith will be visited with suffering and calamity in accordance with the strength and durability of his faith" (Ayoub, 1978, p. 25). This reasoning explains why the prophets and

Imams suffered so much (they were extremely faithful and pious). If a person's faith is weak, his/her suffering will be decreased. Suffering can also remove sin. The Prophet reportedly said "afflictions continue to oppress the worshipful servant ('abd) until they leave him walking on the face of the earth without any sin clinging to him" (p. 25). This is similar to the Christian idea expressed earlier where suffering was seen as a way to "evaporate" sin. In this way, Shia Muslims may welcome suffering as an opportunity to cleanse sins and to strengthen their faith.

The most beloved and worshiped martyr was Husayn (known as the prince of the martyrs, *sayyid al-shuhadā*), the grandson of the Prophet Muhammad. Husayn is a central figure and Shia Muslims also believe that different figures in Biblical history, such as Noah, Abraham, Moses, and Jesus encountered signs that foretold Husayn's future death, such as feeling pain or sadness when they walked over the place where Husayn would be killed (Ayoub, 1978).

Husayn was considered a pious man and he objected to Yazid, who became the Caliph even though it was considered Husayn's birthright. Husayn traveled to resist Yazid's rule and was trapped in a place known as Karbala (sorrow, *karb*, and calamity, *balā*) and he and his party were kept in the desert and denied access to water (Ayoub, 1978). Husayn himself was also said to have known about his fate (similarly to Jesus in Christianity), but he continued with his mission despite this knowledge and warnings given by his friends and family. He was also given a choice when in Karbala to refuse this suffering, but he chose to die to show his obedience and to preserve divine law. Husayn was also tempted by Satan to abandon his path:

Satan came to Karbala with his armies, challenging [Allah] that if Husayn were to be tried by the intense heat of the desert sun, he would surely break down under the stress. [Allah] increased the heat of the sun seventy times; only Satan and Husayn could feel it. Of course Husayn stood unmoved, and Satan and his hosts ran away distraught and

defeated. (Ayoub, 1978, p. 126)

As illustrated in this story, it is important for Shia Muslims to willingly withstand suffering and refrain from buckling under pressure. Ayoub (1978) asserted that Husayn was making a willing sacrifice and wrote “our sources insist that he felt it to be a duty laid upon him by [Allah], to show his opponents their manifest error in shedding the innocent blood of other Muslims and especially in violating the explicit injunction of the Prophet to love and honor his family after him” (p. 114). It is reported that Husayn delivered sermons in his last moments in order to show his piety and to leave behind useful information for Muslims.

Husayn suffered greatly. He witnessed his family members and companions being slaughtered in front of him. It is also said that Husayn himself was stabbed 36 times with spears, struck with swords 34 times, riddled with arrows, he was decapitated, and his naked body was left on the sand (Ayoub, 1978). This suffering was deemed necessary in order to make an impact on the Muslim community. Ayoub stated that “...Husayn had to achieve his victory through suffering, the greater the trials, the greater the victory” (p. 126).

The Shi'ites mourn Husayn's death by engaging in a ceremony called Taziyah in which his death is reenacted (Ayoub, 1978). Ayoub describes the festival well. This day is the only day in the Islamic calendar that it stipulated as a day of total rest. Sometimes participants in the festival injure themselves physically by beating themselves with chains or wounding themselves on their heads with knives in order to share in the physical pains of the Holy family. Rituals honoring martyrs are often symbolic. For example, one martyr named Ali al Akbar was cut to pieces by swords, so people eat stew with large chunks of meat to symbolize how he died (Ayoub, 1978). The centrality of the martyrs in Shia Islam illustrates the importance of enduring suffering to show one's faith.

Sufi martyrs. The Sufi martyrs tended to embrace the ascetic traditions (such as withholding food and sleep), or the warrior ascetic (e.g., Ibrahim b. Adham [d. 778] and Shaiq al-Balkhi [d. 810]), where the person focused mostly on fighting in order to defend Islam. These martyrs also tended to disregard the shari'a (Islamic law), which often led to their demise. One such martyr was Husayn bial-Mansur al-Hallaj. He claimed that he was united with the divine, which some Muslims interpreted as a threat to the monotheistic ideals of Islam. He reportedly recited his last poem while being whipped and was then executed by dismemberment. As illustrated, Sufis often expressed beliefs that diverged from mainstream Islam. More information about these beliefs will be provided.

Suffering in Sufism beyond martyrdom. Though Sufism is not the largest branch of Islam, Sufis are responsible for most of the large scale converts to Islam (Cook, 2007), so it would be beneficial to know more about their beliefs, especially concerning suffering. Sufis adhere to the central teachings of Islam, the Five Pillars, but they also add another dimension to spiritual practice (Loufty & Berguno, 2005). Many Sufis also believe that some knowledge cannot be harnessed with words, so Sufis engage in art forms like dancing and poetry (these elements are less popular in other branches in Islam and are sometimes forbidden in these branches; Loufty & Berguno, 2005). This information might be helpful for therapists to consider when counseling Sufi clients. Words may not be the primary outlet for Sufis and the therapist may be able to use other acceptable cultural means of expression, such as art and poetry with clients.

In Sufism, humans are seen as vulnerable, they have few resources, and they experience a narrow view of reality (Etezady, 2008). Shafii (2008) indicates that suffering is caused because of separation from the creator, reality, and truth (*haqq*). This separation causes emotional pain

(*firaq*). Jalal-uddin Mohammad Rumi (1207-1273), the founder of the Mevlevi Order (known as the Whirling Dervishes in the West), composed many written works concerning this idea (Loufty & Berguno, 2005). For example, Etezady (2008b) wrote: “In Rumi’s view, our birth into the physical world was an act of separation from the original source of life and creation. Our soul leads our life in a course of seeking and reaching, longing for re-fusion. Death is the final return of the eternal soul to its origin” (p. 46). Humanity’s ignorance and inability to see the other dimensions in this world also results in suffering because “our awareness of existence is woefully limited as is that of a worm living inside an apple” (p. 47). Ali (2007) describes the Sufi philosopher Abu Hamid al-Gazālī’s views, which are similar to Rumi’s. Al-Gazālī writes that humans suffer because of ignorance and humans desire “the essence” of knowledge (p. 410). For al-Gazālī, the soul is veiled in darkness that consists of sense pleasures, negative feelings (i.e., anger, etc.), and faulty beliefs, all which prevent people from accessing the essence of knowledge.

Sufis embark on a spiritual journey where the seeker is dedicated to union with the divine (Loufty & Berguno, 2005). Suffering is inherent in the spiritual journey:

Spiritual awakening depends upon a passionate and consuming love that fuels such a search. This love sustains the traveler on this treacherous journey that is overtaxing beyond human tolerance and requires endurance past all physical possibility. As with the moth circling the candle with abandon, drawn ever closer to the fiery center of the source of light, wings can burn, lives may be sacrificed, and the self annihilated at the worshipful altar of the beloved. The heart is so attached to the beloved that separation creates an insatiable desire to grope for the moment of reunion, fearless of the fire and heedless of doubt, certainty, good, or evil, and regardless of any consequences. (Etezady,

2008b, p. 49)

Not all people are ready for this difficult journey. The most likely response to being separated from Allah is for humans to forget their origin in an attempt to avoid the sadness that the awareness of separation from the divine brings (*ghaflat*; Shafii, 2008). One may be unaware of one's deeper self and what one is forgetting. This lack of awareness is exacerbated and maintained by the seven veils: worship of the self, passion of consumption, indulgence in sexual desires, preoccupation with offspring, preoccupation with appearance, preoccupation with possessions, and love of position (Shafii, 2008, p. 166). As Shafii notes, unfortunately, this forgetfulness only serves to intensify anxiety:

In the state of forgetfulness, the individual behaves like a wounded beast imprisoned in a cage. The beast does not know the source of his pain, the remedy for it, or the way to freedom. The beast hits itself against the cage, attacks doctor and jailer alike, and eventually exhausts itself. (p. 162).

The person must learn how to become aware of the divine in order to alleviate forgetfulness.

One way to access the divine is through self-knowledge because “since all is [Allah], one gets to know the divine presence through self-knowledge (Loufty & Berguno, 2005, p. 145). This mindset may cultivate clients who function well in therapy because therapy is structured in a way that promotes self-knowledge. Sufis believe that the self consists of two entities, the social side of the self that is mostly concerned with the external world and social roles, and the true self, which is the person's essential being. The aim is to make a shift and access the second level of the self, which makes the person closer to the divine (Loufty & Berguno, 2005) and will help alleviate suffering. Ibn Arabi, a Sufi writer, describes four different stages in the processes of understanding the self and Allah: *al sharia*, where the focus is on separation of both

possessions and the self from others; *al tariqa*, where there is still separation, but also sharing because people in the community are seen as family; *al haqiqi*, where there is no separation between people dealing with material wealth because everything comes from Allah; and *al marifa*, where one realizes that there was no separation between individuals in the first place because people are inseparable from Allah (Loufty & Berguno, 2005). In this state of being melded with Allah, there is no suffering. As a therapist, it may be helpful to assess with the client which stage he/she falls into, what the tasks are for the stage, and how they believe they might move to a different stage. It also may be helpful to understand that the ultimate goal for the Sufi is union with the divine, as this goal likely also shapes their way of living.

Al-Gazālī also outlines stages for personal development which most Islamic scholars agree on (Loufty & Berguno, 2005). The first stage is the Initial Awakening, which translates to “turning of the heart” or “repentance” (Loufty & Berguno, 2005, p. 150). In this stage the person becomes dissatisfied with the external world and remembers his/her primordial unity with Allah. Loufty and Berguno describe the suffering that a person in this stage experiences:

For many seekers this Initial Awakening is experienced with dissatisfaction, for the ‘heart’ speaks a language very different from the ‘mind.’ A feeling of emptiness seizes the person and precipitates a psychological crisis: What one has achieved may prove to be insignificant and what one has previously discarded may gain importance. (p. 150)

A therapist may see clients for therapy who are in this stage and are experiencing distress. An idea of the progress of the stages may help a practitioner assist someone coming in with spiritual concerns.

The next stage is Patience and Gratitude. In this stage, the seeker realizes that the journey is long and that efforts are not immediately rewarded. A person likely will seek the help

of a spiritual leader (or perhaps a counselor) to aid them in navigating this stage.

The third stage is called Fear and Hope. In this stage, the seeker does not fear punishment from Allah, rather he/she fears losing Allah's love. Hope is activated when the person considers that each step he/she takes in this process will bring him/her closer to Allah. Framing their suffering as a means to become closer to Allah likely helps a person deal with his/her suffering. A therapist may be able to use this information to frame a client's suffering in a more helpful way; the client is becoming closer to Allah through his/her suffering.

The final stage is Trust in Allah. In this stage, the person feels one with the universe and places all trust in Allah. All love is directed to Allah and the seeker discovers that "love of [Allah] is and has been the only desire that ever existed" (Loufty & Berguno, 2005, p. 151). This description of the stages gives the therapist an idea about what the client might be hearing about suffering from their religious leaders. It also might help the client feel that there is a purpose to his/her suffering and that it is helping him/her work toward a worthwhile goal. A therapist needs to be mindful about how suffering is dealt with in their client's belief system.

Solutions to Suffering. The edicts of Islam propose different ways that a Muslim can deal with his/her suffering. This section will discuss the ameliorative effects of following the guidelines of Islam with respect to suffering: sharing in the suffering of the prophet, viewing suffering as willed by Allah, and taking comfort in the community and religious leaders.

Follow the guidelines of Islam. Islam means "surrender in faith" (Vroom, 1996, p. 83) and this surrender can help people act in a morally correct manner. It is important for a person not only to believe in the tenets of Islam but also to practice them (Hamdan, 2007). The tenets were created to help people overcome forgetfulness and to live in accordance with Allah. In Islam, knowledge and insight are highly prized and they help people to act in the proper way

(Vroom, 1996). One can then use this information in order to improve oneself in the eyes of Allah. For example, through self-awareness one might discern that certain situations might tempt him/her to act in ways that are not in accordance with Muslim values. A person might find that they are tempted by sexual pleasures, for example. Certain sects of Islam, like Sufism, might take a more extreme stance. They assert that people should deny any temptations of the flesh, which hamper people by making them forget their separation from Allah, in order to increase their spirituality and “polish” their souls (Etezady, 2008b, p. 49). For example, Rumi believed that a polished soul would enable a person to see reality more clearly and act correctly (Etezady, 2008b). A person needs to overcome their “forgetfulness” in order to see reality clearly. In Sufism, a practitioner accomplishes this by going through training that helps him/her engage in longing and pursuit, love and abandon, needlessness of material possessions, experience the oneness of all things, wonderment and acknowledging ignorance, and selflessness (Etezady, 2008b). Following the tenets of Islam can aid the person on his/her spiritual path. Muslims might also turn to the Qur’an for comfort. For example, Raiya and Pargament (2000) reported that one of their research participants said, “When I face a problem in life, I read the Holy Qur’an to find consolation” (p. 184). The spiritual path is not easy and Muslims may also look to the experiences of the prophet for guidance.

View suffering as sharing the suffering of the Prophet. Suffering was an important part of Muhammad’s experience. Many of the other prophets suffered as well and “...the Qur’an suggests to the fledgling Muslim community, struggling with doubt, that the abuse and ridicule aimed at the Prophet and his message was normative for the messengers of God and that their suffering could be taken as proof of the authenticity of the new revelation” (Geaves, 2005, p. 98). The Shia Muslims believe that, by suffering, one can share in the sufferings of the holy family

(the prophet's family; Ayoub, 1978). Sharing in this suffering can help people feel closer to the Prophet and his family and closer to Allah. Allah is an important force when it comes to suffering and people must trust that Allah has a reason for the person's suffering.

View suffering as willed by Allah. As mentioned previously, a way to deal with suffering is to understand that Allah is purposeful in his actions and he forges people's destinies (*tawakkul*). Hamid (2008) describes how *tawakkul* provides comfort to people who are suffering: "*Tawakkul* is invoked as a coping strategy to endure hardships, premised by the idea that [Allah] provides relief after hardships. Hardships are understood either as divine tests or worldly punishments, which are preferable to punishments in the afterlife" (p. 6). Muslims are expected to patiently endure hardships, knowing that they are Allah's will. If suffering is a test, it provides them with the potential to become closer to Allah. If it is a punishment, they have the chance to endure it, repent, and perhaps avoid punishment in the afterlife. When verbally expressing *tawakkul*, Muslims may use different phrases to remind themselves of Allah's power. Muslims might vocalize "Alhamdulillah," meaning, "All praises are due to [Allah]" (Hamid, 2008, p. 15). Other phrases that might be used are, "Insha' Allah," which means "Allah willing," and "Masha' Allah," which means "with the will of Allah" (Hamdan, 2007). These phrases are provided so that a therapist can understand their significance, as the client might use them in session or speak about how a family member reacted to their suffering in this way. Suffering can also serve other functions besides testing or punishing.

In relation to seeing suffering as being willed by Allah, some Muslims, like the Sufi poet Rumi, see suffering as an opportunity for growth. Etezady (2008b) expresses this idea well: "It is not whether life contains loss, separation, anguish, regret, and despondency, but how one endures adversity, accommodates the pain and gains from each loss, in order to sustain cohesion,

integrity, and resilience in the face of the unrelenting demands of reality” (p. 60). Suffering can also help a person grow in a type of cleansing process. In Sufism, intense feelings (which can often contribute to suffering) are crucial in this growth process. Shafii (2008) writes, “Affective and emotional experiences are like intense fires that melt away impurities and help in polishing the mirror of the heart” (p. 172). A person must trust that this pain will benefit him/her in the end.

Part of the viewpoint of viewing suffering as the will of Allah concerns submission to Allah. Etezady (2008b) writes about Rumi’s ideas on how submission can be seen as a remedy to suffering:

He [Rumi] resorts to total submission to the ultimate and solitary source of power, intelligence, enlightenment, creativity, and absolute beauty. He advises yielding to the supreme will that governs the entirety of all that now exists, ever has, or ever will.

Submitting to this will and surrendering to the empowering servitude of this power is the only viable course to salvation and the sole straight path to the destination of fulfillment, enlightenment, transcendent consciousness, and sustaining peace. (p. 52)

So far, the information provided illustrates how *tawakkul* can be used to motivate people and to provide them with a purpose for their suffering. In some cases though, Hamid (2008) also indicated that *tawakkul* can be used to justify inaction, or refusing treatment, like medication. The therapist should be aware of the different ways that this value might manifest in the client and how it might effect treatment. It would likely be more difficult to use the concept in therapy if the client were using it to justify inaction.

Repent for sins. Muslims believe that leading a selfish life leads to punishment (Hamdan, 2007). In order to ease or avoid punishment, one must exhibit repentance (*tawbah*),

which involves: immediate cessation of the sin, seeking forgiveness, feeling regret for having sinned, making a determination not to return to sin, and restitution for other people's rights (if applicable; Hamdan, 2007). If one lives in accordance to Islamic values and avoids engaging in sinful actions, one may be able to avoid suffering.

For Sufis, the process of repentance is slightly different and involves abandoning worldly life and committing oneself to Allah through 43 stages of development designed to purify the soul and which culminate in a constant yearning for Allah (*shawq*; Abdullah, 2007). One might turn to religious leaders or members of the religious community to aid them in their repentance.

Take comfort in one's community and religious leaders. Part of the way to eliminate suffering is through unity. People pray together at the same times of day and facing the same direction in order to foster a sense of unity (Geaves, 2005). The collective Muslim community is called the *ummah*, and its aim is to dissolve ethnic differences and to make everyone brothers and sisters (Hamid, 2008). Muslims are also called upon to take care of members of the community who are struggling. Muhammad reportedly said:

Your Lord has neither left you, nor despises you.

What is to come is better for you than what has gone before;

For your Lord will certainly give you, and you will be content.

Did He not find you an orphan, and take care of you?

Did He not find you perplexed and show you the way?

Did He not find you poor and enrich you?

So do not oppress the orphan,

And do not drive the beggar away,

And keep recounting the favors of your Lord. (Peters, 1990, p. 205; Qu'ran 93)

While many matters are not meant to be discussed outside the family, in Islam, there is the idea of *nasihah*, or the responsibility of Muslims to offer sincere advice to one another, so it is not completely foreign to ask for help (Abdullah, 2007). Abdullah writes that, in Muslim Personal Law, it is common for Muslims to go to religious leaders for advice, especially if the problem deals with marriage or the family. The advice given by the leader is usually direct and instructive. Following the advice can help the person alleviate suffering.

In Sufism, a Sufi Muslim might be taken on by a *pir*, an authority who seems to embody aspects of a mentor, teacher, and physician. The *pir* is someone who has gained freedom from the self and who is mature and patient. The *pir* helps a person along their journey and helps them to awaken the seed (*ishq*) of intense love that exists in everyone (Shafii, 2008). In this way, the person is not alone on their journey.

Summary. Islam is a growing religion in the U.S. It is a monotheistic religion that holds belief in and submission to Allah as paramount. The Five Pillars of Islam (which guide action) are: profession of faith (I believe that there is no god other than Allah and that Muhammad is his prophet), prayer (*salat*; five times per day facing Mecca), *zakat* (giving of alms), fasting during the month of Ramadan, and a pilgrimage to Mecca (Vroom, 1996, p. 85). The main religious texts that help to guide people's actions are the Qur'an (which is said to be the words of Allah) and the Hadith (4 volumes written about the prophet's actions and deeds; Geaves, 2005). There are three main groups of Islam including the Sunnis, the Shi'ites, and the Sufis. Muhammad is the central Prophet in Islam and his teachings are considered the authority. Muhammad and his successors, like Husayn, suffered for the sake of Islam and they are revered. Suffering is seen as willed by Allah, a test, punishment for wrongdoing, and an opportunity for growth. Muslims deal with suffering by viewing it in these ways and seeing it as an opportunity to become closer

to Allah. Muslims may also turn to their community and religious leaders to support them in their suffering.

Buddhism

This section covers Buddhism, specifically: the prevalence of Buddhism, an overview of Buddhist beliefs, and how suffering is viewed in Buddhism.

Prevalence of Buddhism

The *World Almanac* (2004) estimated that there are 2-3 million Buddhists living in the United States. Wuthnow and Cadge (2004) also state that there are a growing number of immigrants from predominantly Buddhist countries in the U.S., which has contributed to the increased prevalence of Buddhist temples and meditation centers. Elements of Buddhism, like meditation, are also attractive to people of other religions because the teachings are flexible and nonexclusive (no conversion necessary). For example, Wuthnow and Cage also noticed an increase in “nightstand Buddhists,” people who adopt small elements of Buddhism into their lifestyles (p. 364). They also mention that the New Age movement has helped to spread Buddhist ideas. So, the chance of encountering a Buddhist client or at least someone who has adopted some Buddhist principles appears to have increased.

Brief overview of Buddhism. In order to provide context for how suffering is perceived in Buddhism, an overview of Buddhist beliefs will be given. Information about the main religious figure, the Buddha, will also be provided, as many Buddhists may seek to emulate him.

The Buddha. Buddhism was founded by Siddhārtha Gautama, a Hindu born man in 6th century India (Rahula, 1959). Scholars are divided on the time of his birth and indicate that he was born in either 566 or 448 B.C.E (Robinson & Johnson, 1997). Siddhārtha’s father was part of a council of rulers in the Śākya agrarian republic (Robinson & Johnson, 1997). The family

was very wealthy and owned several palaces, where Siddhārtha lived in luxury. Legends indicate that it was preordained that Siddhārtha would become the Buddha. One legend dictated that, directly after his birth, Siddhārtha stood and walked seven steps, saying that this was his last rebirth (Robinson & Johnson, 1997). There was a prophecy that Siddhārtha would either become the Buddha if he left the palace and became an ascetic, or he would rule all of India if he stayed. Reportedly his father sheltered him so that he would not be drawn to the ascetic's path. So, Siddhārtha got married, his wife bore him a son, and he lived a life full of sensual pleasures designed by his parents to distract him until, at age 29, he began his ascetic journey. Before he decided to leave his life of wealth, Siddhārtha saw three sights that shook his worldview (Robinson & Johnson, 1997). On three separate occasions when riding through the capital city, he saw an old man, a diseased man, and a corpse. These sights illustrate impermanence, which is an important part of Buddhist belief. Siddhārtha then saw a wandering religious man and decided that he might find some answers if he undertook that kind of life. In the Great Renunciation, Siddhārtha left his wife, child, and life of luxury to follow his path.

While attempting different practices he learned from other holy men, Siddhārtha learned that neither extreme asceticism (fasting) nor extreme indulgence in sense pleasures would lead him toward enlightenment, so he founded the Middle Way where a person lives in moderation instead of in either extreme (Robinson & Johnson, 1997). He became enlightened while meditating under the Bodhi tree at the age of 35 (Rahula, 1957). While meditating, Māra, the personification of illusion, tried to tempt and threaten Siddhārtha away from his path, but he would not be swayed. He was able to understand the impermanence of the world and he witnessed all his past lives and understood the inner workings of Karma. Siddhārtha then took on the title "Buddha" which means "Awakened one" (Robinson & Johnson, 1997, p. 7). For 45

years, he imparted his teachings to anyone indiscriminately, regardless of gender or social status (Rahula, 1957).

Buddhist teachings. The Buddha articulated the Four Noble Truths and the Noble Eightfold Path (which will be discussed in more detail in the section on suffering in Buddhism) to help guide followers. Buddhism is not a complete philosophical system dictating how the world began and how it will end, rather it only contains the elements about life that the Buddha felt were important. Robinson and Johnson (1997) wrote that the Buddha told his listeners that “in effect, they were in a burning house. Rather than drawing up full plans for the house, he simply marked out the escape routes” (p. 55). The Buddha also used another parable to illustrate the futility of trying to find out the answers to cosmic questions about the universe (Rahula, 1958). He told a story about a man who had been shot with an arrow and was bleeding to death. The man would not let the doctor take the arrow out until he knew who shot him, all the details that made up the man, the kind of wood the bow was made from etc... The Buddha asserted that the man would die before these questions were answered. Thus, the information he provided dealt with how to remove suffering, which he considered paramount.

Buddhism began as an oral tradition and the teachings were gathered and recorded after the Buddha’s death (Robinson & Johnson, 1997). The First Council put together the Sūtras, which are prose discourses of the Buddha’s teachings. Most of the Sūtras are common to all sects of Buddhism. The First Council also composed the Vinaya, which includes the rules and regulations for governing the sangas (monastic orders). Different sects of Buddhism adhere to these rules in varying degrees. The Abhidharma, “higher Dharma,” was created around the time of the Third council (approx. 250 B.C.E) and it details an analysis of the factors of existence based on information provided in the Sūtras. Buddhist clients might refer to stories or quotes

from any of these texts.

Schools of Buddhism. The oldest Buddhist school, which helped compile the Vinaya, is the Theravāda (the Tradition of the Elders) school (Strong, 2002). About 100 years later, a schism occurred when certain groups disagreed with some of the rules of the sangha. This action prompted the assembly of the Second Council where the “heretics” were expelled. The monks who were expelled (the Vajjiputtakas and the Mahāsamgītikas) formed their own school and held a council as well (deemed the Great Council) and reordered and reworked the Sūtras. Eventually there were 17 different schismatic sects and one orthodox sect (the Theravāda). The Mahāyāna (Great Vehicle) is another school that developed around the first century B.C.E in India, but is currently predominantly practiced in China, Korea, Japan, Vietnam, and Tibet (Strong, 2002). Its name can be seen as insulting to the Theravāda school, which was then dubbed by the Mahāyāna as the Hinayāna (Lesser Vehicle) school (Robinson & Johnson, 1997). The Mahāyāna stressed the idea of emptiness (of self and the Dharmas) and becoming a bodhisattva (an awakened being who has agreed to continue being reborn so he/she can teach others) as opposed to an arhat (an awakened being who has attained nirvāna and will no longer be reborn; Robinson & Johnson, 1997). The different schools have slightly different focuses in terms of which elements of existence cause suffering.

There are too many sects to explore individually for the purpose of this dissertation, so the concepts regarding suffering will be covered are ones that most sects agree on.

Suffering in Buddhism. The concept of suffering is well integrated into Buddhism. The essence of Buddhist teachings is illustrated with the Four Noble Truths. The First Noble Truth is that life involves suffering (dukkha; Rahula, 1959). Suffering is pervasive and uncomfortable; “Dukkha sticks on the skin and goes into the flesh, from the flesh it goes into the bones. It’s like

an insect on a tree that eats through the bark, into the wood, and then into the core, until finally the tree dies” (Chan, 2005, p. 55). Dukkha has also been described as a “bone out of socket and a wheel off its axle” (Rubin, p. 6). Rahula described many other ideas integrated in the concept of dukkha, like imperfection or even happiness, but that dukkha can simply mean whatever is not permanent (which, of course, is everything). As illustrated by the idea of the two darts discussed earlier (when describing how suffering would be viewed in this dissertation), suffering is not dependent on the person’s experience, but rather on how the person deals with the experience internally.

Burton (2004) writes that ignoring the true nature of the world causes suffering; if people understood reality, suffering would be reduced (p. 1). The nature of reality is exhibited in the three characters of existence: impermanence, suffering, and devoid of self (which will be discussed in more detail). There are different classifications of suffering: uncertainty, instability, casting off our bodies repeatedly (death), repeated rebirth, descending into the different hells, and having no companions (“...one’s suffering must be experienced by oneself single-handedly. No one else can really share that burden with us” [p. 16]). Because people do not understand the nature of reality that has just been outlined, they desire and crave, which causes suffering. These characteristics of existence will be explored further.

Suffering and craving. The Second Noble Truth is that suffering is caused by craving, or *tanha*, thirst (Rahula, 1958). One might crave sense pleasure (*kāmatanhā*), existence (*bhavatanhā*), and non-existence (*vibhavatanhā*). Craving deals with the individual’s desire for things to be different than how they are (Christensen, 1999). Many times, though, these cravings are impossible to satiate. Burton (2004) wrote that craving is partly caused because people do not understand the nature of the object they are craving, which is that it is really impermanent

and not worth craving. People may try to justify their craving, but doing so does not diminish their suffering. Chan (2005) illustrated this point well by using the metaphor of the red-hot iron ball to discuss craving and desire:

It's like a blazing red-hot iron ball that has been heated by a furnace. What part of it will be cool? Try to touch it if you will. Touch the top and it will be hot. Touch the bottom and it will be hot. Touch the sides and they will be hot. Why is it hot? It is a blazing iron ball that is red-hot throughout. When we understand this, we won't touch it. When you are feeling, "This is really good! I like it! Let me have it!" don't give such thoughts credence; don't take them too seriously. It is a red-hot iron ball. If you touch any part of it, if you try to pick it up, you will be burned, you will experience a lot of pain, your skin will break open and bleed. (p. 17).

Chan writes about how people should view happiness and suffering as equal experiences and should not treat them differently. Both experiences are impermanent and it is useless to attach to them. Realizing the impermanence of objects can decrease their desirability. Realizing that something is impermanent, however, is not the complete solution. One difference between awakened and unawakened people is that unawakened people can understand that something is impermanent, but still crave it (Burton, 2004). Enlightenment is not just based on knowledge, but it is also a felt experience free from craving.

Suffering and rebirth. One of the ways that people suffer is through the constant cycle of birth, death, and rebirth (*samsara*), which is driven by craving. Rahula (1959) described that death is just the non-functioning of the physical body, the energies of thirst and desire still continue. The forces of thirst and desire prevent the person from being enlightened and they induce rebirth because the person craves existence. People are reborn in situations that are more

or less advantageous to being enlightened depending on their *karma*. Karma literally means ‘action’ or ‘doing,’ and it refers to the way a person lived his/her life (Rahula, 1959, p. 32). If a person has lived according the *dharma* (teachings of the Buddha, Truth), then their resulting karma would allow them to be reborn in an advantageous position. The cycle of rebirth can only be stopped when the thirst that drives it is cut off through wisdom (Nirvana—the extinction of thirst).

As mentioned, people are born into more or less advantageous positions to escape suffering based on their karma. Strong (2003) describes the six realms of rebirth. People who kill or harm others will likely be reborn in one of the hell realms where they can expect pain from burning or being cut up. People who have passionate attachment to sensual pleasures are born in the Animal Realm as animals and do not have the mental capacity for enlightenment. In the Hungry Ghost realm, people are forever starving, never satiated. Most people are born into the Human Realm, but they are born into places with more opportunities if they led a virtuous previous life. Someone who practices guile and deception, but who does not harm anyone and who is generous will be reborn in the Asura Realm. Those who do not long for pleasure and do not rejoice in possessions become one of the four great kings in the Deity Realm. In some of these realms, suffering is so extreme that there is no hope for enlightenment because one cannot attain the presence of mind to make spiritual progress without some comfort and happiness (Ohnuma, 2007). This is why the Buddha advocated the Middle Path (one cannot find enlightenment in the extremes).

Suffering and the self. As mentioned, Buddhists do not believe in a permanent self. Rahula (1959) relates that the Buddha said to his followers, “There is no unmoving mover behind the movement. It is only movement. It is not correct to say that life is moving, but life is

movement itself. In other words, there is no thinker behind the thought. Thought itself is the thinker. If you remove the thought, there is no thinker to be found” (p. 26). These teachings indicate that erroneously clinging to a sense of self is part of the reason why people suffer. Christensen (1999) stated, “regardless of whether suffering is identified as anxiety or depression, desire and suffering always relate to the self in that desire is for (1) a pleasurable experience that the self will acquire, (2) being (existence), and/or (3) non-being (nonexistence)” (p. 42). These desires also highlight the difference between how things are and how the person would like them to be.

The five aggregates (*skandhas*), form (*rūpa*), sensations/feelings (*vedanā*), perceptions (*samjñā*), volitions (*samskāra*), and states of consciousness (*viññāna*) mislead people into believing in permanence and a sense of self (Burton, 2004; Daya, 2000). It is easy to believe that there is a self because people get feedback from their senses that seems to confirm this idea. People believe that their ability to think and feel and describe who they are means that they have a self. Daya (2000) writes that we are misled because we think that just because we can describe something, like the self, it means that it exists; “...qualities and characteristics of self cannot be simultaneously used as evidence for the existence of the self” (p. 259). Our perceptions cannot be used as evidence because “the world as it really exists is not available via perception, because perception is already an interpretation (Burton, 2004, p. 35). This is part of the illusion of samsara.

Daya (2000) indicated the illusion of having a unique self makes people feel separated from the world, which contributes to a feeling of dis-ease. Part of this sense of separation is created and enforced by the individual because he/she determines elements that are “me” and “not me” and the “not me” elements are seen as threatening to the self (p. 262). The person then

must live up to the image that he/she has created. Daya states, “whatever a person has written into his/her definition of self, he/she is thereby required to search for, cling to, or defend” (p. 260). Our emotions can also contribute to the illusion of the self. This concept is illustrated by the five hindrances.

The five hindrances are also born out of our sense of self and prevent us from seeing reality. The five hindrances are: (a) overexuberance and remorse, because they cause the individual to further attach to the object; (b) vindictiveness, because it reinforces the idea of the self because it stems from a transgression against the self; (c) gloominess, because it dulls perception; (d) attachment, because it is based on an illusion; and (e) indecision, which stems from an inability to see reality (Daya, 2000, p. 262). Goldstein (1976) illustrates how the five hindrances cloud reality with a pond metaphor:

Imagine a pond of clear water. Sense desire [attachments] is like the water becoming colored with pretty dyes. We become entranced with the beauty and intricacy of the color and so do not penetrate to the depths. Anger, ill will, aversion [vindictiveness] is like boiling water. Water that is boiling is turbulent. You can't see to the bottom... Sloth and torpor [gloominess and drowsiness] is the pond of water covered with algae, very dense. One cannot possibly penetrate to the bottom because you can't see through the algae... Restlessness and worry [overexuberance and remorse] are like a pond when wind-swept. The surface is agitated by strong winds... Doubt [indecision] is like the water when muddied; wisdom is obscured by murkiness and cloudiness. (p. 53)

So, certain mental states can be more or less conducive to fostering enlightenment (escaping suffering).

Solutions to suffering. The ultimate solution to suffering is enlightenment where one is

no longer bound by the cycle of birth, death, and rebirth. A person cannot simply choose to be enlightened, but can engage in actions that are more or less conducive to enlightenment. A Buddhist might engage in following the teachings of the Buddha, compassion, meditation, and using thought exercises, parables, and planned action.

Following the teachings of the Buddha. As mentioned, the Buddha articulated the Four Noble Truths and advocated following the Eightfold Path as a means of transcending suffering. The third Noble Truth is that one might eliminate suffering by eliminating craving (Rahula, 1958). In order to eliminate craving, one must see reality for what it really is (impermanent). The fourth Noble Truth is that the way to eliminate suffering and craving is to follow the Noble Eightfold Path which involves: “(1) Right Understanding (*Sammā ditthi*); (2) Right Thought (*Sammā sankappa*); (3) Right Speech (*Sammā vācā*); (4) Right Action (*Sammā kammanta*); (5) Right Livelihood (*Sammā ājīva*); (6) Right Effort (*Sammā vāyāma*); (7) Right Mindfulness (*Samma sati*); and (8) Right Concentration (*Samma samādhi*)” (Rahula, 1958, p. 45). The Noble Eightfold Path is not merely conceptual, rather it must be lived. In support of this idea, Burton (2004) delineates that “knowledge by description” is different than “knowledge by acquaintance” (p. 32) and true practitioners of Buddhism must learn by knowledge of acquaintance, which involves action. Rahula contributed this idea by writing of Buddhism, “It is always a question of knowing and seeing, and not that of believing. The teaching of the Buddha is qualified as *ehi-passika*, inviting you to ‘come and see,’ but not to come and believe” (p. 9). Practitioners are able to “see” and develop wisdom in three ways: from listening to Buddhist teachings, reflecting on the teachings, and from meditation. It is the practitioners’ responsibility to engage in these activities.

Though Buddhist practitioners are invited to follow the Buddhist path, it is the

individual's responsibility to become enlightened on their own instead of looking to others to be a refuge. The Buddha was recorded as saying, "One is one's own refuge, who else could be the refuge?" (Rahula, 1958, p. 1). On his deathbed, when his most loyal attendant, Ananda, asked him if he would leave instructions on how the *sangha* (order of monks) would be run, the Buddha left no instructions other than that Ananda should consider himself and the Dharma as his refuge and not look to anyone else, even the Buddha. So, unlike other religions which advocate placing faith in a supreme being, Buddhists believe that individuals are responsible for ending their own suffering.

Compassion. While compassion cannot eliminate suffering, it can make it more bearable and help people understand the nature of reality. Buddhism encourages love, but only in a more global form; individual and specific attachment to people is not encouraged (Ohnuma, 2007). There are different ways that a person can care for others. Ohnuma writes about the different elements of caring, "*Loving kindness* is the desire to do good for others, *compassion* is the desire to remove misfortune from others, *sympathetic joy* is the desire to rejoice in others' happiness, and *equanimity* is the desire to treat all beings equally" (p. 101). Compassion is even more central in the Mahayana sect because bodhisattvas choose to remain part of the cycle of birth and death in order to help others out of compassion. Compassion is also important because hateful feelings, as seen in the five hindrances, prevent a person from seeing the nature of reality and also reinforce the idea of the self, which causes suffering. One can cultivate compassion and combat the five hindrances with meditation.

Meditation. Meditation is an important tool in understanding craving and impermanence. The defilements that are barriers to enlightenment never disappear, but they can be rendered harmless by calm, "It's like water with sediment in it: when it is still, it's clear, but when

something stirs it, the dirt rises up and clouds it” (Chan, 2005, p. 40). Attention can be trained by observing the way that thoughts arise and pass in the mind (Twemlow, 2001b). Burton (2004) writes that one can become conscious of unconscious beliefs and desires (like permanence) through meditation. He states that, “One must have knowledge of the contents of one’s mind before effort can be made to transform them, yet maintaining this awareness itself requires effort” (p. 71). Mindfulness is not an easy task. Practitioners must practice daily and become dedicated in order to experience the benefits.

There are different steps to achieving mindfulness. Twemlow (2001b) writes about the seven basic thought patterns/levels of consciousness: (a) logical thought (*shiryō*), which is governed by logic and seeks to integrate the past and future with present knowledge; (b) scanning (*fushiryō*), in which attention moves from thought to thought without favoring any particular thought; (c) automatic thinking (*hishiryō*), where action is thoughtless but not impulsive; (d) selfless concentration (*mushin*), selfless absorption in the external world that is necessary for empathic listening; (e) mindfulness, which involves noticing without processing; (f) one-pointed concentration (*samadhi*), where single object concentration can be maintained without distractibility of the mind; and (g) enlightened awareness, where one is constantly aware of the world and duality and unity (p. 28). With continued practice, one can move up through the levels of consciousness. There are different meditation practices that facilitate this process.

Rubin (1999) writes about two different types of meditation, concentrative meditation (which seems similar to Twemlow’s one-pointed concentration) and insight meditation. Concentrative meditation involves focusing on a single object (perhaps the breath) to the point that every other stimulus is excluded. Insight meditation is usually performed after a practitioner has been successful practicing concentrative meditation. Insight meditation involves attending to

thoughts and feelings without attachment. The goal is to be able to relate to experiences in a different way. A true practitioner relates to the world in this way not only when meditating, but it is how he/she lives his/her life. This idea is articulated by Ikkyu, a Buddhist poet:

I am like a leaf in the wind, and who knows where the wind goes? I see where I am going; I live every moment consciously, yet without attachment or desire. I will not be disappointed, because my desires are extinguished. I cannot be lost, for I have no goal. I am a leaf in the wind, taken up into the large whole, determined by a web of factors. If I am truly empty, there is no 'self' no personal, independent identity, but only consciousness from moment to moment. I therefore no longer feel the need to fear the danger of becoming lost or death itself. (Frank, 1982, p. 80)

Ikkyu lives moment to moment instead of being fixated on the past or future, or the idea of the self. One can facilitate this mindset in different ways.

While sitting meditation is a common way to cultivate mindfulness, another way that a person can be mindful is to attend to simple daily events, like washing dishes; "It is the proposition of Zen practitioners that attention to mundane daily matters will assist in the efficient and effective living of one's life, rather than preoccupying oneself with things that have happened (the past) or might happen (the future)" (Twemlow, 2001, p. 7). In this way, Buddhists can integrate mindfulness concepts into their whole lifestyle. It may be helpful for a therapist to encourage a client to be mindful about some daily task such as homework in order to build his/her ability to be mindful.

Thought exercises, parables, and planned action. Buddhist practitioners, especially Zen practitioners, can also use more guided ways to induce Satori (brief flashes of enlightenment). These methods involve parables, thought exercises, and planned action.

The parables are used to illustrate different messages. One parable about Hakuin, a Zen Master, illustrates the impact of certain emotions:

Hakuin, a Zen Master, was approached by a soldier who asked: ‘Tell me, is there really a heaven and a hell?’ Hakuin asked the soldier’s identity and he was told that he was a Captain of the Emperor’s Temple Guards, a very high, important rank. ‘Nonsense,’ Hakuin said, ‘no Emperor would have *you* around him. You look like an ignorant beggar to me.’ No one spoke to a samurai in that manner and the soldier instinctively grasped his sword firmly by the handle. Once the sword was drawn, according to the ancient rite, it had to be used. Hakuin knew that, but he continued: ‘Oh, you have a sword I see. Not only is it too dull even to cut a melon, and the blade rusty and neglected, I doubt you even know how to use it.’ The soldier erupted into rage, drew the sword and raised it over Hakuin’s head, his hands and arms trembling with the force of his strong emotion. ‘And now my son,’ Hakuin said calmly, looking deeply into the soldier’s eyes, ‘you know half the answer. You are opening the gates of hell.’ The soldier stood transfixed, drew back as if struck in battle, sheathed his sword, bowed, and began to weep. ‘And now my son,’ Hakuin continues, ‘you know the other half. You are opening the gates of heaven.

(MacHover, 1984, p. 91)

As discussed with the five hindrances, feelings like anger and vindictiveness are not conducive to attaining enlightenment. The soldier was very tied to his self and his status as an elite Captain was integral to his identity. So, when Hakuin belittled his rank, he threatened his very self, which is an illusion anyway. With Hakuin’s words, the soldier learned both compassion and humility, both of which will aid him on the path toward enlightenment.

Another parable involving a grieving mother elucidates the universal nature of suffering.

Ohnuma (2007) describes the parable:

... the young mother Kisā Gotami goes mad after the death of her infant son, carrying the corpse from door to door, asking for medicine to cure him. A wise old man, recognizing that only the Buddha 'knows the medicine for her' tells Kisā Gotami to ask the Buddha for help. When she does, the Buddha says he will give her such medicine, but only if she brings him some white mustard seed from a house-hold that has never experienced death [in other translations they use the word suffering instead of death]. Predictably, Kisā Gotami can find no such place. We see her wandering from house to house—first desperately and then resignedly—as a physical representation of the process by which her grief gradually universalizes into an analytical understanding of the omnipresence of death and suffering. (p. 107)

Kisā was able to understand that suffering is universal and to understand how her attachment to her child contributed to her suffering. Understanding that others share her plight can also contribute to compassion.

Another way Buddhists challenge their minds and experience satori is through koans, which are riddles that defy rationality (MacHover, 1984). Koans are designed to elicit more intuitive and transcendent responses. The success (or not) of koans is absolute; the person either understands it and experiences satori, or they do not. MacHover gives some examples of koans:

There are simple koans: how old are you? What time is it? Who is your mother? There is no single correct answer for these. Insight responses might be: I am not yet born; I am just born; I am still too young to know; time has stopped; there is no time; time is forever beyond me; my mother is Nature or my nature; I am my mother; she is my daughter; there are no mothers, only sisters. (p. 90)

and “Shuzan’s staff is a famous old koan: If you call this a sentence you are caught by its name. If you do not call it a sentence you contradict reality. What do you call it?” (p. 90). These koans illustrate that one cannot become enlightened through rationality. Practitioners must test the boundaries of their perceived realities.

Another way to deal with suffering is to engage in *yanas*, which are “purposeful or planned physical actions to facilitate *satori*” (MacHover, 1984, p. 91). MacHover discusses an activity that might be assigned:

...select a stone or pebble to remind you of yourself, its rough edges symbolizing parts of you that you would like to change. Only you can learn how best to strike off the rough edges, to smooth them off, to become the best possible you. As you experiment with new behaviors the stone can be a constant reminder of the ‘old you.’ As you improve your self-concept and behaviors, select another stone. (p. 92)

This activity may be helpful to use with clients. Another type of planned action is ritual, which is a structured activity that is regularly repeated (MacHover, 1984). One ritual that is popular in Zen Buddhism is the tea ceremony where the practitioner attends to every aspect of making and drinking the tea. These structured activities provide a space where a person can be mindful and experience the world in a different way. It prompts the person to engage with his/her senses and to immerse him/herself in the present instead of just drinking tea mindlessly, his/her mind consumed with other thoughts.

Summary. Buddhism is a growing religion in the United States and elements of Buddhism are increasingly being integrated into therapeutic practice. Buddhism began when Siddhartha Gautama was enlightened under the Bodhi tree and became the Buddha. He advocated the Middle Way (between asceticism and indulgence) and created the Four Noble

Truths and the Noble Eightfold path to help guide followers. The Buddha's followers also recorded the Buddha's teaching in the Sūtras, the Vinaya, and the Abhidharmas. There are different schools of Buddhism, but most appear to use the Sūtras to guide practice.

The concept of suffering is well integrated into Buddhism and the first Noble truth is that life involves suffering (dukkha). Suffering is caused by craving and desire (the second Noble Truth) and attachment. People can crave many things, but mostly they desire reality to be different than it is. Craving is possible because people do not understand the true nature of existence, which is that nothing is permanent, and there is no stable and enduring self. Due to people's craving and clinging, they are stuck in the cycle of birth, death, and rebirth and are fated to suffer. Enlightenment involves understanding the nature of reality and becoming free of the cycle of birth.

Buddhists aim to end craving and to treat all experiences equally without attachment or aversion. One fosters this mindset by following the Buddhist path, engaging in meditation, cultivating compassion, absorbing the lessons taught in parables, engaging in thought exercises, and engaging in planned action. It is important to note that one cannot simply choose to be enlightened and enlightenment cannot be obtained through logic and rationality because both these modes of thinking are part of the illusion that shrouds reality. Enlightenment would be more of a felt experience that transcends our perceptions of reality.

Themes of Suffering

This dissertation has outlined different ways that suffering is dealt with in Christianity, Islam, and Buddhism. These religions provide different meaning-making structures to help followers manage their suffering. Both religion and psychology have this function in common. In the field of psychology, Yalom (1980) writes about meaninglessness as one of the ultimate life

concerns. The existentialist Nietzsche also summed up the need for meaning and how it relates to suffering, “He who has a why to live for can bear with almost any how” (as cited in Frankl, 1992, p. 84). Psychological theories make meaning of suffering in both similar and different ways from religion. This section discusses some of the common themes about suffering that were gleaned from the explorations of the religions specifically: suffering because of free will/human weakness; suffering as a test, sacrifice, or impetus to growth; suffering as punishment; suffering because of the self and/or soul; suffering due to separation/attachment; and suffering due to errors in understanding reality. This section also addresses how these different themes are dealt with in the field of psychology. To be clear, the exploration of the themes in psychology literature is not intended to be exhaustive, rather it is just a taste to give the reader a select sampling of how different theorists handled the material.

Suffering Because of Free Will/ Human Weakness

Religion. Christianity and Islam posit that people suffer because the free will bestowed on them by God/Allah allows them to choose the sinful path (Fides, 1988; Hamdan, 2007). They also suffer because engaging in sinful behaviors prevents them from living up to religious and personal expectations (Vroom, 1996). Muslims (Ayoub, 1978) and Buddhists indicate that suffering is partly due to desires. Desires may tempt a person to walk a sinful path, according to Christianity and Islam, which can lead to eternal suffering. In Christianity and Islam specifically, humans may also suffer as they try to address their weaknesses (Cook, 2007; Geaves, 2005). However, this suffering can be seen as worthwhile if it is a sacrifice or if it leads to growth, which is discussed in a later section.

In Buddhism, desires are the root of all suffering and if one can eliminate desires, one can become enlightened and eliminate suffering (Chan, 2005; Christensen, 1999; Rahula, 1958). In

Buddhism, desires are not necessarily sinful or bad as they are portrayed in Christianity and Islam, rather they are simply erroneous because they are not based in reality.

Psychology.

Free will. The idea of free will is also addressed in psychology with mixed opinions. There has long been a debate about whether humans have indeterminate free will (will being independent of any other conditions) or if action is dictated by determinism, which indicates that will is dependent upon a number of physical and psychical conditions (Wilks & Ratheal, 2009). Probabilistic theories of causation used to address free will provide a middle ground and dictate that free will is not a simple matter of cause and effect, rather a “cause” simply increases the *probability* of certain events (Wilks & Ratheal, 2009). Some theorists believe that different types of behavior, like immoral behavior, are caused by indeterminate free will (the person needs to choose to go against the grain of society to do something immoral), while neutral and automatic kinds of behavior are not subject to free will but are deterministic (Wilks & Ratheal, 2009). The conscious mind is a necessary part of a person’s ability to make these choices of how to behave.

Wegner (2004) writes that an important element when considering will is the conscious feeling of causing an action, “...will is experienced as a result of an interpretation of the apparent link between the conscious thoughts that appear in association with action and the nature of the observed action. Will is experienced as the result of self-perceived apparent mental causation” (p. 654). Wegner himself, however, is not convinced that we can truly know the mechanism that causes the action. He described thoughts as a preview to the action rather than the cause of the action; he does not see the presence of conscious thought as enough evidence to prove that an

action was willed. There might also be other causal factors involved in action besides that of the conscious mind.

Psychodynamic theorists (which tend to be more deterministic) have long written about the power of the unconscious in driving human behavior. The unconscious drives and desires can manifest as behaviors that may puzzle the person who is engaging in the behavior, such as Freud's (1895/1989) client Anna O. refusing to drink water because she was unconsciously disgusted because she had once witnessed a dog drinking out of her cup. People use psychological defenses in order to protect themselves from material that is threatening or unpalatable by removing it from their conscious mind in some way (A. Freud, 1946). Using the defenses is an unconscious process, so people do not necessarily choose to use certain defenses. More about defenses will be discussed in a subsequent section.

Human relationships are also subject to influence from the unconscious. Interpersonal theorists write about how people unconsciously build a template for relatedness based on experiences with primary caregivers and then use that template unconsciously when interacting with others, replicating patterns (Safran & Segal, 1990) even if the template is no longer adaptive for the current situation. These examples of the role of the unconscious seem to imply that a person's free will is hampered; he/she is acting in a certain way due to unconscious forces rather than because of conscious intention. There is also biological research that illustrates ways that forces other than the conscious mind can dictate action.

Neural and memory researchers have written about nonintentional conscious experiences, like mind popping ("instances in which prior experiences have an effect on responses that are not intentional in the usual sense of the term; there is no deliberate attempt to recover the material" [Mandler, 2005, p. 332]), déjà vu (a specific type of mind popping), and people being

involuntarily triggered to remember events by identifiable cues. Other researchers have explored interesting neurological conditions, like alien hand syndrome, in which a person experiences one of his/her hands as acting on its own without the person willing it (Wegner, 2004). These examples suggest that people have less control over their minds than they would like to believe.

In contrast, other theorists consider free will to be a crucial part of human existence and experience. Existential theorists, for example, challenge the idea of determinism and they write about how humans actually suffer because of the overwhelming extent of their free will; it is frightening when they are confronted with the true power of their freedom and capacity for choice (Yalom, 1980). The human's power (to make choices and forge his/her own destiny) is emphasized and existential therapists assert that humans have the freedom to "choose [their] way of being" (Dreyfus, 1962, p. 131). Siew and Khong (2003) write about the impact of freedom and choice and describe that "dis-ease is related to the individual's existential anxiety about being continually confronted with possibilities, having to choose, speculating whether he or she made the right choice, and learning to feel at ease with the decision" (p. 40). Accepting freedom, though frightening, must be done in order for people to fulfill their potentialities.

Other writers consider people's perception of the power they have to control their lives as important when considering free will. Walker (2004) points out that philosophers often neglect the person's locus of control (whether they perceive events as within their control or if they perceive themselves at the mercy of external factors [as outlined by Rotter, 1966]) and the person's perceived level of self-efficacy (belief in their ability to succeed) when discussing free will. He indicates that it is difficult to exercise free will if the person has an external locus of control and/or a low sense of self-efficacy.

People certainly make choices every day and, as mentioned, the existentialists focus on

that power of choice. The question though is, if people often behave due to unconscious forces, thereby preventing the person from truly using the power of choice, then does the person have free will? If people believe that it is impossible for them to succeed do they have free will? The assumption seems to be that therapy can help a person become more aware of the unconscious material that is driving him/her, so maybe in that way the person can move closer to having free will. Cognitive behavioral theorists seem to have a similar idea in that as a person becomes more aware of how their core beliefs and negative automatic thoughts affect their emotions, they can work to change their thoughts, thereby also changing their emotions (Beck, 1995).

CBT theory highlights the power of the individual in both creating and ameliorating their suffering (Dobson & Dozois, 2001). It is in the client's power to control their thoughts and behaviors and to, as a result, reduce their suffering. Therapists also often help clients to build a sense of self-efficacy so that they can make choices and feel confident in them. So, it appears that psychologists may also agree that suffering may be caused by free will, for the existentialists because the person is too intimidated by the extent of their free will to use it, and for other branches of psychology, because a person's free will is stymied by unconscious forces and mechanisms which get into the way of making truly free decisions.

Desires. Different psychological theories, like psychodynamic theory, also acknowledge that suffering can be caused by desires. The Freudian psychic structure of the id, ego, and superego illustrates this idea. The id embodies the primitive drives with no regard for consequence, while the superego is concerned with morality, and the ego struggles for balance between the two (MacHover, 1984). Vella (2007) writes about how individuals create suffering by having natural desires that lead to unconscious guilt and then punishment by the Superego. One cannot live in harmony with society if he/she simply acts upon desires with no regard for

consequence, so the psyche has different ways of dealing with desires. As mentioned earlier, one way that people deal with unpalatable desires is by using psychological defenses to protect their psyches. Repression is a common defense that relegates the dangerous impulse or desires a person has to the unconscious (Gay, 1989). Some of the other well-known defenses are: denial, displacement, projection, reaction formation, and sublimation (as indicated in the *DSM-IV-TR*; APA, 2000).

Psychology theorists also acknowledge that people suffer because they desire their current situation to be different. A person who has social anxiety and is friendless may desire to be more socially connected and also desire to be relieved of anxiety. A person who has just experienced a significant loss may desire to still have that person in his/her life. Another person may look upon others with envy and desire to have what they have and their lack causes suffering. So, desires are seen as playing a substantial role in suffering.

Suffering as a Sacrifice, Test, or Impetus to Growth

Religion. Especially in Christianity and Islam, suffering can be seen as a sacrifice or a test. In Christianity, for example, Christ suffered and was sacrificed to save the whole of humanity (Fides, 1988; Keating & White, 2009; Marshall, 2009). Similarly, the suffering servant suffered for the sins of the multitude (Isa, 53:1-12). Job also suffered as a test of faith and then later was rewarded for his faith (McCord-Adams, 2009). In Islam, Muhammad and his family's suffering was also seen as proof of their faith (Ayoub, 1978; Hamid, 2008). It could also be said that the Christian saints' (Cunningham, 1980) or Muslim martyrs' (Ayoub, 1978) resoluteness in the face of death and torture could be seen as a test of faith which often led to a sacrifice of their lives.

Suffering can also lead to growth (Lau, 2000). Some religious followers believe that suffering is inherent in the religious journey and people can better themselves and grow through the journey (Etezady, 2008; Jones & Butman, 1991; Loufty & Berguno, 2005). Tests of faith imposed by divine beings might also be seen as vehicles for growth in Christianity and Islam (Hamdan, 2007; Hamid, 2008). From a different perspective, Buddhists would not necessarily see suffering as an opportunity for growth; rather they would see a lack of growth as contributing to suffering. For example, Buddhist teachings caution against sedimentation (becoming fixed in one's ideas; Christensen, 1999; Daya, 2000), which can illustrate a lack of growth. This sedimentation may be seen as a form of attachment to ideas or a certain lifestyle, which prevents enlightenment. Part of the growth process involves self-knowledge so that a person is aware of his/her weaknesses (Etezady, 2008). In Buddhism, self-awareness can be cultivated by using meditation practices to become more aware of the contents of one's mind (Burton, 2004; Chan, 2005; Twemlow, 2001b).

Psychology. The idea of suffering as a test or sacrifice is less common in the field of psychology, but different theorists do write about how ultimate concerns, like suffering, are inescapable and suffering is part of being human. Nietzsche also wrote about despair, will, guilt, anxiety, and loneliness as states of being rather than emotions indicating, "It is not something that we 'have,' but something we 'are'" (as cited in May, p. 77). Kierkegaard described despair as a state that is fundamental to existence, not an emotion, so, for him, a person does not necessarily have to feel despairing in order to be in despair (Jones & Butman, 1991). Suffering is unavoidable, but it can also be seen as necessary for motivation (Dreyfus, 1962), and inner growth is often preceded by suffering (Mayers & Svartberg, 2001).

Suffering is necessary, in part, to help a person develop a self. Winnicott (1965), an

object relations theorist, wrote about how a baby begins life with little sense of the boundary between the external world and the baby. The baby believes that he/she wishes things into being (subjective omnipotence; Winnicott, 1965); the baby feels hungry and all of a sudden the mother is there feeding him/her. In order for the baby to begin to develop a separate identity, he/she must endure times when the mother is not perfectly attentive, or there is some delay in getting what the baby wants. Through this process of disappointment, the baby begins to understand that the world is also made up of other people, each with their own separate desires.

There is certainly a limit when considering suffering that leads to growth and suffering that is simply harmful. The child needs to relate to primary caregivers in order to grow, and suffering can result when the mind has not developed as it should. Some frustration is necessary in order for the child to understand that he/she is separate from the parent (Gurney & Rogers, 2007; Winnicott, 1965), but when the mismatch between the child's needs and the parent's actions or the frustration the child experiences is too great, then suffering can develop (Ferro, 2005). One potential mismatch could be the availability or the non-availability of certain emotions in the parent. It seems that what Ferro is describing is a lack of mirroring on the part of the parent, though he does not use that word. The child needs the parent to mirror him/her because, "through these exchanges, the infant gets its initial sense of what it looks like (at least to the mother) and is able to use these experiences as building blocks for future experiences of self and others" (Parker, 1983, p. 287). Unsatisfactory relational experiences leave psychic residue, perhaps as bad objects, etc... which the therapist helps the client metabolize in a different way than they had when they first had the experience.

Existential psychologists in particular often focus on growing through suffering. Drawing from his experience of being confined in a concentration camp, Frankl (1992) wrote

about how experiencing suffering gives people the opportunity to find deeper meaning in their lives and to achieve something with their suffering. He created logotherapy, which deals with the client's meaning making and values and how they can be fulfilled. He wrote about the need for tension for growth and described how architects deal with strengthening an old and weak archway by increasing the weight on the arch so that the stones are pressed together more firmly, making the structure stronger. So too can clients become stronger under pressure and existential theorists posit that challenges should be welcomed instead of dreaded. Van Deurzen-Smith (1997) explored some of Kierkegaard's writings that expand on this idea. She articulated that Kierkegaard believed that people try too hard to make their lives easier when they should be challenging themselves. Van Deurzen-Smith indicated that "rather than smoothing our path and becoming shadows of what we really are, we should take the rugged hard road and discover our true capabilities" (p. 15).

Certain theorists have written about the process of growing through suffering and what kind of growth is typically achieved. Joseph and Linley (2006) found in their review of the literature that people who grow through suffering find that their relationships are enhanced in that they value people more and are more compassionate, have a sense of their own personal resiliency and wisdom, tend to reevaluate their priorities, often discover an increased appreciation for the little things in life, and often undergo changes in their spiritual beliefs. In order to experience this change, the person first experiences a psychological disequilibrium (often due to some kind of trauma), which shatters their prior schemata (Joseph & Linley, 2006; Mahoney, 1982; Tedeschi & Calhoun, 2004). The person then needs to rebuild his/her schema in order to incorporate the trauma.

There are ways of rebuilding schema that do not result in growth. Joseph and Linley

(2006) indicate that a person can process traumatic information by assimilating it to fit into the existing schema that the person has, which would not result in growth because the information is being changed to fit the schema instead of the schema being changed to fit the new information. Or, the person can deal with the traumatic information by changing his/her schemas and worldviews to accommodate the new information (accommodation), which can result in growth. Joseph and Linley write about how the Rogerian idea of the fully functioning person, a person who accepts and values all aspects of him/herself, contributes to theories of growth. Without accommodating the new information in a way that is genuine and consistent, the person cannot accept and value all aspects of him/herself, so he/she would not be a fully functioning person. Other people in the person's life also contribute to how the person handles the traumatic material. Joseph and Linley (2006) indicate that being in a nurturing social environment is essential for providing the support a person needs to accommodate the new information in a helpful way. On the other hand, people in the client's life may also hamper the growth process. For example, these authors caution therapists from encouraging clients to simply assimilate their experiences (with no change in the schema) because then they cannot grow from them. The client's self must be reintegrated with their experience so that they can be a fully functioning person.

Suffering as Punishment

Religion. All the religions discussed can depict suffering as a punishment. In Christianity, original sin is based in punishment; Adam and Eve disobeyed God and they were punished by being forced to face disease and mortality (Peters, 1990). Muslims also believe in the Adam and Eve story and are mindful about how people can be punished for their disobedience (Ayoub, 1978). In both religions, people can also face eternal damnation as

punishment for their sins. So, Christians (Rom. 5:2-4:2; Cor. 1:4-7) and Muslims are concerned with conquering sin (Vroom, 1996). As such, someone from a Muslim or Christian background might deal with the suffering inflicted on them as punishment by repenting (Hamdan, 2007).

Buddhist tradition too contains allusions to punishment when considering reincarnation. People are born into more advantageous environments based on their karma (Rahula, 1959). If they are greedy and cruel, they risk being reborn into one of the hells, which may involve suffering such as starvation and being cut by knives (Strong, 2003).

In all the mentioned religions, people can avoid punishment by following the rules of their religious leaders and community (Burton, 2004; Hamdan, 2007; Rahula, 1958; Raiya & Pargament, 2000; Vroom, 1996). For example, Vroom writes about how people suffer when they deny God's plan and try to be their own gods, so one way to deal with suffering is to have faith in God's plan. If people follow the rules, then they will not be punished and they will also receive a heavenly reward (in Christianity and Islam). In Buddhism, there is not necessarily a demand or reward for following the guidelines that the Buddha outlined (a person can only depend on him/herself to become enlightened), but enlightenment might be more easily facilitated by following the Buddhist path.

Psychology. Classic Freudian theory deals with punishment when considering the Oedipus complex, as the male child desires his mother and fears castration by his father as punishment (Freud, 1925/1989). Behavioral theory also deals with the ideas of rewards and punishments. Early theorists like Skinner (1950) explored how people and animals can be conditioned to produce certain responses depending on if the behavior was reinforced or discouraged. Punishments, or rather approval and disapproval, can also shape how someone relates to others. Children learn from their parents about what traits are admired or reviled and

they learn to behave in ways that will get the most positive feedback (Saffran & Segal, 1990). Behavioral and cognitive behavioral therapists encourage people to track their behaviors in order to understand the consequences of their behavior and how to change it (Beck, 1995). The ABC model (articulated by Albert Ellis, 1962) used by cognitive behavioral therapists illustrates how the idea of consequences is built into the theory. The model illustrates that activating events initiate beliefs about the event, which then lead to consequences or symptoms. In contrast to religious leaders, these theorists are not particularly interested in adhering to certain moral guidelines, rather they are interested in promoting effective behavior that enables clients to fulfill their goals (Jones & Butman, 1990).

Suffering Because of the Self and/or Soul

Religion. In Christianity and Islam, a person has an enduring, core element called the soul, which is the essence of the person. The soul embodies the totality of the person and is also called “the breath of life” in the Old Testament of the Bible (J. R. Beck, 2003, p. 26). J. R. Beck (2003) also indicated that “the soul can be linked with the heart (Deut. 6: 4-5), and it is considered the seat of mental activity (Deut. 4:9)” (p. 28). In Islam, suffering can be caused by an imbalance in the soul (*nafs*; Khalid, 2006). The imbalance can occur when there is tension between the part of the soul that desires and the part of the soul that has moral awareness. The soul is affected by a person’s actions on earth, which will determine the soul’s eternal fate. In Christianity and Islam, the soul will suffer if the person is sinful and is sent to hell after their death as punishment.

In Buddhism, suffering is caused by the self/soul (*atman*), but in a different way than in Islam and Christianity. Islam and Christianity assume that the soul is something real and enduring, but Buddhist teachings indicate that there is no enduring quality of a human (*anatman*)

and the belief in a soul or self is illusory and perpetuates rebirth and suffering because the person is attached to his/her identity and they do not want it to disappear. Certain emotional states (the five hindrances) also cause suffering because they fool the senses and perpetuate the idea of the self as something real (Daya, 2000). So, in this way it is people's belief that they have a soul or self that causes suffering.

Psychology. Psychology theorists write about a less transcendent construct than the soul called the self, which is similar to the soul in that it is the essence of a person, their core (J. R. Beck, 2003). Not all theorists agree on what elements make up a self and some do not believe that there is a self at all. Some conceptions of the self may imbue the same flavor as the soul, such as Freud's, as he uses words to describe the psyche that are reminiscent of the soul (Berke & Schneider, 2006) and Jung's version of the self also has a transcendent flavor that seems similar to conceptions of the soul. Freud and Jung both see the self as the core of the person and they both delineated different self-structures that can contribute to the person's suffering.

In Freudian theory, as discussed earlier, the psychic structures the id, ego, and superego, are in a constant battle for dominance as the id desires, the superego restricts, and the ego tries to mediate. Jones and Butman (1991) describe the process:

“... conflict is intrinsic to human nature and forms the core of our being. The key psychic drives inevitably conflict because the aggressive and erotic desires do not naturally complement each other. The structures conflict also: id and superego battle, like two powerful horses, with the relatively impotent ego astride them both.

Consequently, conflict is as much a part of normalcy as it is of pathology. (p. 72)

People can deal with the tension of the self-structures better, if they become aware of their unconscious material and how it affects them.

A person can also suffer when they have desires or impulses that are incompatible with their image of themselves, or when they fail to live up to their ideal self. Very early in life children learn what is “me” and “not me” in their development of themselves. Parents contribute to this development and their reactions inform the child of what characteristics are desirable and undesirable. This sense of expectation of how the person needs to act in order to maintain relatedness may lead the person to act in a way that is disingenuous with his/her self in order to maintain relationships. Existential and person-centered therapists are particularly concerned about the suffering that occurs when clients are not being authentic and when they feel the need to hide parts of themselves. These therapists seek to help clients live more authentically, which can open up more choices and potentialities (Dreyfus, 1962). The client and therapist may examine what aspects of self are held back and explore how they might give these aspects voice. This intent is similar to how a Jungian therapist might work with a client.

Jung’s model of the psyche also assumes that suffering is inherent in the design of the self; the fragmentary nature of the psyche causes suffering and the goal of therapy is integration of the different archetypes. His model contains three parts: the conscious, the personal unconscious, and the collective unconscious (Jung, 1981). The conscious is self-explanatory and involves the elements of the person and the environment that the person is aware of. The personal unconscious includes elements that the person is not aware of, but that are unique to the person and born from experience, like memories. The collective unconscious is perhaps the most controversial aspect of Jung’s model. The collective unconscious is the portion of the psyche where all of the wisdom of humans since the beginning of time (expressed as archetypes) is contained. A person may suffer depending on the expression of different archetypes. Also, there is naturally tension between the different archetypes that can be difficult to manage.

One archetype that may conflict with other archetypes is the Persona. Singer (1994) describes the Persona as the face that people show to the world. It can be seen as a mask for the collective unconscious. The Persona is meant to show something of what the person is like, but it does not represent the person as a whole and, therefore, is the opposite of the Self (which integrates all aspects of a person). In dreams and imagery, the Persona appears as cover-ups, like hats and capes, because that is the function of the Persona; it covers up some of the more undesirable aspects of a person. It is common for people to identify with the Persona and believe that it represents the self. For example, if someone's Persona is tied up with his/her profession, then he/she will tend to define him/herself by his/her profession. This is risky because then an attack on the person's professional skills becomes an attack on the self and, therefore, much more damaging emotionally for the person. Also, when dependent on the Persona, the person is not able to integrate other elements of self, like the Shadow.

The Shadow is another archetype that often contributes to suffering. The Shadow is perhaps one of the most intriguing archetypes because it embodies all the dark and undesirable aspects of the person. As such, it is a challenging archetype to deal with because people generally have a difficult time admitting to these darker aspects of themselves. However, Jung believed that it was important to acknowledge the darker side of mankind in order to have a human "spark." He said, "What would the rainbow be were it not limned against the lowering clouds?" (Jung 1981, p. 225). People deal with their Shadow aspects in different ways. One way of dealing with the Shadow is by projecting it onto others; the undesirable aspects we see in others are the aspect we despise in ourselves (Singer, 1994). It is harmful to completely repress the Shadow; "When one attempts to live out only one side of his personality, the conscious, adapted attitude, the opposite side remains in the unconscious, waiting for some situation which

allows it to break through” (Singer, 1994, p. 169). In this situation where the Shadow is ruthlessly repressed, the darker aspects will come out when the person’s inhibitions are lowered, such as when they are intoxicated or dreaming.

Cognitive behavioral theorists’ conception of the self is that the self consists of schemata and core beliefs that are built in childhood and which shape how the person thinks and behaves (Beck, 1995). These structures, however, are not always stable and enduring because they can be learned and unlearned. Cognitive behavioral theorists do consider that the self can cause suffering if the schemata that make it up are primarily negative. Self-focusing (as in Social Anxiety Disorder where the person is focused on their every move and is negatively evaluating him/herself) has also been identified to increase anxiety and negative affect (Woody, Chambless, & Glass, 1997). In Social Anxiety Disorder, the person worries constantly about how he/she is perceived and often misinterprets others’ behavior as having to do with that person when in reality it may be unrelated. The cognitive distortion of personalization illustrates this concept (Beck, 1995).

While the mentioned theorists (Beck, 1995; Dreyfus, 1962; Freud, 1907/1989; Jung, 1981; Singer, 1994) appear to agree that environment can contribute to the development of the self, they also seem to believe that there is some core element to the person. There are others, however, who disagree. For example, Bruner (2002) boldly advocated that the self as a stable, essential entity does not exist, rather people construct the self through narratives to fit different situations. He asserts that our narratives are our realities and self-making is a narrative art. Bruner theorizes that the way we differentiate ourselves from others is to compare our stories of ourselves to the stories that others have constructed for themselves. Also, the esteem of others is essential in self-making; we may restructure our stories to make ourselves look better to others.

In this way of viewing the self, it seems that suffering could occur when a person compares themselves to another person and finds himself/herself lacking, or if their stories are incompatible with cultural stories. So, many different psychological theories have explored how the self contributes to suffering.

Suffering Due to Attachment and Separation

Religion. In both Christianity and Islam, suffering is caused by separation from the creator (Etezady, 2008b; Loufty & Berguno, 2005; Peters, 1990; Shafii, 2008). People may try to deal with this fear by forgetting their separation (Shafii, 2008), or they may seek re-fusion with the creator (Etezady, 2008b). Religious communities can be helpful because they can help people feel closer to the creator (Abdullah, 2007; Geaves, 2005; Hamid, 2008; Jones & Butman, 1990; Martindale, 1968; Shafii, 2008). In Buddhism, suffering is caused by attachment, whether to a person, an idea, or the self, largely because of the true impermanent nature of these things (Christensen, 1999; Rahula, 1959).

In both Christianity and Islam, the solution to suffering is merging with the creator, in heaven (Etezady, 2008b). Followers might also manage suffering by seeing it as a way to feel closer to religious figures who have also experienced suffering in Christianity (Cunningham, 1980; Fides, 1988) and Islam (Ayoub, 1978). However, in Buddhism, the solution is to relinquish attachments because they contribute to the person being stuck in the cycle of death and rebirth (Christensen, 1999; Rahula, 1959). This does not mean that Buddhists do not care for people, rather compassion is considered important in Buddhism. The difference is that Buddhists are encouraged to cultivate the same level of compassion for all people instead of having attachments to specific people (Ohnuma, 2007).

Psychology. All psychology theories in some way acknowledge the importance of

human connection and indicate that suffering results when people feel isolated. Yalom (1980) writes about three kinds of isolation, interpersonal isolation: intrapersonal isolation, and existential isolation. In the first type, the person experiences loneliness and is isolated from people. In the second, the person splits off parts of him/herself (perhaps their anger or other qualities the person finds undesirable) and is isolated from them. In the third the person feels separate from the world and feels the "...unbridgeable gulf between oneself and any other being" (p. 355). "Perfect communication" with another human being is impossible, so loneliness is a permanent human condition (Mayers & Svartberg, 2001, p. 542). Engaging with people can help the person feel existential isolation less keenly, but it cannot eliminate it. Yalom writes a poignant passage about this idea:

We are all lonely ships on a dark sea. We see the lights of other ships- ships we cannot reach but whose presence and similar situation affords us much solace. We are aware of our utter loneliness and helplessness. But if we can break out of our windowless monad, we become aware of the others who face the same lonely dread. Our sense of isolation gives way to a compassion for the others and we are no longer quite so frightened. (p. 398)

Though people cannot experience perfect communication, they seem to seek it by immersing themselves in others and looking for "soul mates," or people who will understand them at a deeper level. Being unable to find that perfect person results in suffering.

In psychodynamic theories, like in attachment theory and object relations theory, attachments are crucial. Attachment is seen as a hardwired drive in humans and many theorists believe that people are driven to maintain attachments and relatedness (Safran & Segal, 1990). When children are insecurely attached, it becomes problematic and they are said to have

attachment disorders like ambivalent or avoidant attachment. They also may have difficulty with interpersonal relationships later in life. Object relations schools also theorize that attachments to our primary caregivers are so important that we create internal representations of them that stay with us through life (Parker, 1983).

Loss (separation), which is only possible if the person was first attached, also contributes to suffering (Christensen, 1999). As Christensen noted, “suffering is a desire or wish for one’s experience to not include loss” (p. 41). Freud also indicated that some of the main events that cause suffering are related to loss: object loss, loss of love, and physical loss (castration; Christensen, 1999). Loss is a factor in both depression and anxiety, “in depression the desire relates to a wish that the loss of self/other would not have occurred. In anxiety the desire is that the anticipated loss will not occur or that the current loss will not continue” (p. 40).

In psychodynamic theory, the client’s attachment to the therapist is also important. Suffering is alleviated when the client is able to experience painful events and feelings that he/she experienced in the past (usually with primary caregivers) in a different way with the therapist. For example, a client can express anger or vulnerability with the therapist without being punished, as he/she may have been if that emotion was expressed with primary caregivers. This process is called a corrective emotional experience (Hartman & Zimberoff, 2004). The client is then able to integrate this new experience and heal. The individual may also feel empowered and able to relate to people in a different way (Hartman & Zimberoff, 2004). The therapist provides the client with what they had originally needed when he/she was a child, namely attunement and empathic support (Hartman & Zimberoff, 2004). In this way the therapist can strengthen the client’s ego and help them integrate parts of themselves that had been split off because the client saw them as threatening relatedness with parental figures. This

process becomes possible because of transference between the client and the therapist.

Transference occurs when a client projects feelings, drives, attitudes, fantasies, and defenses that are actually related to childhood impulses toward a parent onto people in the present, namely the therapist (Wolitzky, 2003). In this way the therapist is able to give the client a new experience and to rework the past in the present.

So, as illustrated, attachment and separation are also considered important in psychological theories.

Suffering Due To Errors in Understanding Reality

Religion. In both Islam (Ali, 2007) and Buddhism (Burton, 2004; Daya, 2000), people can suffer because they are unable to see reality clearly. Reality is conceptualized differently for the different religions. In Islam, reality is that people are separated from their creator and they are in debt to him (Shafii, 2008). There is also a more abstract element called the “essence of knowledge” that people seek (Ali, 2007). In Christianity, people also might not see reality clearly if they are blinded by desires and sin. The reality in Christianity and Islam is that the teachings of the religion are correct and the creator is a real and powerful force that people need to submit to. People can suffer when they try to take a path that is in direct conflict with the religious teachings that are regarded as truth. In Buddhism, reality is that everything is impermanent and devoid of self (Daya, 2000).

Psychology. Essentially, many of the psychiatric disorders that people suffer involve some break with reality. In schizophrenia, people show a marked break with reality and may have hallucinations or paranoid beliefs that do not reflect reality (*DSM-IV-TR*; APA, 2000). Mood disorders, like depression, can also interfere with the person’s perception of reality in that the person is biased to only pay attention to information that fits his/her negative schema.

Information that does not fit this frame is either discarded or distorted (Beck, 1995). As a result, the depressed person has a skewed view of reality. In eating disorders, the person also has a skewed perception of reality and often has a distorted body image (*DSM-IV-TR*; APA, 2000). The different psychological theories outline ways to help clients become more aligned with reality, but, as seen with the religions, the reality attended to in each of the theories is a little different.

In psychodynamic theories, the reality is that unconscious forces drive people. In order to deal with suffering, the therapist must access the client's unconscious. Clients can experience positive change through self-awareness and understanding the role of the unconscious (Eliason et al., 2001). Unconscious processes can be accessed through free associations, slips, dream analysis, and through exploring resistance and transference. The therapist gives interpretations that are unearthed through these methods, which leads to the client gaining more insight into what drives them and how they are presently affected by past experiences (Wolitzky, 2003).

From the existential standpoint, reality is that humans struggle with four ultimate concerns: death, freedom, isolation, and meaninglessness (Mayers & Svartberg, 2001; Yalom, 1980). When a human confronts one of these concerns, he/she feels anxiety (suffering) and then utilizes a defense to protect himself/herself from that anxiety, so then the person is not able to see reality clearly when using a defense. Also unfortunately, the defenses are sometimes ineffective in allaying the anxiety, or they might consist of other problematic behavior (i.e., alcoholism, obsessive behavior, etc.), which the person comes to therapy to address.

The realities of freedom, meaninglessness and isolation have already been discussed in earlier sections, but death is another important reality discussed in existential theory that many people fear and try to avoid thinking about. Van Deurzen-Smith (1997) explores Heidegger's

views on death; he viewed death as the ultimate truth of being. He wrote that humans have to face the reality of death in order to fully become themselves. This is not an easy task and fear of death produces anxiety and suffering. Rollo May (1983) indicated “Anxiety is the subjective state of the individual’s becoming aware that his existence can become destroyed, that he can lose himself and his world, that he can become ‘nothing’” (p. 110). A person can deal with death anxiety by finding ways to become symbolically immortal through: propagating the species, engaging in theological pursuits which teach that the person can live on in a higher plane of existence after death, living through creative works that one has left behind, becoming in touch with nature, and having transcendent experiences in which one loses him/herself in an intense state where time and death disappear (Yalom, 1980). Yalom, however, indicates that these ways of dealing with death anxiety are fragile, illusory, and subject to breakdown, so it would be more beneficial to accept the givens of reality rather than to try to hide from them. The existential viewpoint is that the ultimate concerns are inescapable and suffering is part of who we are as humans and we need to deal with and accept reality in order to grow and fulfill our potentialities.

Cognitive behavioral therapists posit that a person’s disconnect with reality contributes to suffering. As such, therapists are concerned with how a person interprets an event and how this interpretation affects mood and suffering. Many CBT theorists assume that in many cases the client’s thinking is distorted and not based in reality (Beck, 1995). Therapists look at: how the client’s current thinking maintains negative feelings, problematic behavior that the client engages in that is both a result of distorted thinking and reinforced by the distorted thinking, precipitating events (events which influenced perceptions), and key developmental events in the client’s life that contributed to the person’s pattern of interpretations (Beck 1995).

At the heart of the client’s dysfunctional thoughts that cause him/her pain are core

beliefs. Core beliefs are: regarded as absolute truths; global, rigid, and overgeneralized; developed in early childhood; they influence automatic thoughts and intermediate beliefs (rules, attitudes, and assumptions); are activated by certain events; and when the core belief is activated, the client tends to only attend to information that corresponds to the belief (Beck, 1995). People develop these beliefs in an attempt to make sense of their environment, but the beliefs often do not change as the environment changes, so they are not in line with the current reality. As a result of negative core beliefs, people may use cognitive distortions. For example, they may engage in catastrophizing (predicting negative future events), “should” and “must” statements (fixed ideas on how the person and others should behave and overestimate the negative impact if expectations are not met), and all-or-nothing thinking (where a situation is only viewed through two categories; Beck, 1995). Beck asserts that helping the client to realistically evaluate and modify their thinking will lead to increased positive mood.

Illustrative Case Example

An illustrative case example may now clarify the application of the discussed ideas. This case example is purely hypothetical and does not represent an actual person. The purpose is to help convey an idea of how to work with a common presenting problem while taking into account the client’s religious beliefs and views about suffering.

The client is a 40-year-old male who identifies as religious (in this case, either as Christian, Muslim, or Buddhist). He lost his job a few months prior to initiating treatment and is experiencing difficulty finding a new job. The client presents as depressed. He reports feelings of worthlessness and does not take pleasure in previously pleasurable activities. The client previously used his faith to find meaning in his life and also to stay connected socially. Once an active member of his religious community, he has currently not been to his place of worship in a

month. The client indicated that his faith is still important to him and he wanted to be able to talk about his faith in session.

Free Will/ Human Weakness

Religion. From the religious perspective, this client's suffering might be seen as due to decisions the client has made (his free will), which might be considered sinful or weak. From the religious perspective, it is up to the client to decide to use his free will to make choices that are in line with his faith. He must also manage his own weaknesses (sins, etc.), which religious leaders may see as contributing to his circumstances. Buddhists would be mindful of how the client's desires are contributing to his current distress and help him to detach and stop desiring.

Psychological. An existential therapist may also see free will playing into this client's distress. The therapist would be concerned about how the client is dealing with his potentialities and freedom. Perhaps the client never considered any employment option other than his previous job, which could contribute to his distress because he is now at a loss of what to do. This point in the client's life could be framed as an opportunity to take a different path and explore a different potentiality. The therapist and client may have different views on what potentialities are permissible to explore, as the client might discount any potentialities that conflict with his religious beliefs. In this journey, the therapist would be concerned about preserving the client's authenticity, so he/she would encourage the client to make choices that feel authentic (Van Deurzen-Smith, 2003).

A cognitive behavioral therapist might address free will by helping the client focus on things that he can control, like his thoughts and responses to this circumstance. The therapist may help him uncover negative core beliefs and automatic thoughts that are being activated by his job loss. The client would then be able to positively change his mood by challenging these

beliefs and thoughts. In some ways similarly, a psychodynamic therapist may help the client uncover unconscious material contributing to his depressed state. As this material becomes unveiled, the client can have more conscious control over his actions.

Test, Sacrifice, or Impetus to Growth

Religion. All the mentioned religions indicate that some suffering is necessary in order to follow the religious path. Christians and Muslims could see suffering as a test of faith. They might look to the examples of religious leaders who experienced similar suffering for cues on how to react. As such, this client may see his goal as learning how to effectively bear the burden of suffering rather than eliminating the suffering (Hamdan, 2007). The client may also believe that this suffering can help him grow as a person (Beck, 2009).

Psychological. A cognitive behavioral therapist might help the client manage his suffering by using behavioral activation and encouraging the client to utilize his social supports. Hopko et al. (2003) writes that “Behavioral activation may be defined as a therapeutic process that emphasizes structured attempts at engendering increases in overt behaviors that are likely to bring the patient into contact with reinforcing environmental contingencies and produce corresponding improvements in thoughts, mood, and overall quality of life” (p. 700). For this client, if the client is willing, the therapist might use behavioral activation to prescribe religious behaviors like prayer and attending religious events (Jones & Butman, 1991; Tang, 2007). The therapist might also help the client reframe his suffering as an opportunity for growth and help him create affirmations that he may use to address some of his negative thoughts.

Existential therapists in particular may help the client explore how he can grow from his pain. They may examine with the client different potentialities that have opened up that the client can access. It could also be that the recent negative events in the client’s life have shaken

the client's faith and current meaning making system (as indicated by Yalom, 1980). The client needs to modify his current meaning-making system in order to incorporate the current experience in a way that is authentic instead of simply distorting the experience in order to fit it into existing meaning-making schemata (Joseph & Linley, 2006). How this would be done would be unique to the client. The therapist would need to be careful not to impose a meaning making structure onto the client, but help the client articulate his own meaning making structure (May, 1968; Yalom, 1980).

Punishment

Religion. The client might view his loss of job as punishment for a sin that he has committed. The client in this scenario also expressed feelings of worthlessness, which may be related to him feeling that he needs to be punished. Thinking that he is a disappointment to God/Allah and that he is not worthy of God/Allah's love may worsen his suffering. The religious solution for this kind of suffering would be to repent for sins and to change his behavior in accordance with religious rules. The Buddhist client may wonder if his current misfortune is related to offenses that he has committed in a past life (as people are reincarnated into more or less advantageous positions based on their actions). He may try to act in a way that is consistent with Buddhist values as a way of dealing with his suffering and preventing himself from being inflicted with more in the next life.

Psychological. Cognitive behavioral therapists often explore the consequences of actions with clients. The therapist and client would seek to ascertain how the client's behavioral choices are affecting his mood. The client and therapist may then work on a plan consisting of both cognitive and behavioral interventions that address improving the client's mood. The CBT perspective would not consider taking a self-punishing stance to be helpful, as it feeds into

negative thinking. However, the therapist might be able to include the religious ideas of redemption and forgiveness to reframe the client's suffering in a way that still addresses his religious beliefs. When talking about punishment and redemption, the therapist and client might examine stories from religious texts in which people sought redemption (Johnson, 2006). The therapist may also use religious concepts to challenge the client's own negative thinking and feelings of worthlessness. For example, the therapist might mention that humans were created in the creator's image (as indicated by Beck, 2005), so how does this idea affect how the client sees himself? Would the creator make something that is worthless (Jones & Butman, 1991)? The therapist might also ask the client to identify passages in religious texts that highlight human worth. These passages can be used on coping cards to remind the client of his worth. The client and therapist can then collaboratively track how thought restructuring and behavioral strategies impact his mood.

Self/Soul

Religious. The client may worry about how his non-attendance of religious ceremonies will affect the state of his soul. He is not currently acting within accepted religious norms. Members of the religious community would likely advocate that he reengage in religious behavior. The client might have also felt that his identity was tied to his job and now that he has lost his job, he might be suffering because of the loss of that identity. Buddhists are aware that suffering occurs when they try to attach to a stable sense of self because it does not exist (Christensen, 1999; Rahula, 1958). This client's identification with his job would be seen as erroneous from the Buddhist perspective and the client would be encouraged to relinquish this attachment.

Psychological. From the psychodynamic perspective, the client might also be suffering

because he is struggling with impulses or desires that he considers intolerable and the client's self structure may deal with these desires in different ways. Psychic defenses might have been activated in order to deal with these harmful feelings. For example, in regards to his religious beliefs, the client might be angry at God/Allah for not helping him in his time of need and that anger is too frightening to consciously acknowledge. He might have internalized his anger and turned it on himself, which could contribute to his depression. Or, the client might be angry at himself for getting fired and project that anger to create a punishing God/Allah. The therapist would help the client to access and deal with this unconscious material.

From the Jungian perspective, one interpretation is that the client had been overidentified with the Persona, which is often tied to the client's profession, and now that he has lost that job, he can no longer depend on the Persona. This may be a good time for the client to be able to explore other aspects of himself that had been hidden by the Persona. Similarly, an existential therapist might see this loss as an opportunity to explore other potentialities. The client would be encouraged to make choices that are congruent with his self and that are authentic so that he can be a fully functioning person.

From a cognitive behavioral perspective, the therapist would be interested in how the client interpreted the recent events. It could be that the client's recent job loss has activated a negative schema and the client may use his job loss as further evidence to confirm negative ideas about himself. The therapist would help the client challenge these negative ideas.

Separation and Attachment

Religious. From the Christian and Muslim perspective, the client would have already been suffering before this incident because he is separated from the creator, but his suffering in this case would be exacerbated because he is also separated from his religious community and is

not partaking in traditions that may help him feel closer to the creator, like worship. The client would be encouraged to resume these practices in order to mitigate the pain of separation. From the Buddhist perspective, the client is suffering because he was attached to his job, which he has now lost. He may have erroneously believed that his job was something permanent in his life.

Psychological. Any branch of psychology likely would understand the need for connection and closeness in order to be happy and healthy. Therapists using different theories would encourage the client to get involved socially and to reconnect with his family and community. From the existential standpoint, however, therapists would acknowledge that there is a chance that the level of connection that the client may wish for is impossible, as we can never truly know another human being. They would also find it unhelpful if the client were to try to become immersed in someone else (perhaps in a romantic relationship or in God) as a way of avoiding existential fears.

Errors in Understanding Reality

Religious. From the Christian or Muslim perspective, the reality is that the client needs to submit to the will of the creator and he needs to follow religious rules. From the Buddhist perspective, the client is suffering because he doesn't understand that the nature of reality is suffering and impermanence and he is clinging and wishing for permanence.

Psychological. From the CBT perspective, the therapist would be helping the client to align his perceptions closer to reality, though reality may be seen a little differently from the CBT perspective than it would from the religious perspective. The therapist would help him look for evidence to discount his negative thoughts and would help him challenge distorted thinking that is not in line with reality.

From the existential standpoint, the client needs to come to terms with the ultimate

existential concerns of mortality, isolation, and meaning making (which are reality). When the client does so, he can live in a more authentic way, which will help him fulfill his potentialities.

Discussion

Experts in the field have made it clear that therapists need to be culturally competent to work effectively with diverse clients (APA, 2003; Sue, 1998; Sue et al., 1992). Researchers have also found that therapists can expect better treatment outcomes in therapy when cultural modifications are made (Sue, 1998) and when there is a cognitive match between the therapist and the client on the goals for treatment (Lo & Fung, 2003; Zane et al., 2005). Researchers have also found that many clients desire therapists to respect and be knowledgeable about their religious beliefs (Belaire & Young, 2002; Kelly et al., 1996). With these findings in mind, it appears that therapists should be knowledgeable about clients' religious beliefs, as religion is an important aspect of culture and many people ascribe to a religion, (Pew Forum of Religion and Public Life, 2007) and how these religious beliefs contribute to the clients' perceptions of suffering (which is often dealt with in therapy). Therapists should also be mindful about their own beliefs and how those beliefs might affect the therapeutic process (London, 1986). This dissertation has outlined the basic beliefs of Christianity, Islam, and Buddhism and has distilled different themes of suffering that appear in these religious traditions so that therapist might be more aware of clients' beliefs. This dissertation has also explored how these themes of suffering are viewed in the field of psychology and a case example was utilized to illustrate how religious and psychological perspectives might be used with a client.

Challenges

It may be the case that some of the potential incompatibilities between religious views of suffering and psychological views of suffering may never come up in therapy in a direct way, but

they still influence how a therapist thinks about the client and about treatment, so it is beneficial for the therapist to be aware of them. For example, an existential therapist may believe that in order to live a truly authentic life, a person must accept the reality of nonexistence (death).

While the therapist likely would not tell a client who believes in an afterlife that this belief might be hampering the client's ability to be authentic, this thought might still exist in the back of the therapist's mind. If the therapist is aware of the values that he/she holds, it will hopefully be less likely for these values to influence therapy.

It is important that if a therapist chooses to use religious material in session with clients, that he/she uses it in an authentic way. For example, as discussed earlier, some therapists have used prayer with clients in session. Prayer could be used in different ways depending on the belief system of the therapist. It seems that a therapist should not lead a prayer if he/she does not believe in the prayer and if it feels inauthentic for the therapist to pray. If the therapist does not feel comfortable praying with the client, he/she could have the client pray aloud or silently while the therapist sits quietly with the client.

In some of the examples shared, different therapists were able to use religious texts in order to reframe negative thoughts or to back up points. This dissertation provided some material that therapists can use for this purpose, but it is not exhaustive. A therapist who is not a practitioner of the specific religion may have a difficult time coming up with such examples in the spur of the moment. In this case, the therapist might give the client a homework assignment where the client is asked to find examples in his/her religious books that dispute negative thoughts or that contribute to his/her sense of meaning in life. The therapist might also consult a religious leader from the client's faith or read the religious texts directly.

This dissertation has highlighted the importance of respecting a client's religious beliefs

in therapy, but the therapist would not be expected to respect the beliefs blindly. There may be some cases where the client's religious beliefs are causing them harm or times when the client is simply going through the motions without any heartfelt belief in their religion. In some cases, the therapist and client might come to the conclusion that the client would be better served if he/she detached from the religion. There also may be cases where the client is reporting potentially delusional religious references, which the therapist would need to assess. So, exploring a client's religious beliefs does not mean that the therapist simply takes everything the client says at face value; rather he/she seeks to gain a holistic understanding of how the client is interacting with his/her religion.

Limitations of this Dissertation

This author is not an expert or follower of any of the religions covered. The information provided has been gleaned from experts in psychology, theologians, and the religious texts. It is possible that people immersed in these religious traditions may not agree with everything that has been discussed. The information provided is not meant to be exhaustive or a prescription for working with religious clients, rather it was meant to provide clinicians context so they can have a better sense of where their religious clients might be coming from. Therapists are encouraged to explore the elements of religion the client finds salient and work with the client to use his/her specific beliefs in therapy, if that is indeed what the client desires.

Also, though the author has drawn from texts and the works of experts, the way the religions are presented in this dissertation is unavoidably through the author's own lens. As indicated by social constructionist theory, no one can escape how their context shapes their perceptions (Gergen 1999), and this dissertation is no exception. That is not to say that the information presented does not have value beyond this author's scope, but it is essential that

readers are aware of the limits of this perspective. This dissertation was not meant to provide therapists with all the answers to working with religious clients, rather it was meant to make therapists aware of the questions that are possible to ask a client about their religious beliefs. Rather than assuming that all that has been outlined is true for a religious client, as mentioned, the therapist now can ask and get a sense from the client what information is applicable for them.

Another important element that a therapist should take into account when counseling religious clients that has not been explored in this dissertation is the ethnicity and acculturation level of the client. This may especially be relevant to Muslim and Buddhist clients who have immigrated to the U.S., or who are second-generation children of immigrants. Also, Muslims especially live in many different cultures in different parts of the world (Bagby et al., 2001), so there are likely differences in how faith is practiced depending on where the client is from. Acculturation is essentially the client's way of adapting to the host culture, which may involve clinging to or disregarding previously held beliefs in order to adapt. A full discussion of acculturation is beyond the scope of this dissertation, but interested readers might refer to Berry's (2001) description of acculturation strategies in order to get an idea of how the acculturation strategy the client is using might impact the client's religious expression.

Another important element of religion that was not covered in this dissertation is the client's level of religiosity. Clients likely vary as to the extent that they believe in and practice certain ideals, so it is important to assess what aspects of their religion are salient to them. They also may vary in the extent to which they have an external vs. an internal orientation to their religion (Allport, 1996). These elements likely influence how much religion is part of the client's internal world and decision-making process, so a therapist should attend to these elements when counseling religious clients.

Directions for Future Work

This dissertation provided information about what messages clients of different religious backgrounds might absorb in regards to suffering. In reality, people tend to pick and choose what elements of a religion they believe and religious communities enforce different rules inconsistently. It may be helpful to conduct a study in which participants are asked questions about beliefs about suffering provided in their respective religions that they gravitate toward. This way, therapist might get a better idea on how popular different elements of the religions are.

This dissertation also only covered three of many religions that exist in the world. Therapist are also highly likely to encounter clients of other well represented religions, such as Judaism and Hinduism, so practitioners need to make efforts to learn about other religions as well. Future work may focus on some of the religions that were neglected in this dissertation.

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