

The Positive Effects of Prayer and Faith on Mental Health

With an Overview of Integrating the Fifth Task of Life

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Abstract

This paper reviews research on the positive effects of prayer and faith on mental health. The varying opinion of researchers on the subject matter, Biblical verses, various studies, models and tables present the information reviewed. The relationship of mankind to God is seen from a Christian and an Adlerian perspective. The Adlerian position on the subject matter written is incorporated throughout this paper, including a perspective on social interest. An overview of treating the client holistically embodies the essence of this paper. In order to treat the entire being, the importance of integrating the fifth task of life (spirituality) into one's life style is seen to be of special interest. Included in these writings is a debate regarding whether or not to treat the client holistically. The relevant Code of Ethics is noted in this paper. This writer has evaluated the articles found to be significant in this area of research on mental health.

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With an Overview of Integrating the Fifth Task of Life

Therapists are hard pressed to understand the true ability of psychology and its lasting effects on the mental and emotional well being of humans. They ponder which method of therapy works best to overcome a mental disorder. Perhaps understanding whether or not having a faith in God and an active prayer life positively affects one's mental and emotional well being will assist therapists in supporting clients. This paper will evaluate research and will attempt to answer the question: Do prayer and faith in God have a positive impact on the healing effects of mental health? Let it be noted that this writer views spirituality as being equivalent to having a faith in God. As humans strive to develop a balanced lifestyle, it will be examined whether or not integrating the fifth task of life of spirituality contributes to the healing effects on mental health.

Faith, like the wind, is difficult to explain for it is a force that is unseen. Prayer may be of a more substantial nature than faith, but in order to pray to an invisible God, one must first obtain the faith to do so. Therefore, proving the effects of a subject that is invisible by nature, is difficult at best.

Main Body

To begin with, Maltby, Lewis & Day (2008) through the use of Poloma and Pendelton's "model of prayer" examine the connection between prayer and the health of individuals (p. 127). By looking at a variety of prayers, Maltby, Lewis and Day, (2008) illustrate the effects they have on one's mental well being. Specifically, meditative prayer, ritual prayer, experiential prayer and group prayer were seen to be effective in the improvement of one's psychological well being. Experiential and meditative prayer was used by Maltby, Lewis & Day (2008) to supply a

more solid theoretical framework to comprehend the reasoning behind why prayer might assist individuals in improving their mental and physical well-being. Maltby, Lewis, and Day (2008) noted that James and Wells (2003) posited that meditative prayer may cause people to take the focus off themselves, resulting in spending quiet time in a state of mind that reduces their stress. The researchers suggest that it may increase one's psychological well being when people pray for others. They also discovered that how often one prays was a primary factor in determining one's psychological well being. The researchers conclude that those who pray more often using certain types of prayer may have an improved state of mental health (Maltby, Lewis, and Day, 2008).

Breslin and Lewis (2008) considered the perspective of McCullough (1995) when he examined prayer from a psychological viewpoint and suggested that participating in prayer may affect the way that individuals handle anxieties and stress in their life. He noted that faith might contribute to the effectiveness of prayer by expecting positive outcomes through creating discipline in prayer. The researchers conducted an analysis of existing articles on the psychology of prayer to point to probable outcomes in which prayer may provide improved mental health. They looked at prayer as transforming one's health through various ways to include everything from experiencing the placebo effect of prayer to promoting health through a heavenly intercession by way of God himself (Breslin & Lewis, 2008).

In addition, Breslin and Lewis (2008) point out that someone may feel that God has a purpose for them when he responds to their prayers, providing them with a sense of contentment and a vision of hope when going through stressful times, resulting in a more positive outlook. There are several Biblical verses that also provide hope and a sense of purpose to those who are struggling to overcome mental/emotional disorders. In Jeremiah 29: 11, it states: "For I know

the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future” (The NIV Study Bible, 1995, p. 1164). This kind of encouragement and hope might assist in not only increasing one’s faith but in overcoming some mental health issues. The Bible also addresses anxiety when it says in Philippians 4: 6 & 7:

Do not be anxious about anything, but in everything by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus (The NIV Study Bible, 1995, pp. 1810 & 1811).

These verses may instill hope and possibly decrease the impact of depression and anxiety on someone who demonstrates a strong faith in God. Levin (1996b) proposed that “knowing that one is the object of healing may in itself be healing because it may engender a sense of belonging, being cared for, and supported” (Breslin & Lewis, 2008, p. 13). This opinion correlates with the Adlerian perspective of humans having social interest and a need to belong. Levin (1996a) continues by saying that

in terms of supernatural explanations for the effects of prayer, he (Levin, 1996) suggested that God may exist beyond and apart from the universe. He contended that humans may never be able to conceive or engage in supernatural power except through faith... The sense of separation from its Creator that humankind feels may simply be a subjective misperception and may be remedied, for the purposes of healing, by meditative prayer, specifically by being still and knowing that God is God (Breslin & Lewis, 2008, p. 13).

Breslin and Lewis (2008) went on to examine Goehring’s (1995) reports that maintain that listening prayer could promote a conversation with God, resulting in a sense of healing. The

researchers noted that Goehring (1995) suggests that holding on to “unacknowledged feelings, anger and resentment, irrational beliefs and fears and compulsive behaviors” can prevent someone from having a significant conversation with God (Breslin & Lewis, 2008, p. 14).

However, Goehring (1995) also states that “this theoretical framework may be tautological in nature as the aforementioned conditions may be the very ones that require healing” (Breslin & Lewis, 2008, p. 14).

Breslin and Lewis (2008) call attention to Watts (2001) discoveries that showed, when including a variety of prayers in one’s life, it may be helpful in the improvement of their mental well being. For example, it was found that when people participate in a prayer of admission to fault, it can assist them in seeing where their errors have caused damage to themselves or to others (Watts, 2001). It was suggested that exposing gratefulness in prayer may release that person from taking their mistakes or accomplishments too seriously. Consequently, this may prevent one from having an elevated ego and/or from experiencing an undue amount of shame or depression (Watts, 2001). He determined that, if individuals offer up to God their true needs and the desires of their hearts, this type of prayer may be self altering and could provide a means of cleansing (Breslin & Lewis, 2008). The researchers state that

Watts (2001) compared this approach to a technique in cognitive therapy called ‘chasing down’. In this technique, the therapist probes beneath the client’s desires by asking why they want what they want, thus revealing a deeper level of desire. In this way, fundamental needs and desires are revealed (Breslin & Lewis, 2008, p. 15).

The researchers looked at how Watts (2001) reasoned that through the prayer of petition one could participate in the cleansing of one’s desires by being present with God. Watts (2001) viewed prayer through intercession and suggested that it may lessen someone’s focus on self and

may provide a means for individuals to focus on the needs of others. It was seen by Watts (2001) that when participating in a prayer of adoration towards God, it may provide the individual with the psychological advantage of not being self focused, which may benefit their own mental health. Prayer of mediation was seen to assist people in developing a sense of peace in both mind and body, resulting in one being released from experiencing a lifestyle of anxiety and stress (Breslin & Lewis 2008). The researches, along with Ellison (1995), propose that when someone participates in daily prayer it may provide a more logical viewpoint of life's occurrences that is beneficial to their mental health. In addition, being consistently in prayer may provide individuals with the belief that God is present in their lives, assisting them in surrendering control and accountability in difficult situations. Breslin and Lewis (2008) present the "theoretical model of how prayer might influence health" (pp. 17 & 18). With reference to the "theoretical model of prayer, it can be surmised that prayer may be health-promotive through supernatural intervention by God, as taught by many of the world religions (Levin, 1996a; Breslin & Lewis, 2008 p. 17).

Subsequently, Breslin and Lewis (2008) credit Magee (1994) with suggesting that someone may feel better about themselves when they are in line with the will of God.

In addition, Robbins, Frances, and Edwards (2008) reviewed a study written by Robbins and Francis in 1996 that looked at the connection between happiness and religiosity. In order to determine this connection, they used the Francis Scale of Attitude toward Christianity, developed by Francis, Lewis, Philipchalk, Brown, and Lester (1995). There were 360 participants from the UK that were included in the study. "After controlling for the possible contaminating influence of personality, the data demonstrated a positive association between religion and happiness" (Robbins, Frances & Edwards, 2008, p. 94). The researchers found that engaging in prayer

assists in obtaining a more positive outlook on life and elevates one's level of happiness (Robbins, Frances & Edwards).

Lewis, Breslin and Dein (2008) looked at the correlation between prayer and mental health, introducing the effects of prayer in different areas of life. The researchers also looked at several different aspects of prayer and analyzed possible ways in which prayer may enhance one's health. They point out that Breslin and Lewis (2008) examined information on mental health from a hypothetical viewpoint. The researchers found that Breslin and Lewis (2008) discovered that different ways in which prayer may enhance one's health extended from the theoretically tested to more fundamental reasons. For example, they looked at how prayer promotes the progress of healing. They also looked at the association between prayer and social support, the components of prayer and healing, the types of prayer requests involved, coping mechanisms and prayer, and a variety of personality types and prayer. It was discovered through research done by Maltby, Lewis and Day (2008) that "ritual prayer, meditative prayer, prayer experience, and praying with others were significantly correlated with subjective well-being, only meditative prayer, frequency of prayer, and prayer experience accounted for unique variance in subjective well-being" (Lewis, Breslin & Dein, 2008, p. 4).

Lewis, Breslin and Dein (2008) point out that through research completed by Ai, Peterson, Huang, Rodgers and Bailey (2007), when an appeal was made to God in prayer with a positive outlook, the outcome was that one experienced a heightened sense of well being. On the other hand, when under stress and experiencing conversational prayer with God, it was correlated with having poor mental health results. This study suggests that engaging in a variety of prayers may have different affects on one's mental well being (Lewis, Breslin & Dein, 2008).

A study that took place in Northern Ireland looked at the correlation between how often one prays and psychological well being (Francis, Robbins, Lewis & Barnes, 2008). The purpose of this research was to test the results of a culture in Northern Ireland that particularly emphasizes their faith in God. There were 2,306 students; 1,060 from Protestant schools and 1,246 from Catholic schools. How often one prayed included whether or not the participants prayed alone or in a group. The psychological well being of the participants were evaluated by a shortened version of the Revised Eysenck Personality Questionnaire (EPQR-A: Francis, Brown, & Philipchalk, 1992). Students from both schools exhibited a convincing negative association between how often one prays and psychotocism scores. The outcome of this study, shows that when looking at a culture that strongly emphasizes their relationship with God and prayer, those students who attended both Catholic and Protestant schools and who prayed more often were linked with lower psychotocism scores. Extensive studies were also conducted with those who considered themselves to be both religious and non-religious and professed to pray on a frequent basis. They also experienced lower psychotocism scores. The results showed that they experienced a higher level of psychological health (Francis, Robbins, Lewis & Barnes, 2008).

The researchers note that Francis and Robbins (2006) looked at the underlying psychological components that focused on one's purpose in life. They posited that those who pray are recognizing and relating to a higher power beyond themselves. When doing so, it provides more meaning, value, and purpose in their life (Adlerian). The researchers also reviewed a substantial portion of research that linked individuals who recognize their value and purpose in life to having a greater sense of psychological well being (Francis & Robbins, 2006; Francis, Robbins, Lewis & Barnes, 2008).

Dean and Littlewood (2008) examined four areas of prayer; of specific interest are prayer and coping. The researchers go on to explain that prayer has been linked to the improvement of health. They mention that this could happen for different reasons: Those who pray experience a greater sense of peace; they feel better about themselves; and/or they have a more positive outlook on life. Within the context of coping, when dealing with life's hardships, religious coping is viewed to be a form of having a sense of control. The researchers explained that it is crucial to look at the expectations and sense of purpose in those who pray in order to ascertain the connection between prayer and mental well-being. As a result, those who receive what they thought they would get may experience a heightened sense of well-being (Krause, 2004). On the other hand, if the prayer is not answered, the consequences could be that one will continue to suffer and/or one's desires may not be fulfilled (MucCullough, 1995, Dein & Littlewood, 2008).

Brown (1994) contends that beliefs and expectations about prayer and what it might achieve...involve hidden Psychological processes that, if they are identified, might explain the 'reasons' or need for prayer among those for whom it is more than a habit or an accepted part of their life' (Dein & Littlewood, 2008, p. 43).

Dein and Littlewood (2008) propose that one who experiences suffering may view God as an important part of their social support. It was determined that women resisted asking God to heal them, instead, relying on Him to assist them in coping with their illness. As a result, using prayer as a coping mechanism aided women in developing a more positive outlook and gave them hope when it may have been absent without prayer. The researchers determined that prayer appears to be an outlet for unhappiness, resulting in God meeting our needs rather than our wants. When those requests are met, prayer is viewed as a successful form of communication with God (Dein & Littlewood, 2008).

Garzon and Tilley (2009) examined a method of counseling that includes a type of prayer called *Theophostic Prayer Ministry (TPM)*. TPM looks at the client's memories from their childhood while focusing on present day stressors in their life. The clients are asked to look at the emotional pain that they are experiencing that is involved in their present day stressful condition. They are then asked to revert back to the original memories attached to this emotional pain (Smith, 2007). This is where buried lies may be compounding the stress that they are experiencing today. Garzon and Tilley (2009) describe 'Lies' as being are "similar to core beliefs or schema in cognitive therapy" (p. 132). Smith (2007) focuses on the buried lies that are impacting the memory rather than focusing on the memory itself as the reason for the client's present day stress. The client and their prayer partner work together to recognize the lies that emerge with in the memory. Once these lies are exposed, the client is asked to "feel the affect around the beliefs in the memory without resisting the emotions or examining the rationality of the belief" (p. 132). A request is then made to the Lord Jesus Christ to disclose the truth to the client regarding his or her beliefs. The clients wait for Christ to respond until their prayers provide the client with a sense of peace regarding the memory. Using prayer as the main focus was identified as being exceptionally effective in therapy (Garzon & Tilley, 2009). However, the researchers ended with noting that there were no control groups throughout the studies they reviewed, limiting the conclusions of causality (Garzon & Tilley, 2009).

Worthington & Aten (2009), when focusing on religion and spirituality in therapy, evaluated two hypothetical models with clients in psychotherapy who claimed to be religious and spiritual. They reported that "in the United States, almost 95% of the population reports a belief in God, and more than half believe in an after-life" (Gallup, 2002, p. 124). The researchers reported, however, that mental health professionals in general, professed to not be as religious as

the rest of the population (Berger et al., 1999; Worthington & Aten, 2009). They noted that mental health professionals also tend to think that the majority of the population supports a nonreligious viewpoint. Due to their international relationships with a variety of professionals, they reason that nonreligious spirituality is the norm, throughout the world. However, the majority of the population, including most clients, typically relate to a particular religion. Looking at couples who considered themselves religious from an Adlerian viewpoint was provided by Duba and Watts (Worthington & Aten, 2009). They observed that the couples presented with considerable differences in how they depend on their religion when describing the framework of their romantic relationship. A variety of denominations, for instance, will maintain specific principles on how the couples should handle relational and family challenges. Duba and Watts (2009) detected several correlations between Adlerian therapy and the religious beliefs of Christians. For example, some of these correlations included social interest and one's lifestyle. They ended by pointing out that by incorporating clinical science with research, mental health professionals could more effectively treat clients with strong religious beliefs (Worthington & Aten, 2009).

Corsini and Wedding (2000) point out that those who feel they have a greater sense of mental well being have a desire to contribute to society and those individuals are determined to complete that task without interruption. Those who live with this intent are also willing to accept their errors and realize they are still loved and cared for, even with their mistakes. They are able to continue on with a positive outlook and are able to stand the test when meeting life's demands. In addition, they withstand the renunciation of others and their defective values and will make an effort to replace those values with a strong sense of reasoning in favor of social interest. The researchers reveal that "many fortunate people have the courage (Adler, 1928) and social interest

to do this for themselves without therapeutic assistance” (Corsini & Wedding, 2000 p. 68). This may be the reason why Christians look to the clergy, their faith, prayer or the Bible in order to overcome their mental/emotional illness without the intervention of therapy. Perhaps they are striving to believe that they are accepted by Christ (God) with all of their mistakes, errors, and/or sins and are forgiven by God, allowing them to move forward instead of getting stuck on issues from the past that could potentially create mental health problems.

Mosak and Maniaci (1999) note that “community feeling is the empathic, emotional bond we have with each other and our world. As Adler (1933/1964f, 1956) writes, it is a *feeling*. Social interest is an *action* based upon the feeling of community, of a sense of belonging” (p. 113). An analogy can be made with the theory discussed by Levin (1996b) in the article by Breslin and Lewis (2008) that when people feel cared for by others, with the process of prayer and faith being directed at them, they feel loved and cared for. Accordingly, they develop an emotional bond and a sense of belonging that Adler was speaking of with those who practice the same faith and belief in prayer as they do. This may result in a contribution to the mental and emotional healing process itself (Breslin & Lewis, 2008).

To continue, Robbins, Francis and Edwards (2008) call attention to those who participate in prayer more often than others and on a consistent basis, tend to obtain a more positive social outlook (Francis & Robbins, 2006). The researchers found that there is a tradition of research that is aimed at the emotional, inner experience of prayer amongst those who are participating in the prayer. They indicate that research has shown that those who pray more often account for an elevated sense of purpose of life than those who do not ever participate in prayer (Francis, 2005; Francis & Burton, 1994; Francis & Evans, 1996; Robbins, Francis & Edwards, 2008).

Furthermore, Oberst and Stewart (2003) address whether or not self-actualisation and social interest play an important role in developing a greater sense of emotional well-being. With that in mind, they suggest that more research is needed in this area in order to arrive at a more accurate conclusion as to whether or not self-actualisation and social interest affect one's emotional well being and, if so, to what extent. It is believed that the findings may conclude that meeting the three tasks of life play a determining factor in one's emotional well-being. On the other hand, the results may find that Dreikurs and Mosak's (1977b) recommendations for increasing the life tasks to five were strengthened (Oberst and Stewart, 2003).

As seen by Manaster and Corsini (1982), the three life tasks include occupational, social (friendships) and love (sexual). They view these three life tasks as having the greatest challenges and responsibilities in life. Manaster and Corsini (1982) propose that "generally, the most common Adlerian position toward religion is positive, viewing God as the concept of perfection...for Adler, religion was a manifestation of social interest" (Jahn & Adler, 1933 p. 63). Along with this opinion, Brett (1998) suggests that "all the life tasks, then, are a measure of our ability for meaningful relationships with others and with ourselves ..." (p. 14).

What's more, Harold Mosak and Rudolf Dreikurs (2000) were the driving force behind increasing the three life tasks to five to include self-identity and spiritual growth. They looked at the argument for adding these life tasks by asking several questions through the use of five subtasks. The first subtask looks at the person's relationship with God and wondering if faith and prayer were used to establish this relationship (Mosak & Dreikurs, 2000). Since having a relationship with God is somewhat of a social relationship it lays the foundation for the spiritual and social tasks to coincide. The second subtask consists of "what the individual does about religion" (Mosak & Dreikurs, 2000, p. 259). They ponder whether or not the relationship with

God is a personal one or a distant one. Either way, the majority of those with a religious belief viewed their religion as being important to them. The third subtask questioned man's place in the universe and deciphered that "while we have only indicated some of the conceptual approaches developed by religion, philosophy and psychology", within our subconscious, all of us create an idea of man that leads us to the ultimate connection with ourselves, other people, the universe and our God, if we believe in one or not (Mosak & Dreikurs, 2000, p. 260). The fourth subtask included how humans address their immortality, viewing it as "partly religious, partly philosophical, partly practical" (Mosak & Dreikurs, 2000, p. 260). The fifth subtask describes the purpose of life. The researchers propose that for so many, this purpose is found when experiencing life's trials (Mosak & Dreikurs, 2000). On the other hand, what provides others with meaning to their life is when they are given the chance to make a social contribution. The authors point out three different aspects of life that may be recognized, consisting of experiencing love from God, life or other people. "In Deuteronomy VI: 5, it states: 'And thou shalt love the Lord Thy God with all thy heart, with all thy soul and with all thy might'" (Mosak & Dreikurs, 2000, p. 263). The researchers point out that for those who have a love for God and a strong faith in Him, it is meaningful to them, when given the chance to serve Him (Mosak & Dreikurs, 2000). "... love, for Adler, exists as a component of man's social feeling (Ansbacher & Ansbacher, 1964). In this way, Adler elevates love to the rank of his highest value for mankind – social interest" (Mosak & Dreikurs, 2000, p. 263). The authors reflected on other viewpoints about the meaning of life and concluded that those who put God at the center of their lives developed a greater sense of purpose. It was found that some find significance by receiving Jesus Christ as their personal Lord and Savior. Based on the authors discoveries about the five life tasks, they end with suggesting that Adlerians should consider more seriously including all

five life tasks rather limiting themselves to the original three life tasks (Mosak & Dreikurs, 2000).

To continue, Wagenfeld-Heintz (2008) look at the viewpoint of combining one's mind and body when providing care for the client. This is a holistic viewpoint that recognizes that both mind and body should be considered by mental health professionals when treating the client. This opinion is in direct correlation with Adler's view to treat the entire being when counseling a client. As seen by Brett (1998), Adler placed importance on viewing the person holistically when examining individual personalities. This brings us to the fifth life task and the significance of the role spirituality plays in the well being of mankind. Watts (2000) refers to Propst (1996) when speaking of "the topic of spirituality, the field of counseling and psychotherapy has made a 180-degree turn from the position of disdain and avoidance to one beginning to appreciate the influence of spiritual issues on cognition, emotion and, ultimately, behavior" (p. 316). Watts (2000) points out how important it is to pay attention to the client's faith when counseling them. He stresses that it is imperative that therapists understand the significant role a client's spiritual beliefs play in determining their values and their perception of the world, others, and themselves. To exclude the client's spiritual beliefs in therapy is to avoid an essential part of therapy. Individual and Adlerian Psychotherapy appear to be more sensitive to the religious and spiritual beliefs and concerns of the client than other methods of psychology. According to Manaster and Corsini (1982), Adler viewed God in the form of perfection and saw religion as an expression of social interest.

In writing this paper, this writer was struck by the similarities between the Adlerian viewpoint of spirituality and Christianity. For example, Watts (2000) expressed that Christianity is based on having a relationship with another being, albeit, spiritually. Accordingly, the basic

core beliefs of Christianity coincide with the relational aspects of Individual Psychology. (Butman, 1999; Benson & Eklun cited in Collins, 1998). Watts (2000) refers to the Bible as a focal point for developing healthy relationships and the basis for understanding the meaning of Christianity. The researcher explains that the Bible recognizes that people are accountable for maintaining a relationship to self, others, and to God (Elmore, 1986; Erickson, 1986; Grenz, 1994; Guthrie, 1981; Ladd, 1974). For instance, the Ten Commandments (Exodus 20: 1-17) are based on having a relationship with others and with God (Watts, 2000). The researcher acknowledges that when Jesus was asked to identify the greatest commandment in the Law, he stated,

You shall love the Lord, your God with all your heart, and with all your soul, and with all your mind. This is the greatest and foremost commandment. The second is like it, you shall love your neighbor as yourself. On these two commands depend the whole Law and the Prophets (Matthew 22: 37-40, New American Standard Bible, 1977; Watts, 2000, p. 320).

Evidently, Jesus is saying that the focal point of following him is relational to God and to others (Watts, 2000). According to the Bible, due to the fall of man through sin, those relationships were broken, causing mankind to forget how crucial relationships are in both the religious and the psychological realm (Kirwan, 1984; Elmore, 1986; Watts, 2000, p. 321). Watts (2000) offers that the Bible is the basis for living a meaningful, Christian life. Even though the Bible was not meant to be written as a psychology book, it appears that it was meant to expose the purpose for human relationships and therefore, to be used as a reference point for psychology. Watts (2000) points out that even Albert Ellis, a practicing atheist, speaks positively of the Bible's capacity to assist with the healing of a client. Watts (2000) cites

McMinn (1996, p. 99) when he said ‘I think I can safely say that the Judeo-Christian Bible is a self-help book that has probably enabled more people to make extensive and intensive personality and behavioral changes than all professional therapists combined’ (p. 322). Watts (2000) revealed that when he is counseling clients who have professed a faith in God, he finds it to be of importance to tell them about the relational similarities between the core beliefs of Adlerian Psychology, that of being a therapeutic approach that also takes their faith (spirituality) into consideration. From the Adlerian perspective, the main focus in therapy is to create and/or strengthen social interest in the client. In addition, Watts (2000) points out that both Individual (Adlerian) Psychology and the Bible focus on the spiritual aspects of relationships and having social interest as a main focus of attraction for mankind. Watts (2000) cites

Mosak (1995) as presenting the Biblical mandate to love one’s neighbor as a succinct illustration of social interest...the methodologies or techniques of both the Bible and Adlerian psychotherapy facilitate both cognitive and behavioral change. Ultimately both place as preeminent the role of relationships and social interest (or agape) for spiritual and mental health (p. 324).

Watts (2000) proposes that, when counseling Christian clients, mental health practitioners should be intentional about using therapeutic methods that coincide with the client’s beliefs. He suggests that a vast majority of therapeutic methods used by Adlerians would suffice in meeting the client’s needs (Propst, 1996). The researcher finds using Biblical passages helpful when addressing the client’s illogical core beliefs when counseling those who view the Bible as their guideline from God. Both Individual Psychology and Christianity espouse to having similarities when addressing the client’s needs. For instance, including encouragement in treatment is seen by Watts (2000) to be important from both an Adlerian and a spiritual view point. Therefore,

using Adlerian methods of treatment would be considered appropriate when counseling Christian clients (Watts, 2000).

Mansager (2000) acknowledges Mosak and Dreikurs proposal that it is of importance that spirituality be included as one of the fundamental tasks of life. They saw the relevant connection between spirituality and the well being of mankind and suggested that Individual Psychologists strongly consider including it as part of the life tasks. It continues to be a valuable challenge to secular mental health professionals to treat clients with the inclusion of religion and spirituality (Mosak, 1987, Mansager, 2000).

Mansager (2000) points out that people's needs are met when they are functioning holistically in the interest of the entire community. The researcher introduced the idea that mind and body should be integrated into the treatment process, focusing on all five life tasks.

Notwithstanding, Wagenfeld-Heintz (2007) would find the integration of mind and body to be debatable. She allows room for the argument that not all practitioners would be accepting of such an idea, depending on their world view when comparing religion and science and each one's effect on human behavior. Wagenfeld-Heintz (2007) argues that "Watts (2000, p. 47) noted that science and Judeo-Christian theology conflict in their respective views of human nature because they focus on different aspects of human existence, the former on biological aspects and the latter on sin and salvation" (p. 339). The researcher does make an effort to combine both of these world views in order to view mankind holistically (Wagenfeld-Heintz 2007). She relies on the view of the mental health practitioners who profess having a Christian faith in order to integrate two views that could be seen as opposing one another, wondering if the two views strive for cooperation or competition. The focal point is drawn to whether or not faith and science are compatible (Wagenfeld-Heinz 2007). The researcher calls attention to her belief

that religion and spirituality are viewed separately. “‘Religion’ is viewed as a set of shared beliefs about a higher power, the interpretation of religious texts, and prescribed and proscribed behavior. “‘Spirituality refers to an individual’s connection and relationship with a higher power” (Wagenfeld-Heinz, 2007, p. 340). The research conducted included sixteen men and fourteen women. The purpose of the study was to locate professionals with different viewpoints and various backgrounds who would embody the utmost diversity. Those included in the study were taken from an area in Southern Michigan (Wagenfeld-Heinz, 2007). An example of the populations used in the study included those from a Liberal Protestant to a Conservative Jew to a Fundamentalist Protestant to a Nonaffiliated Believer (Wagenfeld-Heinz, 2007).

Prayer was looked at as a means of integrating the practitioner’s faith into the therapy session.

Mental health practitioners who acknowledged using their own spiritual information in therapeutic sessions admitted feeling comfortable doing so (Wagenfeld-Heinz, 2007).

Wagenfeld-Heinz (2007) looked at different ways of integrating prayer into the therapeutic sessions, noting that some practitioners believe that prayer should remain a private area of their life. Other practitioners, however, pointed out that at the request of the client, prayer should be integrated into the therapeutic sessions (Wagenfeld-Heinz, 2007). Three practitioners noted that Christ was the framework for psychotherapy (Wagenfeld-Heinz, 2007). One male psychologist summed it up as such:

That there’s a transformation that occurs in a relationship.....Christ didn’t just hang out and have meals with people, He spoke words. He gave people insights into what was going on with them and he-sometimes they were insights that were uncomfortable and sometimes they were very affirming, but there always was the desire was to be true, to speak the truth. So when I sit down in a therapy session, I think of, what’s happening is,

there are two forces at work here. One is the relationship I'm having with the person. The other is the words that I'm saying. And hopefully some healing insights or words that they can take, take away from this. So it's happening on two levels, the change and the transformation. And that flows out of my theology and personal beliefs (Wagenfeld-Heinz, 2007, p. 347).

It was seen that some professionals felt that their faith provided them with the purpose of belonging to a greater plan and provided them with the insight to experience their work to be of greater significance (Wagenfeld-Heinz, 2007). Several practitioners admitted bringing in the Word of God in order to assist their clients to better understand issues that related to religious concerns. This writer's interpretation of this research is that most of the practitioners who participated in this study saw a way to combine faith (religion and/or spirituality) as compatible; noting, however, they also pointed out that there should be clear professional distinctions and boundaries set between treating the client within the spiritual norm versus the therapeutic norm (Wagenfeld-Heinz, 2007). Still others were not so quick to allow prayer into their sessions, noting the discomfort of the client or a potential conflict with the client (Wagenfeld-Heinz, 2007). The researcher looked at this study as possibly advancing the education of mental health professionals in viewing mental health more holistically (Wagenfeld-Heinz, 2007).

To conclude, this study supports this writer's belief that in order to maintain complete health, all areas of one's being must be taken into consideration during therapy. It is agreed upon with the researcher that an area of weakness within this study was that the participants were taken from a limited geographic area. Therefore, it is recommended that further studies are needed in a broader, geographical and more diverse area (Wagenfeld-Heinz, 2007).

Moriarty (2010) took into account the opinion of Siang-Yang Tan (2010) on how to better serve the client's holistically. Tan (2010) notes that Christian faith and therapy can be integrated through professional and practical means created through either an implicit (i.e., covert, quiet) or explicit (i.e., overt, direct) way, along a continuum, depending on the client and his or her problems and needs, as well as on the theoretical orientation and inclination of the therapist (Tan, 1996c). Such integration, however, needs to be intentional and prayerful, with deep dependence on the Holy Spirit's presence and assistance (Tan, 1996b, 2010, p. 85).

Weld & Erikson (2007) reveal that prayer is seen to be the spiritual intervention most frequently used by Christians counselors (Sorenson & Hales, 2002; Wade & Worthington, 2003).

The researchers look at the expectations of clients, particularly those with a faith in God and review what the outcome is therapeutically and ethically for those clients who use prayer in a therapeutic setting (Weld & Eriksen, 2007). With prayer becoming more acceptable within the realm of therapy, the welfare of the client is to be viewed first and foremost when conducting a therapeutic session. This writer views the code of ethics as a valuable guideline when attempting to integrate one's faith into the realm of psychology. Weld & Eriksen (2007) point out

the ACA Code of Ethics (American Counseling Association [ACA], 2005) requires that counselors 'promote the welfare of the clients' (Section A.1.a.) and 'avoid harming their clients' (Section A.4.a.) to meet these requirements with respect to prayer, counselors need to fully assess clients' spirituality and prayer life and their expectations about the inclusion of prayer and other spiritual interventions in counseling (p. 127).

Weld and Eriksen (2007) make an important point when they propose that therapists be sensitive to the individual differences that can exist within the spectrum of religion. When

appropriate, questioning clients regarding their priorities regarding integrating prayer into the therapeutic session is recommended. Weld and Eriksen (2007) were also good about pointing out the potential harmful effects of integrating faith into the therapeutic session. For instance, those clients with a high level of mental illness might expand on the spiritual integration of faith at a level that might cause themselves more harm than good. However, the end result is seen as more beneficial when incorporating prayer into therapy when used in the proper context and for the right reasons. The intent is to promote the betterment of the client's welfare (Weld and Eriksen, 2007). On the other hand, Richard and Potts (1995) see therapists who are totally against including prayer in therapy as taking an extreme and unreasonable stand. In fact, they stated that "those who would exclude all spiritual perspectives and interventions from psychotherapy are in danger themselves of violating [ACA's] ethical principles regarding respect for human diversity" (p. 169; Weld & Eriksen, 2007, p. 132). The essence of whether or not to include prayer begins with offering the client empathy when trying to determine whether or not to include prayer in the therapeutic setting (Weld & Eriksen, 2007). Honoring what values the client is of utmost importance. Weld and Eriksen (2007) end with recommending that even though certain mental health professionals use prayer regularly in counseling, they urge practitioners to only do so when prompted by the Holy Spirit or when they feel led by the Lord to do so. They also advise practitioners to earn the client's trust and respect prior to using spiritual interventions in counseling. Just as importantly, they advise practitioners to receive the clients permission prior to using spiritual interventions (Richards & Potts, 1995; Weld & Eriksen, 2007).

Furthermore, when looking at whether or not having a faith in God (spirituality) has an impact on the results of someone's well-being, their religion is seen to be as vitally important to

the Christian as their other relationships are (Payne, Bergin & Loftus, 1992; Hartog & Gow, 2005).

Hartog and Gow (2005) provide an overview for the basis of Christian beliefs and various perspectives stemming from the protestant faith. Their main interest was studying the basic connection between religion and mental health, specifically Depression and Schizophrenia. This study concentrated on what the religious beliefs offered above and beyond the traditional beliefs about mental illness (Pargament et al., 1990; Hartog & Gow). The end result determined that a “contemporary Christian” views the intervention of the psychiatric interpretation as the likely cause for the mental illness, noting that “in the current study, it is rated as the most likely cause of both Major Depression and Schizophrenia” (Hartog & Gow, p. 273). As a result, it is seen that having a religious faith has an impact on their understanding of mental illness (Hartog & Gow, 2005).

Heilman and Witztum (2000) looked at three case histories in which religion was a dominant force in understanding, dealing with and coping with one’s mental illness in a way that provides less shame and more meaning. The study investigates the impact of faith on mental health. “The three cases are drawn from Jewish ultra-Orthodox (haredi) patients, people for whom religion is all embracing and who were treated in a clinic in North Jerusalem” (Heilman and Witztum, 2000, p. 116). The researchers note that this is a population that bases the treatment of their mental health from a religious viewpoint and the therapist must be willing to work with the client from that position. Often, this population of people depends on the faith they have in their religion to assist in improving their mental health. In two of the cases studied, one suffered from paranoid schizophrenia and one suffered from schizoaffective disorder. All three depended on their religion in order to cope with their disorder. Two out of three clients relied on

their faith in their religion to assist in their treatment of the disorder. One client relied on the reading of the Psalms, which was encouraged by his therapists in order to create a personal sense of control over his own life (Heilman & Witztum, 2000). Although initially hesitant to do so, all were willing to take their medication when it was linked to their religion (Heilman & Witztum, 2000). However, the researchers pointed out that "... they do not wish to give medication a power that might undermine their dependence on God and replace it with a dependence on the medicine and the secular science that provides it" (Heilman & Witztum, 2000, p. 121). In all three cases, the client's dependency on their faith provided a way for them to maintain their dignity and their relationship with God while continuing to strive to overcome their disorder (Heilman & Witztum, 2000).

Bradshaw, Ellison and Flannelly (2008) look at the effects of prayer on mental health by introducing J. S. Levin (2004) as having the most predominant viewpoint. Levin (2004) points out that those who have a "relationship with God" and faith in their tradition are apt to follow the guidelines of their faith, instilling behaviors that may decrease stressors in their life that could otherwise cause their mental illness to become intensified. Along with this, the researchers note that one's faith may be strengthened by participating in personal prayers resulting in having a more purposeful meaning in life. This could instill a hope that they would not otherwise have had. This kind of hope would possibly set the groundwork to increase the client's mental and emotional outlook and well being (Bradshaw, Ellison & Flannelly, 2008). In addition, the researchers looked at different types of prayer and the effects they have on one's mental and emotional well being. They looked at one's viewpoint of prayer and the perception they had of their relationship with God (Bradshaw, Ellison & Flannelly, 2008). Levin (2004)

recommended that particular kinds of relations with God may be seen to be more helpful than others (Levin, 2004, p. 85). Bradshaw, Ellison & Flannelly (2008) point out that

Several researchers have documented significant correspondence between images of God and images of the self. According to these studies, individuals who envision a benevolent, loving deity tend to have higher levels of self-esteem and indicia of favorable self-image while those who experience a remote deity have higher levels of shame (Benson and Spilka, 1973; Good 1999; Spilka, Addison & Rosensohn 1975).

It was also seen that those who view God as a loving God are more apt to develop a better ability to cope, thereby decreasing depression and improving their mental and emotional well being (Bradshaw, Ellison & Flannelly, 2008). Furthermore, the researchers found it to be of importance to look at the hypothesis that maintains that people who have a close relationship with God and think of Him in a positive light as one who forgives, loves and cares about them will have less symptoms of psychopathology than others (p. 646). On the other hand, the researchers viewed people who look at God as someone who is unreachable as experiencing higher levels of psychopathology than others (p. 646.). Bradshaw, Ellison and Flannelly (2008) note that as a result of these predictions, it is probable that with God being the focus of their prayer life along with their viewpoint of God, there is a positive connection between prayer and one's mental well-being. Many of those who depend on prayer and a relationship with God also depend on God's Word as a guideline for their behaviors. This sets up the expectations on how to behave, creating a sense of structure and a vision of moral health for those who rely on a prayer life with a loving God. They also see God supporting them through difficult times, resulting in a stronger sense of being (Bradshaw, Ellison & Flannelly, 2008). Pollner, (1989) hypothesized that

individuals who pray regularly to a God that is envisioned as an intimate confidant – that is a spiritual addition to one’s close social support network – should enjoy particularly high levels of life satisfaction, overall happiness, marital quality, zest for life and other facets of subjective well-being (Bradshaw, Ellison & Flannery, 2008, p. 647).

Pollner (1989) saw that those who have a personal relationship with God, could develop a source of strength that could not be found elsewhere (Bradshaw, Ellison & Flannely, 2008). As a result, the researchers view the association of prayer with psychopathology as being inversely connected to those who have developed a loving relationship with a caring God. The researchers suggest that how often one prays may be seen as beneficial when evaluating the symptoms of psychopathology with people who feel God is not near to them nor is a loving God.

Overall, Bradshaw, Ellison, and Flannely (2008) concluded that how often one prays and the symptoms within numerous types of psychopathology is positively connected. Therefore, those who experience a tremendous amount of stress appear to participate in prayer more often. The view of God as a caring, loving God shows a consistency with an inverse link to the symptoms of psychopathology, while the view of God as a distant being portrays a positive connection with mental health problems. The positive connection between how often one prays and psychopathology abides within the person who does not see God as a caring and loving God and views Him as a distant being (Bradshaw, Ellison & Flannely, 2008).

One of the major weaknesses in this study was pointed out by Bradshaw, Ellen and Flannery (2008) themselves: “our work is limited by the cross-sectional nature of the data, which makes it impossible to disentangle the causal order of these variables” (p. 654).

Furthermore, Trice and Bjorck (2006) looked at a specific population of Christianity, that being Pentecostals to determine their outlook on “the Causes and Cures of Depression” (p. 283).

First and foremost, it was acknowledged by the researchers that “Sensitivity to religious issues is now explicitly recognized by the American Psychological Association (2002) and is an important facet of diversity training” (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Richards & Bergin; 2000; Trice & Bjorck, 2006, p. 283). The researchers note that the Pentecostal Christian is the second largest group of Christians, only second to Catholics and describe them as

a theologically homogenous group, holding traditional Evangelical beliefs such as the existence of a personal God, the divinity of Jesus Christ, the divine inspiration of Scripture, and the sinful nature (i.e., predisposition to do wrong) of humans, who are in need of salvation through belief in the death and resurrection of Christ (Thiessen, 1979; Trice & Bjorck, 2006, p. 284).

The researchers look at the viewpoint of Pentecostals who place an emphasis on their faith in God in order to obtain true happiness and joy. One weakness found in this study is that a limited sample within the population of Pentecostals was provided (Trice & Bjorck, 2006).

Participants were recruited from the student body of a nondenominational, post-high school, Charismatic Bible training school located in the Mid-Atlantic region of the United States... the survey included 111 women and 119 men aged 18 – 57 years and 90.4% were born in the United States... depression was described as a disorder of mood (e.g., feelings, emotions) characterized by sadness and dejection, decreased motivation and interest in life, negative thoughts, and such physical symptoms as sleep disturbance, loss of appetite, and fatigue. Moreover, these characteristics last at least 2 weeks (Trice & Bjorck, 2006, p. 285).

Overall, the Trice and Bjorck (2006) discovered that the population studied thought

there were many causes for depression.

Trice and Bjorck (2006) defined the results of this study supported using faith as the most effective way of treating depression. Out of the twenty five options given, reading the Bible was seen to be as the most highly recommended treatment. In supporting faith based options in treating depression as the most effective method goes hand in hand with Pentecostal beliefs. Many within the Evangelical circles believe that they will be set free from experiencing emotional problems if they place their faith in the repentance of sins, pray on a regular basis, and abide by the written Word of God (Trice & Bjorck, 2006; Carlson, p. 30). On the other hand, the same Pentecostals acknowledged that they were doubtful as to whether the field of psychotherapy that also encompasses psychology and psychiatry and using antidepressant medication would be effective in assisting them in overcoming emotional/mental problems. Their skepticism regarding the capabilities of the mental health professionals to be successful in treating their mental/emotional problems is the foundation of the Pentecostal beliefs that participating in therapy may not be Biblical (Dobbins, 2000; Vining & Decker, 1996; Trice & Bjorck, 2006).

The researchers point out that while those involved in the study reported that during the week they had their own depressive symptoms, it was also expected that they would report their depression more than other denominations would. However, Koenig et al. (1994) found that Pentecostals who were more frequently engaged in religious activities were actually less likely to report symptoms of emotional distress. In addition, the Pentecostal's higher depression scores may reflect cultural differences. As a result of their study, Trice and Bjork (2006) gave four recommendations for mental health practitioner when working with Pentecostals. Pay attention to the situation that Pentecostals face when dealing with depression, give current resources

within the Pentecostal population more power, research the Pentecostal's perception of the world and encourage the mental health field to work alongside Pentecostal clergymen. It is also imperative to include the entirety of the client when working with one whose faith is of importance to them. In other words, looking at the fifth life task of spirituality as being important to so many who engage in having a faith in God (Trice & Bjorck, 2006, p. 288). The researchers also point out that the depressive symptoms of the Pentecostals were heightened when they became disengaged from their social (faith) circle of support. This is in line with Adler's viewpoint that social interest is important to the well being of the individual. Within the context of those who participate in a culture with a joined interest in demonstrating a faith in God, social support is viewed as being of utmost importance to them.

Discussion

The research completed for this paper has been at the very least interesting and at the very most, complex at times. Determining whether or not a faith in God and prayer are associated with the mental well-being of someone is difficult. Having a relationship with God and the effects this has on the healing of one's mental health is an area of research that needs to be expanded upon. The inclusion of Biblical verses in this paper exposed the positive spiritual effects the Bible has in addressing the mental and emotional needs of mankind. Integrating the fifth life task of spirituality and incorporating the holistic treatment of the client was found to be of importance. Further research is needed to expand upon the opinion of mental health practitioners and their reasoning as to whether or not to incorporate faith and/or prayer into the therapeutic sessions. This writer's hope is that psychologists, psychiatrists, therapists, etc. would consider the need to infiltrate the fifth task of life in order to strive for treating the entire well being of each individual. It is desired that the therapeutic field would begin to consider the benefits of being sensitive to the spiritual needs of their clients, who deem a faith in God and a prayer life as essential to their well being. Integrating the Adlerian perspective on spirituality, the life tasks and social interests exposed the similarities between Individual Psychology and Christianity. By looking at the overall research and examples given, it is indicated that more research is needed in order to provide further insight into the effects prayer and a faith in God have on one's mental and emotional well-being. These results, of course, can change over time. Discovering the opinions of others from a variety of differing beliefs, faiths, and denominations on the healing effects of prayer and mental health is desirable. Overall, through the use of varying research created by several authors, cultural studies, models and tables of information, it

was shown that prayer and faith appear to have a positive effect on the mental and emotional well-being of mankind.

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