

## **The effect of God-Oriented Spiritual psychotherapy (God-OSP) on Psycho-spiritual development**

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### **Abstract**

God-oriented spiritual psychotherapy (God-OSP) is an approach based on Islamic resources. Its basic assumption is the development of perceptual field to the origin of being and resurrection, in addition to self and objective existence, activating the spiritual dimension, creating monotheistic attitude, providing the ground for the treatment and change of clients with psychological problems. The aim of this research is to study the effect of God-OSP on psychospiritual development (PSD) as a criteria of mental and spiritual health. The method was quasi-experimental with a pretest-posttest design in the clinical clients. The sample of this study included 20 clients being selected by voluntarily sampling. All of them had anxiety problems. All of them, in addition to clinical interviews by clinicians and receiving a diagnosis of anxiety, took the psychospiritual development questioner (PSDQ). Then, they entered the spiritual group therapy. After 45 weekly sessions of treatment, they were tested again, and the obtained data were analyzed.

The findings showed that the clinical signs of low level of psychological development associated with psychological disorders were significantly reduced under the effect of God-OSP. In the other words, the signs of the egocentric faith and the transitional faith (ambivalence) decrease. On the other hand, the signs of Reconstructed Faith and Transcendent Faith significantly increase. But, at the dogmatic stage (second stage), the subjects did not change significantly. The findings of this study confirmed the two basic assumptions that spiritual therapy not only reduces the clinical signs associated with low levels of development but also provides the basis for transcendent human growth and development. This interactive effect increases the effectiveness of spiritual therapy and reduces the rate of recurrence based on clinical self-reports.

**Keywords:** God-oriented spiritual psychotherapy, psycho-spiritual development, spiritual/religious therapy, religious clients, Islamic psychology

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## **Introduction**

Spirituality as a basic aspect of psychological system of a client has been one of the major concerns in psychotherapy. Unlike some great psychotherapists like Froude and Ellis, nowadays, it is believed that the client cannot leave his spiritual aspect of psychology behind the door (Pargament, 2011). Moreover recent studies have delineated that spirituality without religion does not respond usefully to psychological problems; religion as the main core of spirituality plays such a central role in solving many of the human beings' problems that religious/spiritual interventions have been used as one of the complementary methods with the cancer patients the effects of which have been reported to be significant (Brady et al, 1999; Hsiao et al, 2008; Goldstein et al, 2008; Gansler et al, 2008; Cassileth & Veikerz, 2005; Mytko & Knight, 1999; Martins et al, 2008). Spiritual wellbeing and religious/spiritual(R/S) intervention is known as one of the basic factors of psychotherapy in chronic and hard diseases and disorders. Emphasizing such an intervention, Crammaer et al (2011) have evaluated three aspects of spirituality; namely, faith, peace, and meaning, to complimentary/alternative method (CAM); Meaning and Faith were positively associated with R/S CAMs. Garlick et al (2011) used the integrated psycho-spirituality therapy for the breast cancer and found that in addition to the improvement in terms of depression, anger, and exhaustion, they also showed significant improvement in physical wellbeing, emotional wellbeing, and functional wellbeing. Moreover, these people were stronger in terms of personality and showed greater spiritual wellbeing. In this method, researchers more emphasized on the worldview, goal seeking for life, meaning and spiritual practices in order to surpass the symptoms; these components of therapy were more related to psycho-spiritual aspects (Park, 2007). In this study, the practitioners tried to use emotional regulations and mindful acceptance in their therapy.

Muhammad Yusuf Khalid (2008) used an Islamic psycho-spiritual therapy approach for therapy the addicts. It was believed that a drug addict involves in drug abuse simply because he does not have a strong spiritual life. Therefore, a strong spiritual life not only can prevent someone from involving in drug abuse but also can give an effective treatment to drug addicts. In Iran, there has been some attempts to use religious practices in the measurement and therapy of

psychological disorders. Jalai Tehrani (1997 ,2001), for instance, studied the affected prisoners through accurate follow-ups in a period of 10 years in the highest continuum of improvement within the Islamic approach which was found, eventually, fruitful. Psychological intervention for religious clients especially in private clinics and Out patients clients is highly sensitive; none of the interventions, however, evaluate the level of psycho-spiritual development. However, spirituality, as a construct, is constantly developing and some see it as a result of cognitive development (Genia, 1995).

It is, in fact, in the developmentalsitic attitude that the best form of reciprocity, interaction and self-direction, would occur; empathetic understanding becomes possible as well; and the intervention would become more meaningful..

The psycho-spiritual component can be followed within the framework of personality development; Development of personality includes attitudes, and attitudes towards spirituality (Adams et al, 1994).

Worthington (1989) investigated the development of religious faith during one's development and came up with the conclusion that there are seven patterns for the development of faith. One of the most important developmental patterns is the Fowler model (1984, 1986). These authors have attempted to provide a developmental pattern of spirituality along with the cognitive development. Ginea (1995) has attempted to introduce the developmental stages of psycho-spirituality from the clinical perspective and put its action under the dominance of natural narcissism. This researcher has described the five stages of psycho-spiritual development (PSD). Table 1 represents these five stages as well as the clinical symptoms of the religious clients. There is increasing theoretical, clinical, and empirical support for the hypothesis that PSD may be related to moral injury (Usset Gray et al., 2020), emotional regulation, and happiness (Toyari et. al., 2020). Therefore, the use of religion and spirituality and analyzing their impact on individual health is important in psychotherapy.

The psycho-spiritual method based on religion can be able to increase the psychological health of adherence through self-healing (Anganthi, Nisa, & Uyun, 2019).

In Islamic religious sources, development has been seen as a hierarchy and sometimes as a becoming (SEIRORAT). Therefore, spiritual development cannot be considered alongside other lines of

development or with the same weight since spirituality has the feature of elevating and affects other lines of development.

God-oriented Spiritual Psychotherapy is a method based on Islamic resources (Holy QORAN & REVAYAH). In the God-OSP (Janbozorgi, 2019), since equilibrium and balanced humans are able to perceive what is right and what is wrong (Ref. to Holy Qur'an, Al-Shams, 7, 8)<sup>1</sup>, and even the best action from the better (Ref. to Holy Qur'an, Al-Molk, 2)<sup>2</sup>. Psychotherapy means helping a person to cleanse him/herself of everything that has polluted him/her. And the pathology is the saving of actions that are inconsistent and incongruent with human existence. ([By all these oaths] That the one who Purified it, received salvation. But the one who polluted It with sin and corruption Became the hopeless failure 9, 10 Al-Shams).

God-OSP has five rounds that aim to activate the spiritual dimension and move to concept (reality) from image (false imagines) and to purposeful, valuable, and meaningful righteous action, and from self-destructive and meaningless action. The first round activates the natural intellect; the second round expands the monotheistic view and God orientation(deifies) to intellect. The third round deals with the revival of spiritual identity; the fourth round deals with the spiritualization of action and the salvation of human action from the neurotic state to the normal state; and the last round prepares the return to real life by changing the meaning of death and the hereafter. All the techniques and processes of the God-OSP have a high validation in the opinion of clinical specialists (Janbozorgi. 2019). This framework of spiritual therapy has been effective in reducing anxiety (janbozorgi, 2016), depression (Mohammadi, et. Al, 2018; Rohani et. Al., 2019 ), and chronic diseases such as MS (Montazeri, 2015). On the other hand, PSD is related to mental health and religious orientation; when the level of PSD increases, religious orientation becomes more intrinsic and mental health increases (Janbozorgi, Faker, & Janbozorgi, 2011). There is a significant positive relationship between intrinsic religious orientation and mental

1. " وَ نَفْسٍ وَ مَا سَوَّاهَا" فَأَلَّهَمَّهَا فُجُورَهَا وَ تَقْوَاهَا"(الشمس، ٧ و ٨). And by the Soul and the One Who Created it and gave order and perfection To it, And inspired to it both its wrong and its Right;( Translation)Saffarzadeh

2. الَّذِي خَلَقَ الْمَوْتَ وَالْحَيَاةَ لِيُبَيِّنَ لَكُمْ أَيُّكُمْ أَحْسَنُ عَمَلًا(الملك، ٢). Allah is the One Who created death and Life that He may try you mankind, and To make known which of you by Comparison is best in deeds;...(Translation)Saffarzadeh

health (janbozorgi, 2008). According to this fields, Does God-OSP change the psycho-spiritual development (PSD)? This is the hypothesis that the present study seeks to examine. And if the PSD has an effect on mental health, then, the change of PSD is more important for the treatment of clients. This paper also is an attempt to superficially familiarize researchers with the evaluation of PSD levels.

Table 1. The Clinical features of clients in the stages of psycho-spiritual development

First stage: ego centric faith	Second stage: dogmatic faith	Third stage: transitional faith	Fourth stage : Reconstructed faith	Fifth stage: transcendent faith
<ul style="list-style-type: none"> <li>exhibits superstitious and magical thinking</li> <li>• has erratic mood fluctuations</li> <li>• fears abandonment</li> <li>• feels shame or worthlessness</li> <li>• seeks religion for comfort and emotional relief</li> <li>• has low frustration tolerance and is impulse dominated</li> <li>• relates to God as a need-satisfying object</li> <li>• exhibits abrupt shifts in perceptions of self and others</li> <li>Affective instability, impulsive</li> <li>• views the world as dangerous and threatening</li> <li>• centers spiritual practice on appeasing a vengeful and intolerant God</li> <li>• often fantasizes about power, greatness and perfection</li> <li>• selectively attends to morbid aspects of religious ide</li> <li>Lacks cohesive sense of self, indistinct boundaries between self</li> </ul>	<ul style="list-style-type: none"> <li>- over conscientious</li> <li>• perfectionistic</li> <li>• compulsive religious activity</li> <li>• extreme intolerance</li> <li>• perception of God as judgmental and demanding</li> <li>• faith attached to religious authority</li> <li>• conformist identity</li> <li>• powerful feelings of guilt</li> <li>• religious fanaticism</li> <li>• attitude of moral superiority</li> <li>• afraid of sexual and emotional intimacy</li> <li>• sin-focused religiosity</li> <li>Emotional constricted, compulsive.</li> <li>Relatively</li> </ul>	<ul style="list-style-type: none"> <li>Religious questioning and doubt</li> <li>• Critical examination of religious beliefs and commitments</li> <li>• Exploration of divergent faiths</li> <li>•Affiliation switching</li> <li>• Spiritual identity confusion</li> <li>• Reassessment of ideals leading to inconsistent application of moral values</li> <li>• Transition from an external to an internal locus of authority</li> </ul>	<ul style="list-style-type: none"> <li>commitment to a self-chosen faith</li> <li>Relatively reasonable thinking</li> <li>-emotional stability</li> <li>-loyal and intimate towards others</li> <li>- clear positioning</li> <li>-intrinsic and loyal religiosity</li> <li>- God as the creator of the world and worship as the basic need of human</li> <li>-different position of human from God</li> <li>-there are still some worrisome due to blasphemy and discord</li> <li>-fear from losing intimate</li> </ul>	<ul style="list-style-type: none"> <li>There are no visible clinical symptoms</li> <li>-all behaviors have autonomic beginning and end</li> <li>- God is worthy of worship</li> <li>-his relation is based on recognition and love</li> <li>- worship is enjoyable ,optional and intimate-driven</li> </ul>

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and others		secure nuclear	relations
Fears object	loss,	self	-optional
humiliation	and	Fear	worship and
retribution		disapproval	duty-
		and loos of	acceptance
		love	

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**Methods**

The method of this research is quasi-experimental with pre-test and post-test on a group of subjects who referred for psychological problems.

Clinical interview: The sample group consisted of those who referred to a private counseling and psychotherapy clinic (Talieh Salamat Clinic in Tehran) for psychological problems (anxiety and depression). They were invited to participate in the study. Out of 28 volunteers, 20 participated in the study. They had all been interviewed clinically by clinical psychologists. All of them had already received at least one course of non-spiritual treatment such as cognitive-behavioral therapies and had not received the desired result or their problems had recurred. Those who were on medication or receiving other treatment at the same time or who were in severe crisis such as divorce or suicide were excluded from the study. Their mean age was 32 years old, and all the participants were female. After pre-testing and familiarization with the treatment program, they underwent God-OSP for 45 weeks. The treatment protocol was previously developed by Janozorgi (2019) and validated after testing its effectiveness in the field of anxiety.

**The Psychospiritual Development Questionnaire (PDQ)** (Janbozorgi et al., 2011), was developed to investigate the Islamic cultural and religious orientations, on the basis of clinical criteria of psychological clients as reported by Genia (1995). All the items were created for Muslims. However, it can also be used for people from other religions. This questionnaire consisted of 68 items from which 63 are on the three-option Lickert scale and five items are five-options which are compatible with the five stages of the psycho-spiritual development. These five options, somehow, are used for measuring the health as they are the criteria of the validity of the questionnaire. The followings are some of the items of the questionnaire:

\*I am even believing some religious beliefs that people consider as superstition

\*My parents have been very strict about ethical issues

\*I still have many questions about religion

\*I need to do religious activities

\*Nothing except God attracts my attention

Using Cronbach's alpha, reliability coefficients for the 268 participant in Muslims student University of SHahid Bbeheshi and Tehran University was found to be 0.736 (Janbozorgi, et al., 2011).

God-OSP program: God-OSP is a program to treat patients with psychological problems, which, inspired by spirituality and religion (Islam), and requires the activation of the spiritual dimension for treatment. By processing the client's problem in a comprehensive perceptual field (self, objective existence (others and world), Origin and resurrection) this method helps individuals to have a realistic view, by activating the natural intellect, replacing inefficient mental images with real concepts, by setting the individual's action between the origin and the resurrection, provides the ground for the integrative personality of the patients. This program has experimental and clinical validity (Janbozorgi, 2019; Janbozorgi, in press).

**The protocol of God-OSP was developed in five basic stages:**

In order to design the first package of treatment, the following steps were taken by method of clinical spiritual phenomenology:

1. Analysis of data from 200 clinical participants who had been using other therapies such as cognitive-behavioral or analytical therapies that requests spiritual interventions.

2. The accumulation of the concepts in the scope of questions

After extracting 820 open source codes from the Qur'an, more than 300 codes related to research questions were placed on about 200 thematic files.

3. Categorization of the concepts

All the issues were examined and classified by a group of professional therapist with more than 15 years of clinical work experience. Subsequently, those concepts and the treatment were categorized and principles were extracted based on them and according to the relatively constant proportion that was observed in various theories of psychotherapy including assessment, diagnosis, and process of psychotherapy (janbozorgi & Nouri, 2015); the

technical axis of GOSP, including the theory, principle, mechanism, and treatments' techniques, were the categorized topics.

4. The categorization of the principles based on the process of psychotherapy

The principles of treatment were grouped in a comparative process with existing psychotherapists, which included 23 theoretical principles and 24 practical principles of counseling (Janbozorgi & Gharavi, 2018). They are also referred to in the chapter on spiritually multidimensional psychotherapy in *innovative theories of psychotherapy and counseling: principle, techniques and cultural adaptability* (Janbozorgi & Gharavi, 2016).

5. The mechanisms and techniques of psychotherapy extraction

Based on the practical principles of treatment, according to Quran's codes, the necessary therapeutic techniques and mechanisms were extracted (ibid & Janbozorgi, 2019).

6. Setting techniques based on the perceptual areas

The five stages of GOSP are as follows:

Stage1- Activating the Natural (innate) and Intellect (NI) (according to Holy Quran, Shams, 7, 8)

Stage 2- Restoration of Faith: Activating secondary intellect (God-oriented intellect (GOI)) with Monotheistic attitude.

Stage3- self recovering: Strengthening or creating a spiritual identity (SI)

Stage4- Life rescuing by spiritual saving action (SSA): regulating God-oriented action (spiritual self-regulation for being in the world and with others)

Stage5- Returning to the real, Better and More Lasting life (BML): giving meaning to death and the hereafter in everyday life. This stage is returning to authentic life.

These stages, and the related techniques, are followed up in Janbozorgi's (2019) study.

The reliability and validity of the techniques used during the five processes of the therapy according to the professional focus groups are given in the table below.



Table 2: The necessity and appropriateness of the GOSP techniques

Techniques of GOSP stages	No. of clinical tech,	
Stage1- Activating of NI	-Activation of NI eliminating learning (island technique). -Recognizing and removing obstacles to natural intellect (awareness of anti-intellect forces). -Rescue the intellect (from irrational beliefs and unproductive learning)	- autonomy -hope -wisdom esteem Self –responsibility
Stage 2- Restoration of Faith: God-OI	-Free the mind from self-made descriptions of God (TASBIH) -Special creation (relationship with God's creation). Relationship with God's management (Lord of the worlds) Analyze the life plan and choose God's plan for the life story (VELAYAT)	-monotheistic attitude Change of worldview, transformation of problems, Resolve spiritual struggling, Self-worth, self-esteem, Resolve of God-image by exploring of God- concept
Stage3- self recovering or Self Identity	-Analyze of self-image and going to self- concept (real self); (OOBODIAT). -Enhance of flexibility -God-oriented self-caring	Strength of ego, explore of the meaning of life, autonomy, resolve of negative schema, Forming spiritual-self. Congruency of self-image with self-concept
Stage4- Life rescuing by SSA:	-Correcting the image of the world and another. -Save the action -Action and function Exchange - From mindfulness to God fullness Forgiveness	-Self-regulation, -modifying motivation, -attend to valuing act, transcending of ego centric attitudes, materiality, and position or dignity. Catharsis and clearing of covert anger, guilt, and anxiety, strength of expert innate diagnostic system(wisdom), Rescue act as a mechanism for identity formation.
Stage5- Return to the real, BML	-Correction of the image of the hereafter and death. Imaging of death -Meet God. - Modify planning for a healthy and real life	Explore authentic life, the meaning making of death and hereafter,
Follow up: consolidation and Relapse prevention	God fullness (ZEKR). repent to ALLAH	-Spiritual and religion life style. -daily purging(cleansing), of saved bad act.

## **results**

The results showed that the God-OSP can affect the PSD and lead it from a low level that has a risk of clinical signs to a structured and transcendent religion.

The symptoms of the first level of PSD are significantly reduced in the subjects, which means that emotional instability, impulsivity, feels shame or worthlessness, indistinct boundaries between self and others, fears object loss, humiliation and retribution, and other signs in table 1 (first column), significantly reduced.

It seems that God-OSP by activating natural and God-oriented intellect, creating monotheistic attitude, strengthening spiritual identity, regulating spiritual action and meaning to death and the hereafter (Janbozorgi, 2019), can change the level of PSD of the subjects in the direction of better mental health. According to a 2011 study by Janbozorgi et al., which showed that there was a relationship between the level of spiritual development and mental health, this effect means changing religious orientation, reducing clinical symptoms, and promoting mental health. Because extrinsic religious orientation is associated with a low level of PSD, it may be that the religious orientation of the subjects affected by the treatment has changed.

Although the change in the second level is not significant, we are witnessing significant changes at this level. The religious dogma at the second level is oriented toward earning God's love and approval. Intensely fearful of disappointing other people and the God, they are compulsive in their conformance to religious codes. These people feel excessively guilty about their sexual and angry feelings, which they attempt to deny or suppress. Their harsh superegos and obsessive scrupulosity make them rigid and emotionally constricted. The religiosity of these people is characterized by self-denial, submission to authority and intolerance of diversity and ambiguity (Genia, 1990). These conditions make them resistant to the therapy and are likely to respond more slowly to treatment.

Significant change in the third level of PSD shows that the level of religious doubt, critical examination of religious beliefs and commitments, affiliation switching, and spiritual identity confusion in subjects under the effect of God-OSP have decreased.

At the fourth and fifth stages, the symptoms increased after receiving the treatment, unlike the previous three stages.

“People at stage four are committed to a self-chosen faith that provides meaning, purpose, and spiritual fulfillment. Their religious practice is guided by constructive, internalized morals, and ideals. Although they are tolerant of religious diversity, residual needs to resolve ambiguities may lead these people toward a religious community that proposes definitive answers to their spiritual uncertainties. If their ideological consolidation becomes impermeable to new spiritual insights, their faith will not undergo further progressive transformations. Transcendental faith is the fifth level of spiritual evolution that few people reach. Selfless devotion to goodness and truth enables these extraordinary individuals to experience a sense of community with people of all faiths and with the God. They are passionately attuned to universal ideals and strive to fulfill the highest potentials in themselves and humankind (Genia,1990).

This significant change in these two levels indicates that the effect of treatment at Low and high level of PSD is different. Treatment promotes or elevates those who are in the advanced stages of development.

This result is consistent with previous findings, which indicate that these two stages (4,5 levels) have distinct characteristics compared to the previous three stages. The findings of Janbozorgi and others (2011) show that the level of change is related to religious orientation.

The results also show that spiritual therapy has improved people's mental health. This result is in line with the findings of Janbozorgi and others (2011), which shows that there are positive correlations between PSD and mental health. Also, treatment by emotional regulation, as shown in the research of Toyari et al. (2020), increased the level PSD and happiness in patients.

Koenig (2009) argues that “religion is a powerful coping behavior that enables people to make sense of suffering, provides control over the overwhelming forces of nature (both internal and external) and promotes social rules that facilitate communal living, cooperation, and mutual support.” (p. 283). Koenig’s research on religion and mental health studies prior to 2000 showed that the majority (476 of 724 quantitative studies) reported statistically significant positive associations (p. 285). For example, five or eight studies on the relation

between religion and depression showed that “religious-based psychological interventions resulted in faster symptom improvement, compared with secular based therapy or with control subjects” (p. 285).

Research has repeatedly found that committed religious belief and devout practiced are related to higher levels of emotional well-being, happiness, and life satisfaction (Koenig, 2012).

### **Discussion and Conclusion**

Multidimensional spiritual therapy can both help people balance and put them on the transcendent mode and raise their spiritual level.

This study delineated that lingering at the third stage (level) of PSD which accompanies uncertainty and crisis of spiritual identity would decrease general health and causes tiring insomnia (sleeplessness). Moreover, the lower the level of development and spiritual health, the lower the general health. There are abundant findings on the relation between general health and spiritual health, and even physical health which are in line with our findings (Brady et al., 1999; Hsiao et al., 2008; Goldstein et al., 2008; Gansler et al., 2008; Peterman et al., 2002; Mytko & Knight, 1999; Martens et al., 2008; Withferd et al., 2008; Vapiwala et al., 2006). In addition to these, findings related to religious/ spiritual interventions confirm such relations (Jalali tehrani, 1997; Jalali tehrani, 2001; Janbozorgi, 1999, Janbozorgi, 2009; Yosef Khalid, 2008).

Therefore, the effects of treatment on the level of PSD show that the mental health of the participants has increased.

Since these findings are purely clinical and have not been compared with the control group, generalization of the findings should be considered with caution.

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