

Religious-Integrated Counselling: A Panacea for Religious Harmony in Nigeria

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Abstract

The efficacy of religion as an integral part of mainstream counselling is widely reported in the literature but its efficacy in fostering harmony between religions, which is the focus of this paper is yet to be reported. It is proposed that appropriate application of ASERVIC competencies along with specific religious – Christianity and Islam – therapeutic skills and techniques in counselling will result into religious harmony in Nigeria. Hence, a counselling model that will foster religious tolerance, encourage unity, enhance effective integrative religious counselling, and promote worthwhile decision making was outlined.

Key words: religious-integrated counselling, mainstream counselling, paradigm shift, Christianity, Islam, religious harmony

The discourse in contemporary counselling on the importance of religion in counselling is no more about its efficacy, but its appropriate integration into counselling. Religion plays an important role in the lives of many people across the world. According to Gallup International Millennium survey, 87% of the world population belong to a religious domination and 63% percent asserted that God was very important in their lives (Gallup International Association, 2010). Two-thirds of Americans were reported to prefer a psychotherapist with religious values and one who integrates these values into psychotherapy when dealing with serious problems (Vieten, Pilato, Pargament, & Lukoff, 2013). Central Intelligence Agency (2018) equally reported that 50% of Nigeria's population are Muslims while Christians are 40%, which suggests that 90% of the general population belong to a religious denomination and that each client a counsellor attends to is probably a Muslim or a Christian. Several studies (Cashwell & Young, 2011; Crook-Lyon et al., 2012; Dailey, Curry, Harper, Hartwig Moorhead, & Gill 2011; Raiya, & Pargament, 2010; Sperry, 2012) have outlined innumerable positive benefits for clients when religion is appropriately integrated into counselling. Dailey et al. (2011) reported that clients who are involved in spiritual and/or religious practices tend to have better health, and fewer mental and physical disorders. They have less depression, less psychological stress and loneliness, and greater self-esteem. For appropriate integration of religion into counselling, the Association for Spiritual Ethical and Religious Values in Counselling (ASERVIC, 2009) developed new competencies for addressing spiritual and religious issues in counselling. The six categories of ASERVIC competencies are culture and worldview, counsellor self-awareness, human and

spiritual development, communication, assessment, and diagnosis and treatment and are further divided into fourteen for effective use by a counsellor willing to be competent in integrating religion into counselling.

Unfortunately, studies have not viewed competent religious integrative counselling as a panacea for religious harmony and systemic change. Hence, in this paper, it is proposed that appropriate application of ASERVIC competences by Christian counsellors for Muslim clients and vice versa will foster religious harmony and enable systemic change in Nigeria. Nickles (2011) asserts that the concepts “spirituality” and “religion” overlap, and are often used interchangeably; individuals may be spiritual not religious, religious not spiritual, religious and spiritual, or neither spiritual nor religious. Worthington, Hook, Davis, and McDaniel (2011) define spirituality as a general feeling of closeness and connectedness with the sacred being while religion is a person’s search for the sacred within an organised worldview of specified beliefs and values that are lived out within a community of faith (Cashwell & Young, 2011). However, for the purpose of this discussion, the term “religion” is used to describe both concepts of “spirituality and religion”. Religion stands as one great phenomenon that should unite people, promote peace and discourage violence. Unfortunately, for a long time, conflicts between adherents of the largest world religions – Christianity and Islam have been a block to Nigeria’s progress towards civilisation. It has caused so much harm and suffering and has been a source of great violence and suffering to many people (Reuters, 2014). Basedau, Vullers, and Korner (2013) reported 5,706 deaths from inter-religious violence in Nigeria between 1990 and 2008 and 61, 241 deaths between 2006 and 2014 (Olojo, 2014). In order not to put the survival of the world and specifically Nigeria at stake, Muslims and Christians must be at peace with one another. Integrative-religious counselling will promote adequate knowledge and understanding of different religions which leads to a broader worldview, greater inclusiveness and connectedness with others and eventually result in systemic change.

Models of Successful Religious Integrative Counselling for Religious Harmony

The following sections outline techniques that could be integrated into mainstream counselling to foster religious harmony among adherents of Christianity and Islam:

Culture and Worldview

The first competence stated by ASERVIC is culture and worldview, which implies that counsellors should be trained about religion. Irrespective of the counsellor’s religious views and dispositions, he/she should receive training in different religions, especially those of his/her society. According to Vieten et al. (2013), other health care fields such as the American Psychiatric Association and Association of Medical Colleges, over a decade ago already partially established training in religious and spiritual competencies during residency for psychiatrists and the care of patients in clinical contexts. Lopez, Brooks, Phillips,

and Hathaway (2005) earlier encouraged psychologists to seek competence in working with clients of diverse religious backgrounds through continuing education. In this case, a Christian counsellor is not only going to be versed in the scriptures of just one religion and its applicability to healing, but several scriptures – precisely for the purpose of this write-up; Bible, Qur'an and hadiths. Individuals seeking religious psychotherapy do not have to search for pastoral counsellors or clergypersons but mainstream counsellors should be trained to competently attend to religious needs of clients in counselling except specific cases that may require referral. Establishing a trusting therapeutic relationship and a mutual working alliance is crucial in exploring religious and spiritual issues. Counsellor's knowledge of client's religion will encourage better understanding of the client's worldview and enhance the initiation of empathy and positive regards. A Muslim client who receives competent religious treatment from a Christian counsellor develops what Cooper (2010) calls belongingness and unconditional self-worth resulting from positive regard and empathy. Cooper considers empathy as a self-healing agent: if a person can be understood, he/she belongs, feels warmth and safety. This feeling of warmth, safety and sense of belonging is what translates into harmony among religions within the community.

Further, religious tolerance and harmony is fostered when counsellors are competent in their ability to identify the effect their beliefs and values may have on treatment and the courage to suspend their beliefs and values, particularly when they conflict with their client's beliefs and values. Thus, a Christian counsellor is adequately equipped to competently take his/her Muslim client through Raiya and Pargament's (2010) religious presence screening model: (1) asking about the place of religion in the client's life, (2) the meaning of Islam in the client's life and educating him/herself about basic Islamic beliefs and practices, (3) helping clients draw upon Islamic religious coping methods, (4) assessing for religious struggles and referring to a clergy member if appropriate, and (5) participating in the education of the public about Islamic Psychology. Likewise, a Muslim counsellor could employ the use of bibliotherapy, asking his/her Christian client to read the "parable of the prodigal son" in the Bible or "chronicles of Narnia" to correct maladaptive behaviour, and encourage the belief in God's love, acceptance and forgiveness.

Counsellor Self-Awareness

This competence focuses on the significance of religious self-evaluation and self-exploration for the counsellor. The counsellor must be able to evaluate his/her religious beliefs, and values and how they affect the counselling process. This requires counsellors to explore their religious background and how it may influence a broad range of counselling issues: diagnosis assessment, treatment, language used with clients, and attitudes toward clients. Cashwell and Young (2011) contend that any counsellor who lacks self-awareness is at the risk of providing inadequate care and he/she is prone to experience personal and professional distress, such as compassion fatigue, poor judgment, burnout, and disengagement. Nickles (2011) adds that without recognition of counsellors'

religion, counsellors are more likely to unconsciously impose their own values on clients. Consequently, Murray-Swank and Murray-Swank (2012) suggest the following questions as a guide for counsellors seeking competence in religious self-awareness:

1. How do I feel about addressing religious struggles with my clients in psychotherapy?
2. How have my own religious or existential struggles influenced me?
3. How might this affect my work as a therapist?
4. As a therapist, are there certain types of religious struggles that I find harder to address?
5. What are some therapeutic strategies in working with clients who feel angry with or abandoned by God?
6. How might I work with the religious struggles of clients who hold religious and spiritual values that are very different than my own? What would be important to consider in navigating these value differences?

Religious self-awareness competence increases when counsellors are able to answer these questions favourably and examine the values and beliefs that were stressed from their childhood, including fears, biases, prejudices, and beliefs, either approving or rejecting them, and then integrating them throughout their lifetime (Nickles, 2011). Cashwell and Young (2011) assert that if counsellors leave their personal religious beliefs and biases unexplored, there can be many negative consequences in the counselling process, such as unintentionally invalidating the client's religious experiences, failing to recognize and address important client issues, and failing to identify the client's positive religious coping skills.

In addition, ability to understand self-limits when working with clients was emphasised for counsellors seeking self-awareness competence. Cashwell and Young (2011) outline three limitations to be considered by a counsellor seeking self-awareness on religious matters: (1) Ability to work with clients on religious matters; for example, how well a Christian counsellor could effectively handle the issue of prayer, forgiveness, or God's image with a Muslim client or vice versa. (2) Limitation of one's role in addressing religious concerns: the counsellor should be able to clearly separate his/her role as a therapist from that of a clergy. The counsellor is not to assume the role of a clergy but adopt psychotherapy integrationist approach in understanding, assessing, and treating client. According to Aten, O'Grady, and Worthington (2012), any one or more of the four psychotherapy integrationist approaches could be adopted by the counsellor: (a) common factors approach, (b) theoretical integrationist approach, (c) technical eclectic approach, and/or (d) assimilative integrationist approach. (3) Whether or not to implement explicit or implicit interventions: should the counsellor employ the use of explicit interventions such as reading religious texts, including meditation or prayer in session or implicit intervention which requires less in-depth knowledge, and includes respectful listening to themes and patterns in communication without endorsing any one religious perspective.

Human and Spiritual Development

This competence requires counsellors to be skilled in the understanding of different models of religious development, such as Fowler's (1981) model of faith development, Keshavarzi and Haque's (2013) model of Islamic counselling, Oser and Gmunder's (1991) stages of religious judgment, Clore and Fitzgerald's (2002) intentional faith, Bandura's (2003) spiritual modelling and/or Pargament's model of religious coping (Pargament, Koenig, & Perez, 2000) and how religious growth impacts on client's wellbeing. Any or all of these models could prove useful to therapists as they attempt to assess and conceptualize the healthiness and maturity of their clients' religious orientations (Aten, O'Grady, & Worthington, 2012). Identifying what constitutes religious development in Christianity and Islam and offering suitable religious growth support to clients from any of the religious groups could foster religious tolerance and harmony. A Muslim counsellor who competently assists a Christian client in his/her religious growth is promoting peace among religions. Taking classes on different world religions, and attending religious services of other faiths will be a good attempt of having better understanding and a road to meaningful contribution.

Communication

Effective communication skills that will facilitate appropriate verbal and non-verbal communication between counsellor and client is required of a counsellor. Ideally, clients seeking religious counselling will not approach a mainstream counsellor but a pastoral counsellor or a clergy; however, in view of the importance of religion in counselling, mainstream counsellors are now charged with the responsibility of assessing their client's religious identity and provide appropriate interventions, bearing in mind that religious beliefs often shape the way clients think, feel, and act. Religious issues that could affect the process of counselling must therefore, be identified and communicated appropriately from the beginning of the counselling session. The proficiency of a counsellor from the outset of the counselling session on how and when to actively include religious interventions into psychotherapy communicates acceptance, warmth, and belongingness, which stimulates freedom of discussion about religious matters by clients. A good way of establishing and communicating openness on religious issues for both the client and therapist is to quickly collect comprehensive information about the client's religious worldview and the extent to which client's religious background and status may be relevant to current problems and treatment plan. Richards and Bergin's (2007) Level 1 Spiritual Assessment Questions could be a good example of appropriate religious intake assessment question:

1. What is the client's metaphysical worldview?
2. What were the client's childhood religious affiliation and experiences?
3. What is the client's current religious affiliation and level of devoutness?
4. Does the client believe his/her religious beliefs and lifestyle are contributing to his or her present problems and concerns in any way?

5. Does the client have any religious concerns and needs?
6. Is the client willing to explore his/her religious issues and to participate in religious interventions?
7. Does the client perceive that his/her religious beliefs and community are a potential source of strength and assistance?

Further, Cashwell and Young (2011) assert that effective communication could be ensured through appropriate use of client's terminology. The use of "Allah" for a Muslim client is more appropriate than general term "God" or "Supreme Power". This will be more appreciated when the counsellor is not a Muslim. Also, the counsellor must be competent in identifying and treating religious themes such as forgiveness, prayer, Gods image, mediation and life after death emanating from his/her discussion with clients.

Assessment

Assessment is one competence that could be effectively used by the counsellor to foster peace and harmony among religions. To provide appropriate counselling interventions within the confines of religion, counsellors need adequate information about various aspects of the clients' beliefs and values and how these affect healing, general wellbeing, and counselling interventions. Therefore, counsellors must be competent in formal and informal assessment of clients' physical, emotional, social, cognitive, behavioural, and religious functioning. Results gathered from therapeutic assessment guide and direct counselling intervention. The quality of information gathered during the first meeting with the client has an enormous effect on diagnosis, case conceptualisation and the intervention chosen by the counsellor (Meyer & Melchert, 2011). The counsellor wants to: (1) determine if a client's religious orientation is healthy or unhealthy and what impact it has on present problems (2) determine which religious interventions could be used in therapy to help clients (3) determine if clients' religious beliefs and community could be used as a resource to help them better cope, heal, and grow. The counsellor may assess his/her competency in order to: (1) create a religiously safe and affirming therapeutic environment for clients, (2) to conduct an effective religious assessment of their clients, (3) encourage religious interventions, if indicated, (4) effectively consult and collaborate with, and when needed, refer to clergy and other pastoral professionals (Richards, 2009). If, for example, the result of a client's assessment indicates that he/she has low self-esteem, perceives God to be harsh, is vengeful and impersonal, this result provides guidance for the counsellor on the direction of intervention, which is to motivate the client's personal feeling of God's love and support; this eventually brings about powerful healing effects on the client's self-esteem and self-worth. The "who and who" is involved in the counselling assessment and "how the process is handled" is what could facilitate religious tolerance and harmony; if a Muslim is the one assessing a Christian's religious commitment at the outset of therapy, and was able to effectively establish the relevance of the commitments to what is to be done in therapy or

vice versa, the counsellor's competency and style of delivery could motivate the client's appreciation of the person of the counsellor and his/her religion. This expertise and mode of delivery is what facilitates tolerance and leads to harmony between groups.

Diagnosis and Treatment

To foster religious harmony, a religious integrative counsellor must be competent in the diagnosis and treatment of clients' religious related issues. The counsellor is required to tailor his/her diagnosis and treatment interventions to suit clients' unique symptoms and problems; be able to competently identify religious experiences of clients, interpret their meanings and provide appropriate interventions within a goal-setting framework. The counsellor must be competent in his/her assessment of the clients' religiosity, formation of counselling goals, and the choice of treatment from a wide range of available interventions: religious, behavioural, cognitive, affective, psychodynamic, and systemic interventions. The efficacy of different types of religious and mainstream interventions have been reported in the literature (Enright & Fitzgibbons, 2000; Fischer, Ai, Aydin, Frey, & Haslam 2010; Gardner, Krägeloha, & Henning, 2013; Rassool, 2016; Worthington, & Sotoohi, 2010). The relevant techniques that could be adopted by religious integrative counsellors to facilitate religious tolerance and harmony include the following:

1. Prayer

Prayer is a useful tool that could be employed to foster religious tolerance and harmony. Studies (Al-Thani, 2012; Ai, Dunkle, Peterson, & Bolling, 1998; Cheston & Miller, 2011; Rassool 2016; Robert, Young, & Kelly, 2006; Sperry, 2012) have attested to its effectiveness for a wide range of religious and psychological problems. Sperry found the use of prayer to be highly effective in the treatment of depression. In general, Ai et al. found that positive religious coping predicts better psychological and functional outcomes, whereas negative religious coping predicts worse results. For example, the initial intake religious assessment that is provided by the counsellor helps to establish if the client requires prayer and which type of prayer is required. As stated by Al-Thani the counsellor could pray silently for the client in or outside of therapy, could pray vocally with the client in session at the request of the client. The client could also be encouraged to pray for him/herself outside therapy. The ability of the counsellor; Muslim or Christian to competently use any or more of the types of prayers highlighted by Sperry with a client from opposing faith is good drive towards religious harmony. A Christian counsellor effectively taking a Muslim client through any or more of the following prayer types:

- Petition—asking for something for self;
- Intercession—asking for something for another person;
- Confession—asking for forgiveness;
- Lamentation—a cry of distress asking God for justice;
- Adoration—giving praise and honour;

- Invocation—a call of the presence of God to be with you; and
 - Thanksgiving—gratitude
2. Forgiveness

Forgiveness is another technique used in religious counselling, that could facilitate religious tolerance and harmony. Many world religions encourage and teach forgiveness, especially in the monotheistic traditions, such as Christianity and Islam. Forgiveness is defined as a useful problem-solving strategy that releases a sense of personal power, and a concept worth pursuing (McCullough, Worthington, & Racha, 1997). Forgiveness, according to Worthington et al. (2012) has different benefits, for instance, it (a) promotes positive changes in affective wellbeing, (b) affects physical and mental health, (c) restores a sense of personal power, and (d) allows reconciliation between the offended and the offender. Enright and Fitzgibbons (2000) argue that a variety of mental health benefits are associated with forgiving, such as decreased symptoms of anxiety, depression, and anger. Forgiveness reduces anger, thereby helping clients reduce associated psychological symptoms. Forgiveness has been found to positively relate to spiritual well-being (Aten, O'Grady, & Worthington, 2012). Most researchers agree that the physical health benefits of forgiving come about largely as a result of reducing negative emotions and reducing one's sense of stress from unforgiveness (Worthington & Sotoohi, 2010). According to Rassool (2016) the only spiritual trait predictive of mental well-being after personality trait is forgiveness. Muslims draw strength and comfort from their spiritual beliefs: seeking God's forgiveness, forgiving others and receiving Allah's *Rahma* (blessings), Qur'an (4:110, 42:37 [Ali, 1993]) and many other verses of the Qur'an. Allah's blessings, which is the reward for sincere repentance, gives hope to a Muslim about his/her situation and eventually leads to positive coping.

Consequently, as noted by Aten, O'Grady, and Worthington (2012) the decision to use forgiveness in therapy must be established through intake assessment to determine clients' belief that (a) unforgiving responses might be playing a part in their problems, (b) such issues are related to their religion, and (c) forgiveness should be covered in psychotherapy. The result of the assessment could then be followed by Enright and Fitzgibbons' (2000) model of forgiving or Worthington et al.'s (2010) REACH emotional Forgiveness as therapeutic technique to encourage forgiving. Using the forgiveness therapies enables the counsellor to assist clients in moving through the four phases of forgiveness: (a) uncovering, (b) decision, (c) work, and (d) deepening (Robert & Kelly, 2015). Collaboration between counsellor and client is important in each phase and the client must apply the therapy repeatedly to encourage forgiveness of individuals or become a generally more forgiving person. One who is able to forgive will not hold any grudge let alone hold a religiously based grudge against somebody. Therefore when counsellors especially from opposite faith are able to take their clients through forgiveness, the larger society is gradually rid of unforgiving individuals and anger is replaced with understanding and tolerance.

3. Mindfulness

Another technique used in religious counselling that could facilitate religious tolerance and harmony is mindfulness. Mindfulness describes a mental state of consciousness characterised by awareness in the present moment without judgment (Barnes & Lynn, 2010). Mindfulness allows clients to move to a state of awareness of their inner thoughts and feelings without judging them or trying to change them. According to Siegel (2010), the awareness of the state of inner self is obtainable through the acronym “COAL”: *curiosity, openness, acceptance, and love*. Practising COAL with a client enables the client to simply discountenance judgments and let go. Once the state of inner self is attained, it becomes generous and compassionate. Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) identify five factors that foster mindfulness: (a) being able to perceive our emotions without reacting to them; (b) staying present with perceptions, sensations, thoughts, or feelings; (c) staying present with activities; (d) describing inner states with words; and (e) being non-judgmental of our own experience. Mindfulness therapy has proved to be effective in the treatment of depression, anxiety, stress, adjustment disorders, substance abuse, and in helping clients accept what is currently happening in their lives. (Behrens & Terrill, 2011; Hofmann, Sawyer, Witt, & Oh, 2010; Sundquist et al., 2014). Mindfulness is accomplished with the use of different relaxation techniques which help clients slow down, limit all thoughts and attention calmly, and move inward during sessions. A relaxation method suggested by Richards and Bergin (2005) is sitting and counting breaths, attending to a repeated thought, or focusing on virtually any simple external or internal stimulus in order to be fully mindful of the present moment.

Mindfulness therapy is a positive intervention that could be used by a counsellor to help clients develop self-compassion and self-acceptance, thereby integrating their developmental issues; personal, religious, physical and social – naturally without judgment. This allows clients to appreciate self and others, make appropriate decisions and choices and foster tolerance and harmony within the community.

4. Bibliotherapy

Bibliotherapy is a problem resolution through books, an interaction between a client and the literature. Aten, O’Grady, and Worthington (2012) see bibliotherapy as an expressive psychotherapy whereby the client’s reaction to and interaction with written literature (Bible and Qur’an) are explored and highlighted, to facilitate adaptive psychotherapeutic change. The effective use of bibliotherapy can enhance personal insight, provide information, suggest alternatives, and diminish isolation (Pehrsson & McMillen, 2006). Pehrsson and McMillen state that stories can provide vicarious immersion into another culture, enhance the development of one’s own cultural identity and offer exposure to alternative lifestyles and beliefs. “The Chronicles of Narnia” is a good example of literature that has been found effective among Christian clients (Thomas,

Glendon, Davis, & Anderson, 2011). Christian clients learn from the interactions between the characters of the book and Aslan (God or Jesus image in the book). Likewise, the story of prophet Yusuf (Qur'an 12: 1-111[Ali, 1993]). is useful for teaching persistence in the face of adversity, faithfulness, jealousy and forgiveness. The story according to Noviza (2015) is also appropriate for use as rational emotive therapy: changing irrational thought of clients to rational. This therefore enables them to make sense of difficult personal situations and to experience God emotionally as more affirming and near, particularly during trying times (Thomas et al., 2011).

5. Group Counselling

Competency in group counselling with religious focus could lead to religious tolerance and harmony as participants are provided the opportunity to create a religious community. Group counselling could build members' capacity to access love and to connect with themselves and others irrespective of religious difference. Through group counselling, clients could begin to reinforce their lack of trust in other religions and start taking the risk of connecting to others. Post, Cornish, Wade, and Tucker (2013) state the reason why religious issues should be attended in group counselling: (1) many people are religious, therefore many clients are likely to hold important religious commitments, (2) a considerable portion of clients have religiously related problems, (3) clients may prefer to discuss religiously related issues in group counselling, (4) integrated group interventions have been found to be effective (Newsome, Waldo, & Gruszka, 2012), (5) religion and spirituality are important components of client diversity, group counselling helps establish that clients religious or spiritual beliefs, backgrounds, and commitments are respected in the group, (6) religious group counselling provides significant benefits for clients, and (7) counsellors can help clients work through their religious or spiritual problems and think critically about the ways that their commitments or beliefs may be hurting them.

In addition, Robert and Kelly's (2015) position on the influence of religious based group counselling on clients could also eventually foster religious tolerance and harmony. Robert and Kelly aver that religious based group counselling will facilitate: (1) development of a shared community and support of participants' belief systems, (2) the discussion of religious values and beliefs which generates a climate of safety and connectedness to address isolation and loneliness, and (3) self-awareness and change. In addition, Robert and Kelly argue that counsellor's competency in attending to group process and the balance between process and content help members gain confidence in putting aside their feelings of alienation, isolation, and distrust and replacing them with increasing levels of competence in expressing their authentic selves within a climate of safety and care. Connections to others are the key to creating a religious community and facilitating religious tolerance and harmony.

Recommendations

The first step to facilitate appropriate integration of religion into mainstream counselling is the adjustment of the counselling curriculum.

Currently, the teaching of religion is not included in the Guidance and Counselling curriculum. For a counsellor to be competent in describing the similarities and differences between basic beliefs of various religious systems of major world religions, as stated by ASERVIC, the Guidance and Counselling curriculum in Nigeria must be adjusted as practised elsewhere (Vieten et al., 2013) to include training in different religions. A Master's degree in Counselling Psychology is what qualifies one to be a professional counsellor in Nigeria. Therefore, there must be a change to: (1) a counsellor willing to take up pastoral counselling must receive training in both theology and mainstream counselling; a degree in counselling should be a must (2) every mainstream counsellor must take a course in the two major religions- Christianity and Islam. Most pastoral counsellors in Nigeria are only trained in theology, sometimes via informal education; they are basically imams and pastors offering counselling services to their adherents; hence, the call for adjustment of pastoral and mainstream counselling generally in Nigeria. A counsellor in Nigeria, either pastoral or mainstream, should receive adequate training in the two major religions in the country in addition to mainstream counselling, and the body regulating University programmes – National University Commission (NUC) and the national body of counsellors- Counselling Association of Nigeria (CASSON) should facilitate compliance and enforcement.

In addition to receiving training in religion, a counsellor seeking competency in integrative religious counselling will need to: (1) read several good books on the psychology and sociology of religion and on religious and spiritual issues in counselling and psychotherapy, (2) read current scholarly literature about religion and spirituality in mainstream counselling journals and related journals, (3) attend conferences, workshops, seminars and/or classes on religion, counselling and related issues in psychotherapy, (4) commit themselves to reading and understanding the scriptures of other religions- Bible or Qur'an as applicable or take up a class on world religions, and (5) acquire specialised knowledge about religious traditions such as prayer, worship, and mediation, that are frequently encountered in therapy (Richards & Bergin, 2007).

Massive enlightenment programmes through the media on counsellors and their services are very crucial. Presently, majority of professional counsellors in Nigeria are based in schools and institutions of higher learning. Therefore, only students in higher institutions of learning and secondary schools are adequately benefiting from counselling services. To foster religious tolerance through counselling, there is need to extend these services to the community. The populace needs to be informed about the presence of counsellors and the importance of their services to individuals and the community in general.

There is also the need for collaboration between counsellors – pastoral and mainstream – and the clergy to enhance the role of both counsellors and clergy. The collaboration will be an avenue for both parties to learn about salient issues and related themes about each other's religion. The collaboration will facilitate exchange of information, working together to help clients, designing

specific and suitable therapeutic skills and techniques that are applicable in religious counselling and identify points of referral. The collaboration will include teaming up to research into issues on integrative religious counselling and counselling generally that could facilitate unity in the community and general wellbeing.

Conclusion

In conclusion, the writer is of the opinion that appropriate integration of religion into mainstream counselling can no longer be regarded as optional for mainstream counsellors especially in Nigeria with incessant violence between the two major religions. Counselling needs to reflect the country's religious diversity, hence the need for every mainstream counsellor to be willing to study different religions – specifically Islam and Christianity, learn different religious techniques and become competent in applying ASERVIC competence into counselling. This willingness and effective practice will promote religious understanding and foster religious tolerance and harmony.

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