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THE ROLE OF SPIRITUALITY IN THERAPEUTIC PRACTICES

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Abstract: In this article we aim to explore the role that religion and spirituality can play in therapeutic practices. We looked at the differences that can be established between spirituality and religion and we underlined the ways in which several authors consider that they are overlapping or blending into one another. According to the authors investigated, religion and spirituality may support the process of counseling by infusing both the client and the therapist with a set of values and principles that strengthen their relationship and improve the therapeutic process. In order to impress upon both the client and the counselor the benefit of religious/spiritual approaches, emphasis should be placed on the religious, spiritual and professional competences of the latter. However, emphasis must be laid on the religious beliefs and practices brought by the client to the therapeutic situation, too. In order to diminish some of the negative effects of the religious/spiritual intervention, a major input is provided by respect as a central value for the therapeutic dialogue and relationship. Yet, if religion and spirituality can play an important role in supporting patients in various forms of treatment, they should be introduced as complementary elements to the therapeutic intervention, for they cannot replace the medical practice, the clinical interventions or counseling.

Key words: spirituality, religion, secularization, spiritual and professional competences, medical practices, therapeutic practices, pastoral counseling, spiritually integrated psychotherapy, philosophical counseling.

1. Spirituality and pastoral counseling

The secularization of the modern world has generated unprecedented developments in science and technology. It has prompted progress in various scientific practices that valorize man and meet his biological, social, relational or spiritual needs. Laicization did not lead to the exclusion of religion from human existence, or to a crisis of religious values, but rather to the multiple metamorphoses thereof. It allowed for the emergence of religious pluralism and the manifestation of diverse religious options in the polychrome universe of human spirituality. Laicization has facilitated a reorientation of man towards himself and subsequently, a profound reflection on his spiritual needs. Neither medical practices in general, nor the specific practices linked to mental health or other types of counseling, intervention and support, can ignore, today, the spiritual dimension. Secularization has enabled the return of man to oneself, so that he capitalizes on his own spiritual resources in the process of personal development and improvement of his quality of life.

Today we are witnessing a general increase in the employment of spirituality in medicine, mental health, psychotherapy, social assistance, organizational, ethical, philosophical counseling and other forms of counseling. It is an acknowledgement not only of pastoral counseling, seen as a distinct area of spiritual intervention and its particularly theological dimension, but also of the areas associated with the practices which claim to be scientific in nature, whether medical, social or humanistic. It is a matter of course that in pastoral counseling we resort to practices underpinned by spirituality, usually Christian. We intend to bring into focus the importance of spirituality, religion and ideology in the counseling process in general, and the way in which counseling practices can increase their impact through embedding a dimension that capitalizes on the therapeutic resorts of spirituality.

Investigations of the relationship between spirituality and therapy have found a continuous increase in the importance of spirituality for practitioners and patients alike. The two parties involved seek to take as much advantage as possible of the addition of spirituality, religion and ideology to the therapeutic relationship (Pargament 2007, 16, 17; Koenig 2009, 289).

The benefit for both of the parties involved is even more evident in cases, as the one mentioned by Kenneth I. Pargament, where, apparently, some psychologists had been intent on pursuing a career in divinity: “a number of psychology faculty and graduate students had, at one time, studied for the ministry. Many of us, I suspect, were initially drawn into the field of psychology for religious and spiritual reasons... Thus, it is not only our clients who might welcome the integration of spirituality into

psychotherapy; we as therapists may be yearning for the same thing” (Pargament 2007, 16). This type of practitioners seemingly had an inclination, from the start, for diverse forms of pastoral counseling. Let us note the existence in Romania, too, of Psychology of Religion courses at the traditional Psychology faculties as well as of counseling training courses at the Schools of Divinity. Enrolment in such courses may be a response to the perceived need for the development of personal competences or may be motivated by the counseling professional practices.

Although the majority of those interested in the relationship between psychology and religion use the acquired knowledge in their counseling activities, only a part practice actual pastoral counseling. Such training is taken up especially with an aim at acquiring the competences that will qualify one to combine religious and hermeneutical elements with psychological technics in order to solve the problems faced by the clients and help them reach solutions within the general framework of the dialogue, itself in line with the client’s religion (Pade 2013, 23). An actual process of spiritual growth brings the counselor and his patient together. They find themselves together in their religious options. Pastoral counseling is illustrative for the positive role that religion may play in successfully addressing the problems of people who find themselves in vulnerable situations. At the same time, we should underline that the importance of spirituality derives from it constituting an element of the human way of being in the world. In this respect, we should mention the relevance of the approaches to existential counseling that highlight the fact that the human horizon integrates the physical, social, personal and spiritual dimensions (Deurzen 1997). The last on the list refers to the spiritual aspects and their cultural significance, but also to aspects of religious or ideological significance.

The spiritual registry can include all these perspectives, each of which proposes a vision of the world and of the way in which man can act in order to reach a better life. In the case of pastoral counseling, spirituality is embedded in the religious or theological view, while the secular types of counseling place spirituality, religion and ideology on the same level (Deurzen 2005, 276). All three regard, each in its particular way, the construction of the meaning of life and of action for its fulfilment. To this end, they offer a key to the interpretation of reality, as well as forms of integrating specific life challenges. Spirituality belongs to the existential given of the awareness of a need to transcend the human being, as well as generating the need for accessing a view of one’s personal world and of existence in general.

2. Spirituality in therapeutic and counseling practices

Apart from how we understand religion, ideology and spirituality, we should mention that there is an important difference between religion and spirituality, even if we accept a broader sense of spirituality which also includes the religious element. For instance, when Andre Lalande defines religion in his philosophical dictionary, he envisages a complex system, unfolding across three registers: 1) the institutional register, referring to community life with its rituals, beliefs and capacity to connect the individual to a superior power; 2) the personal register of experiences, beliefs and feelings which facilitate the relationship and the dialogue with the divinity; 3) the unifying register of the religious practice, which is based on the individual's actions of observing rules and customs, understood as a way of life that is assumed by the individual as a member of a religious community (Lalande 1988, 915-917). Thus, religion is a holistic system which offers integrating solutions for anything that can be perceived as significant from the point of view of both individual and community lives. In a more restrictive way, spirituality is considered by Lalande as a trait of the spiritual. It is deciphered and valorized through a system of oppositions. The spiritual is defined as: 1) opposed to the material, to the corporal; 2) opposed to the carnal, to animal life; 3) opposed to the temporal and to the immediate, practical and mundane interests (Lalande 1988, 1024). What seems to be crucial is the opposition between material and spiritual, between temporal and that which transcends time. Nevertheless, this opposition to existence as such affords an understanding of the fact that it can, and must be, overcome. Spirituality is a characteristic of something from within existence, which can be expanded to all forms of existence through the human action of spiritualizing the elements of the real which are not its bearers. This overcoming leads us to the idea of a transcendence that is specific for both religion and spirituality, except that in the case of religion we mean a system that refers to existence and post-existence as such, while in the case of spirituality we mean man's force to surpass himself and his ability to transform existence according to the characteristics stemming from the recognition of spiritual values. In terms of counseling activities, what seems important is the transformative force that can be set into motion by man, and the metamorphosis that can be initiated at the level of his own existence through valorizing spirituality.

Within our discussion on spiritual and therapeutic practices, a most encompassing definition of spirituality has been elaborated by the *Association of Spiritual, Ethical and Religious Values in Counseling*, dating back to 1998. The definition was established after a summit discussion by ASERVIC: "Spirituality is the drawing out and infusion of spirit in one's life. It is experienced as an active and passive process. Spirituality is also defined as a capacity and tendency that is innate and unique to all

persons. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psychospiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture." (ASERVIC, 1998)

Let us note that whereas in Lalande's philosophical vocabulary religion is a broad term, the abovementioned definition of spirituality covers an even broader meaning, a life horizon which includes a vast plurality of manifestations and experiences that we can describe as (being) spiritual.

From the abovementioned quote we note that, in fact, spirituality appears to be a general frame of existence as well as an instrument for its transformation; it represents both the axiological content of life and the fulfilment and the finality of its course.

From this integrating perspective, the emphasis is, on the one hand, on the individual experience and its uniqueness, which is assumed on a personal level, and on the other hand, on the idea that each person has the power to bring the particular elements of existence under the total product of the process of constructing reality, as fundamental life values. The force that sets into motion the dynamic of the specific and of the universal is beyond any duality, because it is the force of creativity. It can be understood through the expressivity of cultural creation, but ASERVIC conceives it as a form of transcendence surpassing all and any image of transcendence. It is not accidental that researchers tend to describe spirituality "as a life philosophy that involved seeing beyond physical, intellectual, and ethical realms into a more expansive truth or awareness of something sacred that permeates the world" (Bizo, Opre, Rusu 2014, 182). Spirituality endows the individual with a philosophy of life which orientates him towards a transcendence whose consistence is experienced as the presence of truth, of meaning, of sacredness of life. Irrespective of the way in which spirituality relates to religion, the presence of the sacred, or the orientation towards the sacred, at least, is implied.

The way in which presence or the ontological orientation manifests itself can take up a great variety of forms. Spirituality can be addressed from different points of view because spirituality itself can be understood as a symbol of diversity. The symbolic dynamics of spirituality can be found also in such perspectives as theorized by Kenneth I. Pargament, who defines spirituality as "a search for the sacred" (Pargament 2007, 32). Thus, diversity is connected with the plural forms through which every human being starts the search for the sacred. The sacred speaks to every individual in his/her own language. It is precisely why spirituality, despite

its holistic opening, must be regarded in the light of individuality. The multiplicity of personal orientations determines, within the frame of this approach, the intrinsic diversity of spirituality. It is the reason why, as regards the therapeutic situations, it has been established that it would be inadequate to treat spirituality in the general terms of a specific religion. The framework would be too general, as the diversity of spirituality requires one to talk to every person in the language that is most accessible to her/him, and most personal for voicing and experiencing the sacred. Therefore, in acknowledging the importance of spirituality in the therapeutic situations, “the spiritually integrated psycho-therapist will need to be spiritually multilingual in years to come” (Pargament 2007, 20). This doesn’t mean a decrease in the importance of the particular ethics propounded by the theologies embedded in the religion embraced by each individual (Buta, Buta 2012). Although immediate experience shows that, in general, individuals address their spiritual problems through the religious categories and the religious imaginary as perceived in the specific form of the tradition they are part of, the usage of spirituality in the general terms of experiencing the sacred is highly desirable. Even if the individuals express their religious beliefs in the terms of their own religion, in the case of therapeutic practices triggering the intrinsic force of the spiritual element is preferable. This attitude starts from the premise that “spiritual practice challenges people to express their individual spirituality in ordinary life as well as in determining how such actions might move them and others close to, or further away from, higher-order, community, or self-connections” (Buzzanell 2009, 19). This type of approach does not contradict the interpretation of reality by means of the instruments available to the individual. The therapist can offer the general context of the manifestation of the sacred, allowing the individual to fill out the frames with the specific contents of her/his own religious conscience. We see that religious practice blends, with no contradiction, the appeal to a transcendent force internalized in the general terms in which the Absolute or God may be conceived of, with the elements associated with theophanies or hierophanies understood as traces left on the individual conscience by the cultural tradition in which the individual has evolved.

This kind of context of experiencing the sacred is evidenced by Pargament, on confessing that “however, we have found that people tend to experience both forms of sanctification: they perceive aspects of life as manifestations of God and they perceive that those aspects of life contain sacred qualities” (Pargament 2007, 41)

3. On the dilemma of choosing between religion and spirituality in the therapeutic practices

In order to acquire a good understanding of the transformative function and of the therapeutic efficiency of spirituality, we must bear in mind that *The Association for Spiritual, Ethical and Religious Values in Counseling* constantly underscores the difference between religion and spirituality beyond an overlapping that is easily identifiable: “spirituality is not the same thing as religion. While religion may be one way in which individuals express or experience their spirituality, it is not the same as spirituality itself” (ASERVIC, 1998). Normally, the counselors and the therapists are not concerned with religious issues, given the affirmation of several classical thinkers according to whom psychotherapy is not a practice that takes upon itself to solve religious conflicts. These types of conflicts are consigned to pastoral counseling and to different forms of ecclesial counseling. The idea that the problems related to religious crises should be discussed with a confessor rather than with a psychologist, a doctor or a personal counselor, is the current opinion. When we resort, in a therapeutic situation, to analyzing religious symbols, the latter are regarded as structures of one’s psychic life, as part of the symbolism of one’s personal life, or as materializations of some cultural patterns, etc. The therapeutic model is a different one, even when we do not work on proof-based premises, and appeal instead to the symbolic registers of spiritual life (Frunză 2019, 83). At the same time, we must say that from the perspective of philosophical counseling or of different scientific counseling practices, the relationship between religion and spirituality isn’t characterized by any kind of rigidity, even when focusing on the differences between the two ways of existential engagement of the human being. For instance, if we consider a general manner of circumscribing religion, we find that it is an “ensemble of beliefs and acts of worship which express man’s relationships with the divine. The Latin term *religio* indicates a bond, a connection, a relation: God and man, my *I* before and You that thinks me and makes me exist. There is no religious experience without this polarity, without this relationship between man and God, Transcendence, One, Abyss, Principle, Totality, Being, etc.” (Enciclopedie 2004, 920). In this context, the divine and the human realities appear as two poles of the experience translated by man into the religious terms of his ecclesial and personal culture. We note that this type of definition presumes at least three elements that cannot be ignored when we are addressing religion: 1) God is a transcendence that we perceive through beliefs and we relate to by ritual acts characteristic of the cult adopted by our community, designed to transform the man - God polarity into an interpersonal relationship; 2) God and man are conceived of as personal realities that share an utterly special relationship, which enables the dialogical situation of man in an intersubjective relationship with the

divine being; 3) It is the religious experience that makes it possible for an expansion of the interpersonal relationship into a spiritual horizon in which transcendence can be experienced under the sign of totality, of the Being. Thus, this definition of religion accounts, on the one hand, for a clear differentiation of religion and religious experience, and on the other hand, provides an opening to the spiritual horizon specific to any religion and to the possibility offered by particular religions of connecting to that which can be experienced as universal and infinite. The dilemmatic reference to religion and spirituality in therapeutic practices can be overcome by using such analyses as those proposed by Hisham Abu-Raiya, Kenneth I. Pargament, and Neal Krause, where “religion can be understood, at least in part, as a system of beliefs, practices, values, and relationships that help orient and guide an individual through life” (Abu-Raiya, Pargament, Krause 2016, 1272).

The unification of the structures of transcendence and of immanence can bring about an additional understanding of problems, a new way of dealing with illness and suffering, with the feeling of unfulfillment and failure, a new way of relating to death and new ways of establishing the meaning of life. Within the existential framework offered by the therapeutic situation, it is possible to overcome the dilemmatic situation concerning the choice between religion and spirituality. It is possible that this is the process in which we can discover that, within specific cultural spaces, the clear distinction between religion and spirituality does not even get to be acknowledged at a personal level by the participants in the clinical practice or in the counseling session. Often, individuals tend to mix the terms religion and spirituality when they are asked to apply them to the context of their own lives. In this respect, Pargament provides us with some suggestive data for the American cultural space: “our surveys have shown that when forced to choose, most people label themselves as both religious and spiritual (74%) rather than spiritual but not religious (19%), religious but not spiritual (4%), or neither religious nor spiritual (3%)” (Pargament 2007, 31). We can say that this is a phenomenon visible not only within the US religious culture, but also in other societies where religious communities are the wardens of firm traditional values. Such a situation is specific to the Romanian cultural space too, where elements of the postmodern culture have emerged, even while the relevance of the religious values in the forms practiced by the traditional religious communities, especially Christian ones, are being preserved.

The dilemma of choosing between religion and spirituality is specific to the individuals whose levels of instruction are based on modern values or to the individuals who are part of a religious or cultural community in which the secularization processes have afforded the differentiation between spirituality and religion and religion practices, even while privileging the former over the latter, as ways of assuming the sacred under the conditions of everyday life.

In fact, in counseling practices, one can see in the individuals with a diagnosed disease a tendency to associate the most diverse forms of suffering and the elimination of suffering with various religious practices, to which they attach a therapeutic significance - complementary to the actual therapy. The valorization of the spiritual dimension in a situation of existential therapy may lead not only to the use of the spiritual force present (in a latent or active way) in every person, but also trigger the subtle power of the religious imaginary and the forms of the sacred by which the individual is connected to her/his own religious community. In such situations, an augmentation of one's personal religious consciousness can be achieved through the activation of the spiritual factor within the therapeutic practice. This has a positive effect on restoring the balance and diminishing the crisis that has made the individual undergo clinical or counseling procedures. We can also encounter situations where "the individual can be shaken spiritually by life events and transitions, in essence becoming religiously "disoriented", the religious orienting system also provides the individual with a set of potential resources that can be accessed to help deal with the problems that arise, even if the problems are religious in nature. Equipped with a well-developed, well-integrated religious orienting system, the person may be better positioned to deal effectively with the negative implications of religious/spiritual struggle for distress and well-being. In this paradoxical sense, religion becomes both the problem and the solution" (Abu-Raiya, Pargament, Krause 2016, 1272). In these situations, clinicians and pastoral counselors are in the position of solving spiritual crises by appealing to religion. It is advisable that such procedures be made by the specialized personnel in collaboration with a pastoral counselor. In this way, therapists can help their clients "in accessing resources within their religious orienting system to reduce the negative impact of religious/spiritual struggle on well-being and mental health" (Abu-Raiya, Pargament, Krause 2016, 1272).

4. An ethical dilemma in using religion in therapeutic practices

Within the frames of these practices, not only is there a dilemma of choice for religion and / or spirituality, but there is also a series of ethical dilemmas. From an ethical perspective what is problematic, above all, is the level to which one can intervene by instrumenting religion/spirituality in medical, therapeutic or counseling situations. To what extent can an intervention be made within the spiritual space of a person and orientate her/him (intentionally or not) to religious clarification and action, even if it is the religion practiced by the community to which the individual belongs?

The dilemmatic aspect of the intervention deepens when the clinician, the therapist or the counselor manages to re-orient the client's

religious option within the practices of various communities or even to change their client's religious orientation. One question that I have encountered expressed in earlier research is whether the therapist can intervene in changing a person's religious beliefs, starting from the fact that, usually, individuals change their beliefs and religious choices without these changes producing negative effects at a personal level? Specialized literature abounds in such questions. Theoreticians have also revealed the fact that, besides the opportunity represented by these problematizations, we cannot ignore that no one can guarantee that an individual who declares himself an adept of a spiritual formula or a religious faith has sufficient knowledge and rigorous practice of his own spiritual options or religious beliefs. Thus, it is difficult to make a measurement by theological standards of the changes that occur after a therapeutic intervention in the client's religious consciousness and practice. Such a problem, however, is extremely relevant from the point of view of psychological counseling or philosophical counseling. We must accept that the "clergy and other religious leaders will not have confidence in referring clients to counselors without assurances that counselors will respect religious beliefs and practices" (Onedera and Greenwalt, 2008, 6).

In such contexts, we must find reasonable solutions starting from the value of respect. Respect must work both ways: the client must be respected for his/her religious or spiritual choices and the clinician or the counselor must be understood for his his/her religious choices that may differ from the client's.

In such situations, the scales must always tip towards the wellbeing of the patient and achieving its highest level. An option with a high degree of practical adequacy and ethical resolution was revealed by Jill D. Onedera and Bill C. Greenwalt: "To be true to our ethical guidelines, counselors have to demonstrate a respect of all religions, whether we agree with them or not. One can be in total disagreement with a client's religious beliefs and still respect the dignity of the client and his/her religion" (Onedera and Greenwalt 2008, 14).

Ethical dilemmas that occur along with the use of spirituality and religion in clinical or counseling situations are related both to the counselor's or therapist's intervention and to the status of the person treated or counseled (Steen, Engels, Thweatt 2006, 108). Therapeutic approaches cannot be reduced to empirical data or schemes validated by scientific practices (Lența, Cucu 2017; Sperry 2003; Warth et al. 2019). That is why it is necessary for the therapists to acquire not only new knowledge but also to develop new counseling abilities in order to meet the religious and spiritual issues that clients bring to the therapy sessions (Gladding, Crockett 2019; Helminiak 2010).

5. Instead of conclusions

Although exposed to multiple processes of secularization, the contemporary world leaves room for religion and spirituality in the most varied of situations, from the integration of the principles of bioethics to public health policies and to effective interventions in the lives of patients (Mironiuc et al. 2017; Akrami et al. 2018; Ruah-Midbar Shapiro 2018). The power of religion must not be underestimated, especially when it comes to prayer practices (Frunză 2008). There should be no hesitation in offering multiple spiritual doses to customers each time they match their immediate needs to personal harmony. At the same time, no substitution of specialized intervention by any elements that are spiritual, religious or ideological in nature should be encouraged. These elements should only be introduced as complementary forms that provide support for the specialized treatment required by the clinical or therapeutic situation of the recipient of such interventions. At the same time, we cannot ignore the fact that in less frequent cases religious and spiritual factor may worsen patients' conditions. Thus, as a result of these conflicting results, "Clinicians need to be aware of the religious and spiritual activities of their patients, appreciate their value as a resource for healthy mental and social functioning, and recognize when those beliefs are distorted, limiting, and contribute to pathology rather than alleviate it" (Koenig 2009, 289). Here, we notice the issue of the ethical responsibility of the professional engaged in the therapeutic process. However, as any scholar in the field of religious studies can already guess, the task of combining in a meaningful way the therapeutic process with religious/spiritual components is not an easy one. As Pargament states: "There is no typical course of spiritually integrated psychotherapy because spirituality expresses itself in so many ways. There are no definitive guidelines about spiritually integrated psychotherapy because we have only begun to learn about the spiritual worlds of our clients" (Pargament 2007, 17).

The involvement of religious or spiritual elements entails a firm commitment to the values of the individual and especially to the values acting for the benefit of the client subjected to a therapeutic approach. At the same time, it requires, from the therapist, a cultural openness that allows him to integrate the great diversity of beliefs, customs and options brought by clients into the therapeutic dialogue. Even if the task is complicated, a professional must be able minimally to distinguish between the cases when religion and spirituality represent a positive factor that brings benefits for the patients or, respectively, a negative one for the mental health of their patients. This is the very basic translation in the psychological parlance of the Hippocratic principle "First, do not harm" or, in a more modern dialect, of the ethical bio-medical principle of non-maleficence (Beauchamp, Childress 1994). Thus, counselors and psychotherapists need to be competent in these matters and/or be able, in the

case of conflicting commitments, to refer the patients to other competent professionals. The spiritual competences requested by the professional and ethical duty towards one's clients are truly a basic requirement, in the sense used by the postmodern minimalist account of ethics (Baudrillard 2008; Bauman 2000; Lipovetsky 1996; Frunză 2017). An important premise of the therapeutic action must be the acknowledgement of the fact that although religion has been included as a form of therapy throughout the history of religious communities, in the context of postmodern society, religion itself has no therapeutic function in the healing processes. Religion intervenes as a significant element, but only as a complementary form of the therapeutic approach, which valorizes the spiritual inclinations of the individuals involved in the clinical, therapeutic or counseling situation, in order to improve the results of the process (South, McDowell 2018; Badanta-Romero, Diego-Cordero, Rivilla-Garcia 2018; Oxhandler, Pargament 2018). We must point out that when we favor spirituality over religion, the concept of spirituality that we use does not relinquish the religious element but considers it a specific form of its manifestation.

Spirituality implies an orientation of the individual towards a normality that derives from the fact that the human being must recover on all the existential dimensions, from the biological one, to the social one, the personal one and the spiritual one.

If, where the client is concerned, the aspects regarding his capacity of spiritual involvement and religious commitment are important (Worthington et al., 2008, 18), in the case of the therapist, there is a great complexity of problems that s/he must be able to solve. The latter's skills and abilities must include the possibility of providing a spiritual insight into most of the aspects of the counseling. To attain this, we expect the therapist: 1) to have the necessary skills to use the spiritual and religious elements specific to the cultural community to which the client belongs in therapeutic situations; 2) to prompt the customer's system of beliefs without trying to modify her/his system of values and to set as his goal the improvement of the client's frames of life and the valorizing of the existential given in its spiritual dimension; 3) to know what are the limits within which the client can move in his attempt to make use of the religious elements and her/his ability to valorize attitudes, emotions and reflections that can be associated with the religious or spiritual universe, and to encourage her/him to face her/his problems in the spirit of critical thinking and of existential hermeneutics; 4) to act in the counseling situations in the spirit of respect for religion / spirituality in general, but especially for the forms in which the client can analyze and discover her/himself in the process of recreating the conditions and meanings of life in the context of daily life; 5) to have the knowledge and the skills necessary for activating/triggering the spiritual processes that would

help the client start a constructive existential dynamics in relation to his / her therapeutic needs.

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