Journal Article Review

 [Institutional Affiliation(s)]

Author Note

**Summary**

The circumstances are shifting, and spiritual subjects have more newly been considered praiseworthy topics of research and study in mental health arenas. No studies were executed so far to assess the connection of the spirituality, taken as an intervention, with the psychotherapy. 80% of the population of the United States have faith in GOD who pray and wish to introduce prayers in Christian psychotherapy particularly for mental health problems (Weld, C, & Eriksen, 2007). Though, an evaluation of the studies from the last 20 years designates that the exercise of religiousness in the doctor’s office has been rather debated. However, few mental health doctors assimilate mystical practices into psychotherapy practice, various specialists do not give significance to the holiness.

Assimilating mysticism and psychology is prevalent between Christian therapists, amongst whom prayer is the greatest normally castoff spiritual interference. Though, maximum studies that have discovered the procedure of prayer have not clear whether in-session prayer was perceptible or still. Nor have these researches established customer prospects related to the practice of prayer in therapy, or whether customers need themselves or the therapist to recruit in-session prayer. This study purposes to correct these deficiencies in the direction that prayer may be castoff additionally competently as a therapy interference and to defend customers from tactlessness or immoral practice of prayer by both Christian and other psychotherapists. This study was a correlation and a descriptive study. The survey has many questions related to spirituality and prayer as an intervention with the Christian counselor. There were 165 clients and 32 therapists as participants for the research. Using two instruments such as the prayer survey for customers and the brief therapist survey for therapists was achieved (Weld, C, & Eriksen, 2007). The analysis was made based on the two t-tests and simple linear regression, Pearson correlations and Fisher's exact tests. 82% of the customers want to have prayer as a part of the counseling (Weld, C, & Eriksen, 2007). They also desired that the therapists should pray for them and have strong believed that the prayers would heal and assist therapy in recovery from the symptoms.

**Interaction**

The greatest influence of spiritual prayer/support before and after treatment has been perceived from this study. Patients have affection and mystical relation with the prayers though, there are some pressures such as whether the treatment or the therapy would be effective or not. These questions in the mind of the client would be answerable only in the presence of prayers in the interventions and counseling (Harris et al., 2016). The survey conducted explored that the prayers are linked with the spiritual needs of the patients and can only be fulfilled when it is a part of the counseling (Weld, C, & Eriksen, 2007). The therapies and interventions have a negative influence on the recovery of the patient. Ultimately the prayers have a notable effect on the patient's repossession (Harris et al., 2016). The prayers benefit them by providing some harmony, peace, and understanding. The stress is usually unconfined when the patient recovers faith and confidence that he will have repossession from the disease.

Doctors and other clinicians are practicing the prayers as an intervention and in the counseling sessions (Weld, C, & Eriksen, 2007). This has been observed that patients and the therapists both demand and desire prayers to be part of the intervention (Bannister et al., 2015). Choosing this article is vivacious in respect of prayers, faith and mystical needs of the patients and the therapists. The studies have shown that there is an insightful influence of prayers on the positive result of patient therapy. Surgeons and physicians usually endorse their patients for prayers and believe that it has the potential for their recovery and wellbeing. The result of the study such as 82% is a significant number that shows the client's preferences regarding prayer as counseling.

**Application**

A patient from a Mayo Clinic after recovering from surgery is been under observation and has regular sessions from a psychotherapist. He asked the therapist to pray for him and he also prayed before his therapy regularly. It was reported that he recovered from depression and anxiety in a very short period. The patients' mystical and spiritual necessities are usually incorporated in standard procedures in the hospital facility. His therapist strongly believed that spirituality has a relation with the recovery (Bannister et al., 2015). That therapist executed prayers as a counseling part and have evaluated that the patient recovered two-fold as compared to the normal therapy sessions given to a patient without prayer as counseling (Weld, C, & Eriksen, 2007). He considers the utmost vital supposition from numerous methodical studies. His individual information is of possible significance for spiritual support and cares in therapy and the influence that may have on favorable consequences (Bannister et al., 2015). The therapist is positively deliberate that prayer contributes to the attachment with his patients in proceeding towards a healthy life and quick recovery (Weld, C, & Eriksen, 2007). Once in his interview he said that owing to his duty, he would support prayers and spirituality as a strong intervention for his patients. He has observed patients who recovers from very critical states of mental health disorders with the help of spirituality. This shows a positive and a strong relation of prayers with the recovery (Richards et al., 1995). Also, the client's and the therapist's preferences regarding prayer as counseling is an optimistic approach.

**Code of Ethics**

“Religious or Spiritual Problem” has

 become part of the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994), and researches have connected people’s holiness with their mental well-being and clients’ religiousness with effective psychoanalysis (Weld, C, & Eriksen, 2007). Ethical directives, customer expectations, and therapist beliefs all favored to the requirement of the spirituality to be incorporated in the counseling. The ACA Code of Ethics strongly recommends and shows admiration for the patient's preferences. Various studies that have been encountered in the course have demonstrated substantial evidence that professional ethics should be incorporated in the hospitals and professional practices.

# References

Bannister, S. N., Park, H. S., Taylor, S., & Bauerle, E. N. (2015). Clients' expectations and preferences for marital Christian counseling: A chronological literature review and a contemporary evaluation. *Social Work and Christianity*, *42*(1), 63.

Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice*, *3*(4), 250.

Richards, P. S., & Potts, R. W. (1995). Spiritual interventions in psychotherapy: A survey of the practices and beliefs of AMCAP members. *Issues in Religion and Psychotherapy*, *21*(1), 4.

Weld, C., & Eriksen, K. (2007). Christian clients’ preferences regarding prayer as a counseling intervention. *Journal of Psychology and Theology*, *35*(4), 328-341.