

University of Texas Rio Grande Valley

ScholarWorks @ UTRGV

Psychological Science Faculty Publications and
Presentations

College of Liberal Arts

1-2009

Contemporary Perspectives on Spirituality and Mental Health

Pulkit Sharma

University of Jammu

Ruby Charak

The University of Texas Rio Grande Valley, ruby.charak@utrgv.edu

Vibha Sharma

Institute of Human Behaviour and Allied Sciences

Follow this and additional works at: https://scholarworks.utrgv.edu/psy_fac



Part of the [Psychology Commons](#)

Recommended Citation

Sharma, Pulkit; Charak, Ruby; and Sharma, Vibha, "Contemporary Perspectives on Spirituality and Mental Health" (2009). *Psychological Science Faculty Publications and Presentations*. 15.

https://scholarworks.utrgv.edu/psy_fac/15

This Article is brought to you for free and open access by the College of Liberal Arts at ScholarWorks @ UTRGV. It has been accepted for inclusion in Psychological Science Faculty Publications and Presentations by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact justin.white@utrgv.edu, william.flores01@utrgv.edu.

Contemporary Perspectives on Spirituality and Mental Health

Pulkit Sharma, Ruby Charak¹, Vibha Sharma²

ABSTRACT

The paper strives to elucidate the complex yet intimate relation between spirituality and mental health from contemporary perspectives. The diverse and constantly evolving views that spiritualists and mental health professionals have held toward each other over last century are discussed with special accent on the transpersonal spiritual framework within psychology. The role of spirituality in promoting mental health and alleviating mental illness is highlighted. The paper is concluded with an increasing need to integrate spirituality within the mental health field albeit there are several impediments in achieving the same, which need to be worked through circumspectly.

Key words: *Integration, psychology, spirituality*

WHAT IS SPIRITUALITY?

It is difficult to delineate spirituality as a concept in words. Various authors attempting to define it have emphasized on aspects like feeling connected or belonging in the universe, believing in a power outside one's self, searching for a sense of meaning or purpose, experiencing transcendence, seeking one's ultimate and personal truths, knowing of the unity of visible and invisible, having an internalized relationship between the individual and the divine, encountering limitless love, and moving toward personal wholeness.^[1-5]

Even though spirituality is different from religion it is often confused with the same. In fact, the historical negativism toward spirituality emanated from it being considered synonymous with religion. To put it succinctly, a person may be both religious and spiritual, or he may be religious and not spiritual, or he may be spiritual but not religious. Spirituality is more concerned with direct experience of latent higher consciousness within one's self, i.e. the internal space, whereas religion is an institutionalized set of beliefs, practices, and guidelines that an individual adopts and

follows. Many spiritual movements arose as a rebellion against dominant religions of their times, for instance Buddhism and Jainism from Hinduism, Sufism as a critique against orthodox Islam. Historically, every religion has had its basis in direct spiritual experience of a spiritual master and only later after his teachings were consolidated and formulated in the form of a doctrine that people started following.

THE NEED FOR A SPIRITUAL FRAMEWORK

In recent times, it is evident that although science has amassed great knowledge, traversed and revealed the mysteries of universe, discovered and devised magnificent objects and technology, found cures for various life-threatening diseases, yet man is continuously battling against a hostile world. Though we have solutions for economic, technological, and political problems; emotional breakdowns, inner voids, and ethical and moral transgressions are challenging humanity. Amidst this, one of the hopeful developments in the world is a revival of interest in spirituality and mystical quest. People who have had spiritual experiences show distinct

Clinical Psychologist, Swanchetan Society for Mental Health, Vasant Kunj, Delhi., ¹Lecturer, Department of Psychology, Jammu University, ²Assistant Professor of Clinical Psychology, I.H.B.A.S., Delhi

Address for correspondence: Mr. Pulkit Sharma,
708 Vishal Bhawan, 95 Nehru Place, New Delhi-110 019, India. E-mail: pulkitsharma@gmail.com

DOI: 10.4103/0253-7176.53310

changes in their psyche, their approach toward fellow beings and life, representing a movement away from destructive personality characteristics and emergence of values fostering individual and collective survival. This holds potential for a major transformation of the hostile world that one is increasingly confronting.

PERCEPTION OF SPIRITUALITY AND MENTAL HEALTH FIELD TOWARD EACH OTHER: FROM HISTORICAL TO A CONTEMPORARY PERSPECTIVE

Spirituality and the field of mental health have one common major goal, i.e. to alleviate emotional suffering, to liberate and blossom the self. A major goal of mankind since ages has been to seek liberation from suffering, both physical and mental. Every civilization, culture, and society came out with their unique solutions to deal with suffering. Almost all ancient civilizations had a strong belief in God, soul, and spirituality and well laid-down means and methods through which spiritual enlightenment could be attained.

In Europe, post the renaissance period there was a rebellion by science against the church, which claimed to be a supreme power due to the assumed sanction of God and had been indulging in oppression and exploitation of common man. The Cartesian dictum^[6] asserted the notion of individuality and consequent rationality, which has been the center of all activities of science and modern world. The field of science was successful in overthrowing the church and due to this, spirituality was condemned as unscientific, elusive, and irrational, and its practice was discouraged. Nineteenth century saw the emergence of imperious disciplines of mental health, psychiatry and psychology, which strived to cater to the disorders of mind, and associated suffering. However, these disciplines were developed within the prevalent paradigm of science and in order to be accepted into the mainstream, they complied with the confines of paradigm and chose to ignore insights from spirituality. Both spirituality and contemporary mental health field became rivals as their goal was somewhere common but paths and theoretical frameworks totally divergent and this led to a lack of understanding and empathy of the other field resulting in conflicts, and mutual denigration.^[7,8]

For instance, Freud,^[9] the pioneering psychoanalyst believed that religion derived from “man’s need to make his helplessness tolerable, and built up from material of memories of his own childhood and the childhood of the human race. Man’s helplessness remains and along with it, his longing for his father, and the gods. The gods retain their threefold task: They must exorcize the

terrors of nature, they must reconcile men to the cruelty of fate, particularly as it is shown in death, and they must compensate them for sufferings and privations which a civilized life in common had imposed on them.”

In a similar vein, leading spiritualist of the twentieth century, Sri Aurobindo^[10] warned that “the exaggeration of the importance of suppressed sexual complexes (by psychoanalysis) is a dangerous falsehood and it can have a nasty influence and tend to make the mind more fundamentally impure than before. The self-chosen field of these psychologists is besides poor, dark and limited. That is the promise of the greater psychology awaiting its hour before these poor gropings will disappear and come to nothing.”

Over the first half of twentieth century, psychology as an overt antagonism prevailed among psychiatrists, psychologists, and other mental health professionals in addressing spirituality. However, the emergence of humanism as a movement in psychology shifted the perspective from an exclusive focus on pathology toward higher values, positive mental health, and self-realization.^[11] This provided a conducive environment for emergence of what is now regarded as the fourth force in psychology, that is transpersonal psychology. Transpersonal psychology emerged in late 1960s and it broadened the vision of positive mental health to include spiritual aspects, man’s need for transcendence and for union with the greater whole.^[12] In recent times, both spiritualists and mental health professionals have been open to recognition of each other’s role in allaying human suffering and evolution of consciousness. Unlike their predecessors, modern psychologists and psychotherapists have stopped pathologizing spiritual experiences and approach them with increasing sensitivity and empathy.^[13-16] This movement is also evident in diagnostic systems. Whereas, DSM-III-R^[17] was antagonized to religion viewing it as malicious to mental health,^[18] DSM-IV-TR^[19] has given a diagnostic category to include religious and spiritual problems that can be a focus of clinical attention. Nevertheless, this is only a modest beginning restricted to few quarters and spirituality is awaiting absorption in mainstream psychology.

SPIRITUAL AND TRANSPERSONAL APPROACHES TO MENTAL HEALTH WITHIN PSYCHOLOGY

Following is a brief introduction to some of the imperious transpersonal and spiritual approaches in psychology. Though there are marked differences in their views, yet there is a subtle unifying thread. Almost all schools believe that human self has been separated from its

spiritual roots and this basic division is the cause of suffering. All schools attempt to reunite with the higher self that lies dormant inside the individual for purpose of transformation and evolution of consciousness.

Jung's analytical psychology and Washburn's contributions

Jung held that the self suffered as it was separated from its transpersonal and spiritual unconscious that contained mythic, archetypal, and spiritual energies along with instinctual desires. Apart from a personal unconscious, he postulated a collective unconscious, which is shared by all human beings and has within it the archetypes, which mold the psyche and organize psychological experience. Psychological health depends upon getting in touch and expressing all these archetypes.^[20] If an individual is alienated from one or more archetypes there is likelihood that he may suffer. Washburn^[21,22] developed further on Jung's model. According to him, the path to achieve this integration is through 'regression in the service of transcendence,' i.e. ego revisits its nascent pre-ego origins in the unconscious in order to become integrated with its source and thereby transcend.

Assagioli's psychosynthesis

Assagioli^[23] felt that people besides repressing unacceptable parts of themselves also repressed their higher impulses such as intuition, altruism, creative inspiration, love, and joy. Psychosynthesis talks about various levels of consciousness, namely the lower unconscious, the middle and the superconscious. The process of psychosynthesis begins by identifying and working through the contents of lower unconscious and its various 'subpersonalities,' which is then followed by renouncing these lower contents and getting in touch with higher spiritual self.

Ken Wilber's spectrum model

Using the analogy of light as a metaphor, Ken Wilber^[24,25] proposed that consciousness is composed of many different levels thereby integrating various schools of psychology, philosophy, and spirituality under one umbrella. Modern western psychology finds a place in lower and middle portion of the spectrum, with psychosis representing the most fragmented limited consciousness followed by neurosis and existential issues which is the upper limit of western psychology's extent. At the upper level of spectrum are situated various spiritual systems with enlightenment being the apex. At each stage, there are developmental tasks which, if not properly met, lead to an arrest and consequent psychopathology.

Stanislav Grof's holotropic model

According to Grof, consciousness consists of three main types of territories: The realm of the sensory

barrier and the personal unconscious, the perinatal or birth-related realm, and the transpersonal realm. The realm of the personal unconscious is the one described by psychoanalysis. The second realm consists of basic perinatal matrices or birth-related experiences, which organize the psyche. As these two realms are worked through, there is an ascent to the third transpersonal realm.

Hameed Ali's diamond approach

Almaas^[26-29] integrated insights from object relations, body sensing, and spiritual perspective of Sufism to constitute the diamond approach. According to this approach, each individual has an 'essence' within which is the spiritual self. The ego is a defense against and a denial of essence. A child is born in touch with essence but because his parents are not in touch with the same there is a lack of reflection due to which the child is split off from his essence. To compensate for this loss of essence, a self and object relations matrix is created. This split has to be worked through for the individual to reconnect with his essence and transform.

Ancient Indian psychology and recent revival by Sri Aurobindo

Ancient Indian thought is a storehouse of rich psychological insights elucidating explicit and subtle nuances of processes and constructs such as mental health and illness, cognition, emotion, attention, motivation, perception, self and personality, psychopathology and its treatment.^[30] Ancient Indian physician and scholar Charaka seems to have emphasized positive mental health when he articulated that the task of medicine is not simply to strive for absence of disease but to enable an individual to learn about and lead ideal life.^[31] Upanishads distinguished between the self as an ultimate entity and self as empirical ego. Whereas the ego engages itself in worldly affairs and experiences pleasure as well as pain, the 'atman' or ultimate entity is devoid of pain or pleasure, it is an onlooker devoid of senses, surpassing time, space, and causality and it is the true self and ultimate reality. This reality cannot be perceived or known by our mind as it is different from phenomenal reality and it can only be realized through meditation.^[32] In order to terminate suffering, one must awaken the higher self and let it conquer the lower one.^[33]

Twentieth-century Indian philosopher and spiritualist Sri Aurobindo based on his experiences and thorough study of ancient Indian philosophy constructed an evolutionary map of consciousness. He believed that consciousness is the fundamental thing in the universe and it manifests itself as matter, different objects and beings. It is erroneous to identify consciousness with mind as there are ranges of consciousness above and

below the human range, of which the normal human being is naïve. The purpose of life and over several lifetimes is to lift this veil of ignorance and pervade the inner recesses of spiritual kingdoms after which our external being, mind or ego will occur to us as small and superficial. The path of spiritual attainment according to Sri Aurobindo need not be a renunciation of the world and a leap into Samadhi but it should be a patient transit beyond mind into truth-consciousness where the infinite can be known, felt, seen, and experienced to its fullest.^[10] Sri Aurobindo believed that traditional method of spiritual attainment, where the individual cut himself from the world, was flawed as the individual lost the insights of higher consciousness as soon as he came back to ordinary worldly consciousness. True liberation is not a flight from the material world into a spiritual world but is possible only by a unification of two ends of existence, the spiritual summit and the material base.

SPIRITUALITY AND WELL-BEING

Since ancient times it is relentlessly believed that spiritual engagements further a sense of well-being. Researches in the contemporary psychology though in their nascent state have reached a similar conclusion. It has been found that life satisfaction correlates positively with mystical experiences^[34] and people who have had spiritual experiences report tremendous positive feelings as compared to others.^[35,36] Although religious and nonreligious people tend to experience equal amounts of stress, it has been observed that religion may help people deal better with negative life events and their attendant stress.^[37] Individuals with imperious religious faith report higher levels of satisfaction, greater personal happiness, and fewer negative consequences of traumatic life events.^[38] People engaging in spiritual pursuits report being generally happy, cheerful, at peace most of the time, rarely depressed, have excellent physical health, and are satisfied with the meaning and purpose they find in their lives.^[39]

In recent past, several neurocognitive researches have been attempted to comprehend the impact of spiritual activities on human brain. It has been found that prefrontal lobes of monks are lit even when they are not meditating and this area is responsible for positive emotions,^[40] suggesting that meditation leads to a metamorphosis of brain structure to emit positive emotions. The EEG records indicate that meditation can even tame amygdala enabling the individual to be less shocked, flustered, or angry. Transcendental meditation promotes increasing degrees of orderliness, integration, and coherence in the brain leading to a unique style of brain functioning. While a relative excitement is continuously present in the brains of

non-enlightened subjects, the enlightened people maintain a low level of excitation, which has a pervasive calming effect on the mind.^[41]

The most intriguing area of research has been perhaps the intercessory prayers, which involve praying for the benefit of others. It has been found that even when the subjects and researchers were unaware that someone was praying for them, the physical and mental health of experimental group subjects improved significantly than the control group.^[42]

ROLE OF SPIRITUALITY IN ALLEVIATING MENTAL ILLNESS

In the last few years, researchers coming from a range of disciplines including psychology, psychiatry, medicine, neuroscience, theology, gerontology, and nursing have found evidence using modern scientific methods that spirituality helps in allaying various mental and physical illnesses. Overwhelming suffering that accompanies almost all mental and physical illnesses is reinterpreted within a spiritual framework as a journey or pilgrimage that fosters hope^[43] and individuals are able to locate meaning within their suffering.

In modern societies where cohesive and supportive family structures are fast getting obliterated, spiritual and religious organizations provide much-needed social support which protects people from social isolation, bestows upon them a sense of belonging and self-esteem thereby equipping them to cope with stress and negative life events.^[44-46]

Physical maladies

Yogic treatments can effectively cure and prevent a gamut of diseases ranging from hypertension,^[47] asthma,^[48] heart disease,^[49] cancer, multiple sclerosis, diabetes,^[50] etc. thereby giving the individual relief from consequent mental and emotional suffering.

Depression

Spirituality helps depressive patients figure out a meaning or a purpose in their life, which they had lost due to their illness.^[51] The resurrection of meaning and purpose brings back the hope and vigor to face the difficulties of life. A research study found that for every 10-point increase in a person's intrinsic religiosity, there was a 70% increase in recovery from depressive symptoms post physical illness.^[52]

Anxiety and frustration

Relationship between anxiety and spirituality has been explored amongst individuals who have chronic illnesses. Reduced levels of anxiety associated with spiritual activity have been found in various populations

such as women with cervical cancer,^[53] individuals recovering from spinal injury,^[54] and middle-aged people suffering from cardiac problems.^[55] There is also evidence that engaging in spiritual practices leads to a reduction in anxiety in patients with anxiety disorders. One study found that women suffering from anxiety disorders who participated in Iyengar Hatha Yoga training had imperious and significant improvements in perceived stress, state and trait anxiety, fatigue, and depression.^[56]

Another study found that Preksha Meditation, a Jain technique of meditation was very effective in reducing frustration levels and consequent aggression in prisoners.^[57]

Stress and posttraumatic stress disorder

Religious coping is a ubiquitous mediator that accounts for the relationship between spirituality and mental health in times of stress. Commonly seen styles of religious coping among individuals include collaborative, deferring, and self-directing styles out of which collaborative approach has been found to be most beneficial for mental health.^[58-60] In collaborative style, the individual considers himself and God as partners in problem-solving and responsibility for the solution is perceived by the individual to be a shared process.^[61]

It has been found that spiritual orientation aids people in dealing with aftermath of trauma; typically, positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are correlated with improved posttraumatic recovery.^[62] Meditation focusing on a mantra (word with spiritual significance) has proven to be effective in significantly reducing symptoms of stress, anxiety, and anger and in improving quality of life and spiritual well-being in war survivors.^[63]

Schizophrenia

Spiritual orientation helps people with chronic schizophrenia in processes of reconstructing a sense of self and recovery.^[64] It has been found that schizophrenic patients find hope, meaning, and comfort in spiritual beliefs and practices.^[65,66] Some transpersonal therapists tend to view psychosis as an attempt by the psyche to renew itself and enter new realms of consciousness by first attempting to breakdown the existing psychic structures and then activating archetypal and spiritual energies of the self. In this process there are consequent themes: The person experiences psychic death, regresses to his beginnings, feels chosen for a special mission to save mankind and to bring about a special revolution, finally it becomes apparent that this entire process has occurred inside the person rather than in outer reality as the individual returns to ordinary consciousness.

Behavior problems in childhood and adolescence

It has been observed that engaging children and adolescents in Pranic Healing Meditation activity leads to a marked reduction in their behavior problems including aggression, nail biting, lying, absenteeism from school, tics, bullying, and enhances their scholastic performance.^[67]

SPIRITUAL EMERGENCIES: DISORDERS OF THE SPIRIT

Spirituality as a path is not sans dangers. Spiritual emergency refers to the condition in which self becomes disorganized and overwhelmed by an infusion of new realms of consciousness, which it is not yet capable of integrating. Many a times people who are on a spiritual journey explicitly or implicitly experience nonordinary states of consciousness that are viewed and treated as psychosis, neurological disorders, or dissociative states through suppressive medication and therapies, as the western enterprise of psychiatry and psychology lacks a framework and expertise to comprehend these states.^[68-70] This is a fatal error as many patients if properly understood and treated would experience transformation and spiritual realization but given the present state of affairs they end up spending their lives in inpatient wards and rehabilitation homes trying to ground themselves in the very ignorance that they wished to emancipate from. At the same time, transpersonal psychology stresses that not all psychotic states are spiritual emergencies, but some surely are and acumen must be developed to differentiate between the two. There are two broad types of spiritual emergencies.

Consciousness alterations

There are various energy centers or 'chakras' in the body associated with particular levels of consciousness and as these open up there may be vehement and terrifying rush of energy leading to prolonged periods of forceful shaking, involuntary spasms, and repetitive movements. When one's identity is getting merged into unitary consciousness, it can become a profoundly disorienting and depersonalizing experience for the individual making it difficult for individual to function in the world and many a times manifesting as a catatonic stupor.

Opening to psychic realms

As a part of spiritual journey, the person may travel into the inner underworld where he experiences intense suffering, pain, and torture often leading to psychic death followed by rebirth and ascent to higher region. At times, the individual may experience 'possession states' where he feels controlled by an evil entity and reports being traumatized.

If given a proper framework and support to comprehend these states, the individual can make the leap from psychotic-like states into higher consciousness.

INTEGRATION OF SPIRITUALITY IN PSYCHOTHERAPY

Many psychotherapists are of the opinion that psychotherapy by itself is a spiritual enterprise as it provides insight that human beings are interdependent and need each other. The warmth and acceptance by the therapist allows the patient to deal with and integrate the disavowed parts of the self.^[71] Still others feel that some traditional psychotherapies such as psychoanalysis even without making an explicit claim have the power to transform the individual by taking him on a journey from fully possessing to dispossessing and renouncing the loved other.^[72]

However, transpersonal psychologists call for a more active integration between spirituality and psychotherapy and a sensitization of all mental health professionals toward transpersonal issues. There are two broad ways in which spirituality can be integrated within psychotherapy. An explicit integration occurs when therapeutic approach overtly, directly, and systematically deals with spiritual issues in therapy and utilizes spiritual methods including meditation, yoga, prayer, and teachings from sacred texts for the purpose of healing and transformation. However, others favor an indirect approach wherein the therapist is open to dealing with spiritual issues but does not initiate such discussion or use spiritual methods till the client comes up with such concerns on their own.^[73]

Also, various spiritually oriented people have started recognizing the potential of modern psychotherapy in sowing seeds for a spiritual journey. They feel that in case of people who are suffering from psychological disorders, modern psychotherapy can strengthen the ego and help in breaking troublesome defenses. In contrast to a neurotic or psychotic self, this mature self that evolves from psychotherapy has the capacity to let go off control and to surrender to deeper self and can therefore lay down foundations for a spiritual evolution of consciousness.^[74,75] Similarly, quite a few psychotherapists are of the view that psychotherapy should start by addressing personal emotional pain but should not remain confined to the same and rather strive to move to a spiritual quest.^[76-80]

These dialogues between the two camps have led to the development of integrative psychotherapeutic approaches such as transpersonal psychoanalytic psychotherapy,^[81,82] existential transpersonal psychotherapy, rational-emotive spiritual therapy, and cognitive spiritual therapy.

CURRENT TRENDS, FUTURE DIRECTIONS, AND CONCLUSION

There is little doubt that spirituality is being increasingly recognized and accepted in the mental health field as having a huge potential for transformation of individual and society, however, the following issues merit attention.

Conceptual confusion between religion and spirituality and lack of sensitization toward spirituality

A majority of mental health professionals continue to understand 'religion' and 'spirituality' as synonymous. As a result some of them regard spirituality as unscientific, archaic, neurotic, and oppressive and having little value for mental health. Many of them site harmful effects of religion to rebuke spiritual endeavors and treat them as psychiatric conditions. This has two kinds of negative impact. On one hand, it discourages the use of a spiritual framework in psychotherapy and healing and on the other hand patients with spiritual issues feel dissatisfied and agitated due to an unempathic attitude on part of these mental health professionals.

Lack of training in transpersonal issues and practices within mainstream psychology

A majority of mainstream psychology training programs rarely have training in transpersonal issues and practices as part of their curriculum. Thus, psychologists and other mental health professionals do not get an opportunity to sensitize to the spiritual domain and even when they are, they are ill-equipped to deal with such issues in clinical practice. Most of the mental health professionals tend to misdiagnose and treat spiritual emergencies as psychotic states. They do not know how best to further a client's spiritual progress.

Paucity of spirituality and mental health research

The pervasive tendency of mental health field to remain obsessed with pathology has crept into the spirituality researches as well. We have far more researches to appreciate the role of spirituality in alleviating mental disorders and illness as compared to the promotion of mental health by spirituality.

A reductionist paradigm of our times

The current paradigm of science that has been adopted by medical and psychological sciences is a reductionist one based on an atomic and materialistic view of reality. Though, attempts have been made to comprehend spirituality from this perspective they suffer from serious flaws as spirituality defies a materialistic interpretation. Within the current paradigm, yoga and meditation would best be seen as exercises of body and mind enabling stress management, changing brain chemical and neurotransmitter structures to live longer and happier,

and as an effective alternative medicine. However, the scope and potential of spirituality is far beyond this. It is the nascent vehement storehouse for a revolution in consciousness; the way individual sees his self, world, and others and relates to them. This potential source is still in its nascent stage of utilization by the modern science.

Henceforth, training and sensitization toward spirituality should be included in academic programs of mental health. We should develop more insight into the role of spirituality in enhancing mental health. A movement away from the prevalent paradigm is needed to appreciate the full gamut and potential of spiritual transformations.

REFERENCES

- Canda E. Existential family therapy: Using the concepts of victor frankl. *Families in society*. J Contemp Hum Serv 1995;76:451-2.
- Decker LR. The role of trauma in spiritual development. *J Hum Psychol* 1993;33:33-46.
- Ganje-Fling MA, McCarthy P. Impact of childhood social abuse on client spiritual development: Counseling implications. *J Counseling Develop* 1996;74:253-8.
- King M, Speck P, Thomas A. The royal free interview for religious and spiritual beliefs: Development and standardization. *Psychol Med* 1995;25:1125-34.
- Wulff DM. The psychology of religion: An overview. In: Shafraanske EP, editor. *Religion and the clinical practice of psychology*. Washington DC: American Psychological Association; 1996.
- Descartes R. (1641/1996). *Meditations on First Philosophy*, Internet Encyclopedia of Philosophy. (The text is the 1911 edition of *The philosophical Works Of Descartes* (Cambridge University Press), translated by Elizabeth S. Haldane).
- Sharma P. On the seashore: Dialogues between indian psychology and modern psychotherapy. Paper presented at National Conference on Indian Psychology, Yoga and Consciousness, Pondicherry, India: 10-13 December 2004.
- Sharma P. Science and spirituality: From impasse to innovation. *Psychol Studies* 2006;51:313-6.
- Freud S. *The Future of an Illusion*. Standard edition, Vol. 21, London: Hogarth; 1927.
- Dalal AS, editor. *A greater psychology: An introduction to the psychological thought of Sri Aurobindo*. Pondicherry: Sri Aurobindo International Centre of Education; 2001.
- Rogers C. *On becoming a person*. Boston: Houghton Mifflin; 1961.
- Rowan J. *The transpersonal psychotherapy and counselling*. London: Routledge; 1993.
- Kakar S. *The analyst and the mystic: Psychoanalytic reflections on religion and mysticism*. Chicago: University of Chicago Press; 1991.
- Roland A. *In search of self in India and Japan: Toward a cross-cultural psychology*. New Jersey: Princeton University Press; 1988.
- Roland A. *Cultural pluralism and psychoanalysis: The Asian and North American experience*. New York and London: Routledge; 1996.
- Sarin M. Psychoanalysis and religion. *J Psychol Foundations* 2002;4:8-15.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed, Revised. Washington, DC: American Psychiatric Association; 1987.
- Post SG. DSM-III-R and religion. *Soc Sci Med* 1992; 35:81-90.
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. Text Revision. Washington, DC: American Psychiatric Association; 2000.
- Hall CS, Lindzey G, Campbell JB. *Theories of personality*. 4th ed. New York: John Wiley and Sons, Inc; 1998.
- Washburn M. *The ego and the dynamic ground*. Albany, NY: SUNY Press; 1988.
- Washburn M. *Transpersonal psychology in psychoanalytic perspective*. Albany, NY: SUNY Press; 1994.
- Assagioli R. *Psychosynthesis: A manual of principles and techniques*. London: Turnstone Books; 1965.
- Wilber K. *The spectrum of consciousness*. Wheaton, IL: Quest; 1977.
- Wilber K, Engler J, Brown D. *Transformations of consciousness*. Boston: Shambhala; 1986.
- Almaas AH. *Essence*. York Beach, ME: Weiser; 1986.
- Almaas AH. *Pearl Beyond Price*. Berkeley: Diamond Books; 1988.
- Almaas AH. *Luminous Night's Journey*. Berkeley: Diamond Books; 1995.
- Almaas AH. *The Point of Existence*. Berkeley: Diamond Books; 1996.
- Kuppuswamy B. *Elements of Ancient Indian Psychology*. New Delhi: Vani Educational Books; 1985.
- Dasgupta SN. *Philosophical Essays*. Calcutta: University of Calcutta Press; 1941.
- Radhakrishnan S. *The Principal Upanishads*. London: Allen and Unwin; 1953.
- Radhakrishnan S. *Bhagavad Gita*. London: Allen and Unwin; 1960.
- Kass JD, Friedman R, Lescrman J, Zuttermeister PC, Benson H. Health outcomes and a new index of spiritual experience. *J Sci Study Religion* 1991;30:203-11.
- Kennedy JE, Kanthamani H, Palmer K. Psychic and spiritual experiences, health, well-being, and meaning in life. *J Parapsychol* 1994;58:353-83.
- Kennedy JE, Kanthamani H. An explorative study of effects of paranormal and spiritual experiences on people's lives and well-being. *J Am Soc Psychical Res* 1995;89:249-64.
- Schafer WE, King M. Religiosity and stress among college students: A survey report. *J Coll Student Develop* 1990;31:336-41.
- Ellison CG, Gey DA, Glass TA. Does religious commitment contribute to individual life satisfaction? *Social Forces* 1991;68:100-23.
- Krishna MK. Spirituality and well-being: Effects of spiritual experiences and spiritually based life style change program on psychological well-being. Unpublished Ph.D. Thesis, Andhra University, Vishakhapatnam: 1999.
- Davidson RJ, Kabat-Zinn J, Schumacher J, Rosenkranz M, Muller D, Santorelli SF, *et al.* Alterations in brain and immune function produced by mindfulness meditation. *Psychosom Med* 2003;65:564-70.
- Travis F. Autonomic and EEG patterns distinguish transcending from other experiences during transcendental meditation practice. *Int J Psychophysiol* 2001;42:1-9.
- Byrd RC. Positive therapeutic effects of intercessory prayer in a coronary care unit population. *South Med J* 1988;81:826-9.
- Barker PJ, Buchanan-Barker P. *Spirituality and mental health breakthrough*. London: Whurr Publishers; 2005.

44. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. *Psychol Bull* 1985;98:310-57.
45. Hill PC, Pargament KI. Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Am Psychol* 2003;58:64-74.
46. Loewenthal KM. *Mental health and religion*. London: Chapman and Hall; 1995.
47. Datey KK, Deshmukh SN, Dalvi CP. Shavasana: A yogic exercise in the management of hypertension. *Angiology* 1969;20:325-33.
48. Bhole MV, Karambelkar PV, Gharote ML. Effect of yoga practices on vital capacity. *Indian J Chest Dis* 1970;12:32-5.
49. Ornish D. Dr. Dean Ornish's program for reversing heart disease. New York: Bantam Books; 1990.
50. Brownstein A. *Mind-Body Interactions in Health and Healing: A Yogic Perspective*. Paper presented at National Conference on Indian Psychology, Yoga and Consciousness, Pondicherry, India: 10-13 December 2004.
51. Swinton J. *Spirituality and mental health care: Rediscovering a forgotten dimension*. London: Jessica Kinglsey Publishers; 2001.
52. Koenig HG, George LK, Peterson BL. Religiosity and remission of depression in medically ill older patients. *Am J Psychiatry* 1998;155:536-42.
53. Boscaglia N, Clarke DM, Jobling TW, Quinn MA. The contribution of spirituality and spiritual coping to anxiety and depression in women with a recent diagnosis of gynecological cancer. *Int J Gynecol Cancer* 2005;15:755-61.
54. Hodges SD, Humphreys SC, Eck JC. Effect of spirituality on successful recovery from spinal injury. *South Med J* 2002;95:1381-4.
55. Ai AL, Peterson C, Tice TN, Bolling SF, Koenig HG. Faith-based and secular pathways to hope and optimism subconstructs in middle-aged and older cardiac patients. *Jf Health Psychol* 2004;9:435-50.
56. Michalsen A, Grossman P, Acil A, Langhorst J, Ludtke R, Esch T, *et al.* Rapid Stress reduction and anxiolysis among distressed women as a consequence of a three-month intensive yoga program. *Med Sci Monitor* 2005;11:555-61.
57. Sharma A, Srivastava S, Gaur BP. Effect of Preksha meditation on frustration of prisoners. Paper presented at National Conference on Indian Psychology, Yoga and Consciousness. Pondicherry, India: 10-13 December 2004.
58. Pargament KI, Koenig HG, Perez LM. The Many Methods of religious coping: Development and initial validation of the RCOPE. *J Clin Psychol* 2000;56:519-43.
59. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Arch Intern Med* 2001;161:1881-5.
60. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *J Health Psychol* 2004;9: 713-30.
61. Fabricatore AN, Handal PJ, Rubio DM, Gilner FH. Stress, religion, and mental health: Religious coping in mediating and moderating roles. *Int J Psychol Religion* 2004;14:91-108.
62. Shaw A, Joseph S, Linely PA. Religion, spirituality, and posttraumatic growth: A systematic review. *Mental Health Religion Culture* 2005;8:1-11.
63. Bormann JE, Smith TL, Becker S, Gershwin M, Pada L, Grudzinski AH, *et al.* Efficacy of frequent mantram repetition on stress, quality of life, and spiritual well-being in Veterans: A pilot study. *J Holistic Nursing* 2005;23:395-414.
64. Mohr S, Huguelet P. The relationship between schizophrenia and religion and its implications for care. *Swiss Med Wkly* 2004;134:369-76.
65. Kirpatrick H, Landeen J, Woodside H, Byrne C. How people with schizophrenia build their hope. *J Psychosoc Nursing Mental Health Serv* 2001;39:46-53.
66. Weisman AG. Religion: A mediator of anglo-american and mexican attributional differences toward symptoms of schizophrenia. *J Nerv Mental Dis* 2000;188:616-21.
67. Vrunda JP, Sundaram C, Jaisri G, Das S. Self healing (Pranic Healing Meditation Activity) for Behavioral Problems and School Performance in Juvenile Home Inmates. In: Balodhi JP, editor. *Application of oriental philosophical thoughts in mental health*. Bangalore: NIMHANS; 2002.
68. Grof C, Grof S. *Spiritual emergency: The understanding and treatment of transpersonal crisis*. Revision 1986;8:7-20.
69. Grof C, Grof S, editors. *Spiritual emergency*. Los Angeles: Tarcher; 1989.
70. Redwood D. *Frontiers of the mind: Interview with Stanislaw Grof, MD*. Health World Online; 1995.
71. Young-Eisendrath P. *Psychotherapy as ordinary transcendence*. In: Young-Eisendrath P, Miller ME, editors. *The psychology of mature spirituality: Integrity, wisdom, transcendence*. London: Routledge; 2000. p. 133-44.
72. Vahali HO. The spiritual potential within the psychoanalytical terrain: The use of the analyst. *J Psychol Foundations* 2002;4:37-43.
73. Tan S. Religion in clinical practice: Implicit and explicit integration. In: Shafranske EP, editor. *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association; 1996. p. 365-87.
74. Cortright B. *Integral psychotherapy as existential vedanta*. In: Cornelissen M, editor. *Consciousness and its Transformation*. Pondicherry: Sri Aurobindo ICE; 2001.
75. Wilber K. A developmental model of consciousness. In: Walsh RN, Vaughan F, editors. *Beyond Ego: Transpersonal Dimension in Psychology*. Los Angeles: Jeremy P Tarcher; 1980.
76. Epstein M. On the neglect of evenly suspended attention. *J Transpersonal Psychol* 1984;16:193-206.
77. Epstein M. Meditative transformations of narcissism. *J Transpersonal Psychol* 1986;18:143-58.
78. Epstein M. Forms of emptiness. *J Transpersonal Psychol* 1989;21:61-72.
79. Epstein M. Beyond the oceanic feeling: Psychoanalytic study of Buddhist Meditation. *Int Rev Psychoanal* 1990;17:159-66.
80. Epstein M. *Thoughts without a thinker*. New York: Basic Books; 1995.
81. Engler J. Therapeutic aims in psychotherapy and meditation. In: Wilber K, Engler J, Brown D. *Transformations of consciousness*. Boston: Shambhala; 1986.
82. Suler J. *Contemporary psychoanalysis and eastern thought*. Albany, NY: SUNY Press; 1993.

Source of Support: Nil, Conflict of Interest: None.