# THE IMPACT OF RELIGION AND SPIRITUALITY ON THE SOCIAL DEVELOPMENT OF UKUM PEOPLE IN BENUE STATE

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## ABSTRACT

This paper examines how Christian counsellors view and integrate spirituality and social impact of religion in their practices among Ukum people of Benue State. Therapist Education and training in this realm and the perceived abilities, comfort, and competence were viewed when

working with Religions and their social and spiritual content. The paper  using  descriptive and historical approaches thereby concluding that one can be religious and unspiritual and spiritual.  One can be both spiritual and Religious as well but integrating the two in counselling is profitable for the social development of Uklum people.

**Keywords:**  Counseling, Spirituality, Ukum, Social, Education

## INTRODUCTION

An individual with a religious, social   and  spiritual worldview typically find comfort in their religious or spiritual beliefs and practices during the time of uncertainty or crises. It is important that counsellors, when building a therapeutic alliance with clients, encourage spiritual expression;

> For the majority of clients religion and spirituality are important to them and…
> they would like to talk about this area of their lives in therapy. Therapists should facilitate this by creating a setting of

> openness, trust and respect for the client
> spiritual expression (Eck, 2002: 269).

Religion and spirituality contribute to increased rates of well-being and life satisfaction and decreased rates of suicide, substance abuse and antisocial behaviour "(Brawer Handal, Fabricatore, Robert & Wajda-Johnson, 2002, 4). Reportedly, however, most mental health practitioners have not been adequately prepared in their clinical programmes to work with religious/spiritual clientele (Brawer et al, 2022; Eck, 2002 Kehle, as cited in Grifith of Grifith, 2002).

The changing realities of time and place have greatly affected the family framework all over the world (Nwoke, 2004) and the Ukum people. In Nigeria and Ukum in particular, families are characterized by incessant crises witnessing gradual disintegration of family norms, values and cohesion. The causes according to Gorge (2009) can be ascribed to both internal and external factors which have significantly

increased over time. Whatever the situation, it is felt that the family should not degenerate to a level of imminent collapse. Family values must be upheld and counselling must be able to save families from imminent collapse. There is a need to integrate religion and spirituality using counselling for the social development of the people especially those in Ukum Local Government area of Benue State.

Christian family counselling aims at addressing different kinds of change in the family circle. It is vital for the counsellor to ask what the extent of the change should be. The techniques to be used are a matter of choice. This is not aimed at removing symptoms but to create new ways of harmonious social living. This may involve helping individuals to express emotions in a more acceptable way using Christian counselling. The desired change may be facilitated by the counsellor by shifting the members on how to relate to one another in new ways and examining

its value system using religion to provide for the appropriate change.

While some families need minor adjustments to get back on course, some need a major overhauls to save the family or relationships within the family. Some families go for family counselling to prevent a problem from occurring in future while others go to solve current problems or heal past family wounds. Today, we live in a very conservative, complex and perverse society. The troubleshoots in our families cannot be derived. A lot of families (husbands, wives and children) can best be described as neighbours as they merely live under the same roof, without familiar interpersonal interactions. No meaningful development can take place in an atmosphere of rancour. Religion as an agent of social change is a good instrument that can be used to enhance spiritual development of the people. This paper attempts to examine the relationship between religion and

spirituality and how the two can be integrated through Christian counselling for the social development of Ukum People of Benue State. The following section reviews what the literature reports about religious/spiritual beliefs and practices regarding Ukum people, mental and physical health, and clinician competency and clinical programs.

## Literature Review

The main thrust of this review is Judeo-Christian bias, as the bulk of the research on integrating religion and spirituality into counselling is a product of counselling Psychology and Psychology in general is from American academics and practitioners. The American Religious Identification Survey 2008 (ARIS as cited in Wikipedia, 2010) reported that 76.0% of the adult Nigerians in the north central including Ukum people identified themselves as Christians. Given these statistics, it is arguably practical that researchers in this geographic

area would focus on integration from a Christian perspective.

The bulk of the population of Ukum people are members of a church or a place of worship and most rate religion as being very important in their lives. Griffith, (2002) observed that 90% of the population of Benue Valley, Ukum inclusive expressed belief in a personal God who can answer prayers because individuals with a religious and/spiritual worldview typically find comfort in their religion or spiritual beliefs and practices during times of uncertainty or crises. It is important that counsellors, when building a therapeutic alliance with clients, encourage spiritual expression:

> For the majority of clients, religion and spirituality are important to them and….they would like to be able to talk about this area of their lives in therapy. Therapists should facilitate this by creating a setting of openness, trust, and respect for the client spiritual expression (Eck, 2002, 269)

Religion and spirituality contribute to increased rates of well-being and life satisfaction and decreased rates of suicide, substance abuse, and antisocial behaviour" (Brawer, Handal, Roberts and Wajda-Johnston, 2004, 4). Reportedly, however, most mental health practitioners have not been adequately prepared in their clinical programmes to work with religious/spiritual clientele (Brawer et al 2002; Eck, 2002; Kahle, as cited in Griffith, 2003).

The paper   gain   an insight into how religion and spirituality can be integrated using Christian therapists, viewing the place and limits of religion and spirituality among Ukum people of Benue State. The emphasis is on mental and physical health, clinician competency and clinician programmes.

**Mental and Physical Health and Religion/Spirituality**
Religion and Spirituality can either help or hinder the

healing process. Research shows that religious and spiritual beliefs and practices are beneficial for improving and maintaining good mental and physical health (Larimore, Parker and Crowther, 2002) and that they have benefits for people dealing with mental health/illness. Such benefits include.

i. Greater strength in coping and decision making

ii. Enhanced social support

iii. Personal coherence or wholeness (Fallot, 2001) In contrast, rigid religious beliefs based on sin and guilt may deepen mental illness such as depression and delusions and hallucinations, which may be accentuated by religious content (Fallot, 2001).

A look at the social terrain in Ukum will show that the spate of killings, arson, and maiming by terrorists, and unknown gunmen in the area has left Ukum people in serious mental and psychological trauma. This is because many children saw how their parents were murdered in

cold blood, many women saw how their husbands were brutally murdered in cold blood; many husbands were made to see how their wives were raped before being murdered. Some escaped death but their houses and farmlands/produce were destroyed by arsonists. The situation presents a stage for Christian counsellors to integrate religion and spirituality to rescue the mental and physical health of the people.

Cotton, Grossoehine, and Tsevat (2007) noted that "in general, adolescents that have higher religiosity and/or spirituality fare better than their less religious or spiritual peers (cotton et al, p.146). This included "lower rates of risky health behaviours and fewer mental health problems even when taking into account other factors that may affect health outcomes such as age, sex or family income (Cotton et al, 2007, p.146).

This relates to how spirituality may influence health in adolescents, in particular indirect effects such as social

support and positive role models and direct effects from coping mechanisms such as prayer. The researchers further identified that religion and spirituality can play a negative role in the lives of teenagers (that is, increased risk of sexually transmitted diseases and/or pregnancy due to a disbelief in contraception and feeling ostracized for their sexual orientation and/or premarital sexual activity in general).

Cotton et al, (2007) emphasized the need for spiritual screening or spiritual assessment initiated by the helping professionals (Christian counsellors) involved in the lives of the youth for the purpose of developing "an appropriate plan of care". One such tool of screening described by Cotton et al, (2007) is the FICA;

F (faith) What is your faith tradition?

I (Important) How important is your faith to you?

C (Church) What is your church or community of faith?

A (address) How would you like me to address these issues in your

Health Care (p.149)

Accordingly, the authors noted a distinction between spiritual screening tools and spiritual assessment tools, that spiritual screening tools help to identify the spiritual needs versus resources available in the lives of adolescents, while spiritual assessment tools are used for "gaining very specific information about a person religions /spiritual experiences, particular beliefs or practices "(cotton et al, 2007, 149).

Koeing, Larson, & Matthews (1996) support the use of religion in therapy when working with older adults and endorse taking a religious history assessment. Koeing et al. (1996) believe that by assessing a client's religious history, the therapist (counsellor) accomplishes a set of goals for therapy;

- o    History-taking validates religion as an important part of the patient's life and identifies a potential coping resource.
- o    It draws the person's attention to past circumstances when religion may have been used successfully to combat a stressor.
- o    Past negative experiences with religion may be uncovered and worked through so that the person may now be a free to use religion as a resource if he/she chooses.
- o    It provides vital information that is necessary for designing any future intervention that may include the patient's religious faith (p.169)

Because of over increasing older populations, there is a growing need to provide care that will meet the spiritual and religious needs of UKUM people in continuing and palliative facilities. The concepts of pastoral care, spirituality, religion and clients' search for meaning; coping with terminal diseases and the experience of

hope; the nature of suffering as well as education and training are areas of concern to Christian educators and counsellors in UKUM.

Hermsen and TenHave (2004) found that there is a lack of clarity regarding the central concepts, especially of religion and spirituality. There is a disconnection between the essence of religion and spirituality, though not necessarily from the search for meaning but the meaning of life and death in particular. Concerning the hope and nature of suffering, Hermsen and TenHave (2004) note that hope is a dynamic experience regarding meaning-making in life and death and coping with chronic circumstances, like the state of insecurity in Ukum. Having faith in God impacts chronically ill and dying persons,  distressed people and emotionally and psychologically weakened ones, positively and negatively including eliciting a spiritual crisis while patients try to understand or control suffering at the onset

of death (Hermens & TenHave, 2004).

Education and training are important aspects of providing ethically competent care to culturally and religiously diverse clients. This includes training caregivers in nursing and residential homes on introspection of self-reflection about their beliefs and attitude on life and death and how these might affect their work with patients (Hermes and TenHave 2004).

There is a need for a thorough assessment in professional practices when considering using spiritual interventions with clients as it helps the Christian counsellor (therapist) to understand "the client's belief system values and religious practices" in order to engage the client in a way that is ethnoreligious congruent and that does not potentially violate their religious, traditions and practices (Eck, 2002, 269).

## Competency of Christian Counsellors (Clinicians) and the Clinical Programmes

Graduate programmes in counselling are lacking when it comes to preparing a student to invite clients to "share their spiritual or religious concerns issues and values in some way they share any other area of their life "(Eck 2002, p.269). Accordingly Eck asked:

> If clients preferred their therapists … their religious and spiritual values in treatment, why don't more clients bring them up in therapy? Given these clients and cultural contexts, why haven't spirituality and religion become better incorporated within our clinical models, training practice and protocols? (2002, 268).

The silence in this area may be due to an unspoken rule of don't ask, don't tell where both the therapist and the client found it uncomfortable to speak about religious and spiritual matters (Eck, 2002). Clients may hold back because they may prefer to keep sacred from the secular or they may be afraid of religious coercion by therapists

discussing their own religious and spiritual beliefs.

A study involving students counselling at the postgraduate level reveals that most students experience discomfort when discussing spiritual issues in counselling mainly due to fears of offending or being judged personally (Souza, 2002). Students' opinions vary as to whether they view spirituality as negative or positive, based on their personal experience, which could produce countertransference issues. "For example, it is possible for a student's disillusionment with religion to interfere with his/her ability to counsel a religious client. On the other hand, a fervently religious student may be unable to relate to non-religious clients" (Souza 2002, 214).

Another area of concern is in defining spirituality. Ankrah (2002) emphasizes the risk for clients wanting to explore spiritual experiences in counselling:
A person coming into a

> counselling relationship, who has
> experienced a spiritual emergency
> or some other state of spiritual
> consciousness, runs the risk of
> having their spiritual experience
> uninterpreted or not feeling there
> is space or permission to share that
> part of the self and so feel silenced
> (2002, 58).

Koeing et al (1996) stress that when religion is brought into the therapeutic relationship, transference and counter-transference reactions may be intensified. Christian counsellors can deal with these reactions by first acquiring understanding and experiences about the neurotic and non-pathological use of religion in clients' lives this may include inference of clients trying to "defray or cover as underlying conflict "and/ or inference that may indicate "a mature religious faith that is usually adaptive, supportive and feeling" (Spero, as cited in Koeing et al 1996, 180). Therapist in this circumstance needs to compare and contrast their own religious beliefs with their clients.

Negative emotional responses, whether due to over-concerns or identification, also require attention and are prevented from interfering with therapy (counselling) to continue to appreciate and respect client needs. It is also important for religious therapists working with religious clients to remember that professionalism in mental health is needed to enhance the patient's psychological stability and range of functioning, not a religious professional with the primary goal of enhancing spiritual development.

Many therapists are integrating religion and spirituality into counselling "through interpersonal integration" (interventions based on one's personal experience). This can be problematic in that it "creates a risk of therapists imposing their values or applying religious or spiritual interventions inappropriately "(Walker, Gorsuch & Tan, 2004, 77). A study by Fraiser and Hansen (2009) supports Walker, et al  (2004) finding that the psychologists who

identified as religious/spiritual were more likely to report that they were engaging in religious/spiritual psychotherapy behaviours, such as the use of prayers, scripture references, and religious metaphors.

There are many spiritualists these days in UKUUM due to the spate of insecurity in the area. The situation is compounded by the Pentecostal Churches and Pentecostal pastors who believe in spiritual deliverance. This conflicts with the teachings of the Orthodox Roman Catholic church and the protestant (NKST) churches that existed in the area before the emergence of Pentecostalism.

## Conclusion

It appears there is overwhelming support for a bio-psychosocial-spiritual paradigm both personally and professionally. Counsellors are biased when it comes to discussing religious versus spiritual content within the therapeutic processes in their work with clients. It is also

noted that religion and spirituality are a dichotomy. Yet they can also be understood as overlapping or interrelated phenomena with important psychological meaning. It is the conclusion of this paper therefore that one can be religious and unspiritual and spiritual and irreligious, one can be both religious and spiritual. It is also true that transference and counter-transference issues interfere with counsellor comfort and competence regarding initiation or allowing the dimensions of religion/spirituality into the therapeutic process.

## Recommendations

- Christian counsellors should approach the work with caution especially where there are many denominations in UKUM as there are bound to be a diverse interpretation of results.

- The competence of the counsellors should be a priority rather than comfort. This is because

counsellors are integrating religion and spirituality into counselling based on interpersonal experiences.

- The use of spiritual screening and assessment tools, including recording clients' religious history is needed to help therapists understand their client's religious/spiritual beliefs, values, and practices. They can also be useful for introducing the dimensions of religion and spirituality into the counselling process.

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