

## God-Oriented Spiritual Psychotherapy: A Multidimensional Approach (Protocol Validation)

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### Abstract

#### Introduction

Integrating spirituality and religion into psychotherapy has become significant for patients (Oxhandler, Pargament, Pearce, Vieten, & Moffatt, 2021). Because it seems that religious and spiritual beliefs are individual identities and central to personal worldviews (Duggal, & Sriram, 2022). Although spirituality as a healthy dimension has always been the interest of psychologists, it is not seen as a fundamental mechanism in psychotherapy. According to Hayes & Cowie (2005), a skeptical attitude toward religion remains prevalent in many areas of traditional psychology. At the same time, some have attempted to utilize spirituality/religion (S/R) during psychotherapy (such as Richards, 2005, Richards and Bergin, 1997 & 2004, Richards, Scott; Bergin, Allen, 2005, Pargament, 2007, Koenig, 2015, 2023). The psycho-spiritual method based on religion may be able to increase the psychological health of adherence through self-healing (Anganthi, Nisa, & Uyun, 2019). As spirituality and religion remain key identity factors for some clients, counseling programs should incorporate them into their schedules (Evans and Nelson, 2021).

In a variety of studies, the spiritual components and needs often focus on mental health. Some unifying principles include searching for meaning and ultimate purpose, connecting with others or with a transcendent, finding hope in the midst of despair, and being able to reconcile or forgive (Puchalski, 2008). Spiritual values such as hope, faith, and altruism can help people deal with adversity and cope with

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suffering and illness. Religions provide people with a language of hope and ways of understanding their suffering (Puchalski, O'Donnell, 2005). Spirituality is the dynamic and inherent dimension of humanity (Puchalski, 2014). There is evidence that clients would prefer that their spirituality and religion be approached through psychotherapy (Vieten, Scammell, Pilato, Ammondson, Pargament, & Lukoff, 2013; Dimmick, Trusty, & Swift, 2022). Thus, research highlights that S/R is identified as relevant and worth discussing in counseling (Harris, Randolph, & Gordon, 2016). One important aspect of many believers' R/S is how they view and relate to God (Davis, Granqvist, & Sharp, 2021). Historically, a variety of psychologists have spoken about the importance of spirituality and religion in psychotherapy (for example, Jung and Alport), and recently there have been studies on the use of different religions such as Islam in the treatment of psychological clients (Janbozorgi & Janbozorgi; 2021., Koenig, 2015, 2023). Following the Iranian client's request for spiritual intervention, the observations and clinical exams left a lot of questions in front of us. For instance, the issue here was that people are religious but not spiritual. Or their R/S has no function as needed. Does this go back to the type of relationship and the person's knowledge of God? Is the image of God the most important issue? Then, how can R/S intervention lead to inner purification and a healthy and appropriate relationship with God? God-oriented spiritual psychotherapy (God-OSP) is based on clinical experiences. It has developed during recent years to answer these questions and to help clients with anxiety and mood disorders (Janbozorgi, 2019). But how has this model of therapy, been developed, what is its clinical effect on patients, and does it have the necessary credibility from the viewpoint of experts?

In God-OSP, since God created balanced people, they have the power to distinguish good from evil (Holy Qur'an, 91:7-8). They can always distinguish the best works from the better (Holy Qur'an, 67:2). Here, spirituality is defined as the intellectual regulation of actions or works (both internal and external) between the faith in Origin and the resurrection (psychologically, the belief that one day we will fully confront to our actions and we get the feedback of all our actions). Such regulating will have a healthy identity-building, meaningful, valuable, and purposeful for us (Janbozorgi, 2016b according to Holy Quran (e: 2, 62). The purpose of the present study is to introduce this

model of therapy and to check the validity of its techniques, mechanisms and methods by clients and experts.

## **Method**

### **Procedure and Design**

The data has been analyzed based on both quantitative and qualitative methods. The first step of the study is a qualitative assessment of the spiritual needs of clients who have previously used current therapies. The qualitative methods used here are content analysis, clinical phenomenological methods, and the focus group. Phenomenology is studying live experiences through understanding the structure, nature, and framework of an individual's subjective experience (Beck, 1990). The central focus of this approach is to study how people perceive and perform an experience and how the "nature" of this experience is determined (Patton, 1990). Through these methods, the basic concepts were coded and, after conceptualization, were incorporated into the protocol. The second step, reviewing current psychotherapy literature and Islamic texts to respond to the spiritual needs of clients. Describing basic concepts and keywords and exploring their themes, formation of semantic networks, prioritizing, semantic formulation, and coding, after defining the meanings and determining hierarchies, they are categorized and clustered based on the treatment process. Reducing and integrating semantic categories with thematic analysis based on three axes of equilibration, transcendence, and pathology, or process categories such as human, growth and development, health, transcendence, disease, cure/healing. Overall, valid structures have developed in two ways: 1. through cross-referencing these findings with religious sources to ensure their validity and credibility, and 2. using experts to measure their agreement with the extracted findings. Experimental methods such as pre-test, post-test, and control group have been used for clinical and field study of techniques and therapy. Third phase; designing a model of spiritual intervention and forming a focus group of experts to discuss, adjust, and validate the proposed model. Fourth Phase: Invite interested and volunteer psychotherapists to participate in educational therapy with a God-centered spiritual approach and invite clinical psychologists with at least five years of clinical experience to evaluate the treatment protocol.

### **Participants**

A study of 200 clients (70% female mean age 32.5) who were referred to the Talieh Salamat Clinic for counseling and psychotherapy (in Tehran). They received customary psychological treatment in the years 1996 to 2003 and asked his/her therapists to pay attention to the spiritual dimension. This review was completed with their permission (Phase 1). Forming a 5-member discussion group (two females and three males with an average age of 47.6) of experts with more than 10 years of clinical experience and knowledge of spiritual/religious issues to review the proposed protocol in 2015 for 6 months 3 hours per week (phase 2). And the formation of a focus group of 10 other clinical experts with more than 5 years of experience in the field of cognitive-behavioral and analytical therapies, and familiarity with spiritual/religious issues, in two days, in 2015 to discuss content validity (Phase 3).

For experienced clinical validation, 50 psychologists with at least 5 years of clinical experience who opted for God-OSP for their educational treatment (75% female and mean age 34.6) were treated for 6 months, and finally, 33 of them participated in a workshop session in the form of a focus group to check the experimental validity of the protocol, and answered a questionnaire related to the project (in 2017 and phase 4).

### **Measures**

At the suggestion and request of the project supervisors, we used the content validity index (CVI) and Content validity ratio (CVR) to determine the relevance, necessity, and validity of the content of techniques. Although these methods are used for questionnaires, we used them to item relevance and necessity for techniques appropriated to therapeutic purposes.

**Structured interview form to evaluate treatment techniques:** In this form, consisting of 45 items and two levels of evaluation, all stages and techniques of therapy have been evaluated by 33 participating specialists who volunteered to receive treatment. This form is developed by experts in a focus group. In these forms, for each intervention in level 1, three questions (self-perception of technique, its effect on self, and the effect of practice on specific goals or life issues), and then in level 2, each intervention with three scales

(clinical effect, spiritual activation and its necessity for treatment, creating psychological balance and encouraging transcendence) have been evaluated ranging from 1 to 5 and an open-ended question section was placed in the Remedial Opinion Will.

**Findings**

The findings of this study showed that it is possible to use divine teachings to create a model for the therapy of psychological disorders. The findings of this research can be summarized in several respects:

**A- The protocol of God-OSP developed in six basic steps in phases 1 and 2:**

To design the first package of intervention, the following steps were taken using the clinical-spiritual phenomenology method:

**1) Analysis of data from 200 clinical participants in phase I.**

Analyses of qualitative data showed that clients who have undergone current treatments and at least a year have passed still have questions on the following topics, which are ranked by frequency and percentage (Table 1).

**Table 1: Frequency and percentage of problems and questions, after non-spiritual therapies.**

N	Questions	Freq.	%
1	What does life mean to us now?	156	%78
2	Why is our lifestyle devoid of spirituality and do we need more spirituality and religion after treatment?	130	%65
3	Why can't we still adjust our actions without a therapist?	126	%63
4	Why do the symptoms start to return when we distance ourselves from the treatment?	115	%57.5
5	Why are our spiritual and religious issues not discussed in treatment sessions?	105	%52.5
6	How does our spirituality/religion help our healthy living?	90	%45.
7	How can we make our actions God-centered?	87	%43.5
8	Why do our anger, suffering, and resentment still recur?	83	%41.5
9	What do death and the hereafter mean in my life?	77	%38.5
10	Given that we are better off as long as we remember God, how can we always have His memory in our minds?	75	%37.5

Note: The percentage of each row of the table is calculated from 200 clients.

The accumulation of the concepts within the scope of questions. 3) Categorization of the concepts. 4) Categorization of the principles

based on the process of psychotherapy. 5) Extraction of the mechanisms and techniques of psychotherapy. 6) Setting techniques based on the perceptual areas.

The God-OSP five-stage protocol is finally set as follows (Phase 2):

Stage1- Activating the Innate Intellect (Aghl) (II) (according to Holy Quran analyses content. Ex.91, 7, 8)

Stage 2- Restoration of Faith: Activating of wisdom (God-oriented Wisdom (God-OW)) with a Monotheistic attitude.

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

Stage4- Life rescuing by Spiritual Saving Work (SSW): regulating God-oriented working (spiritual self-regulation for being in the world and with others)

Stage 5- Return to real life, Better and More Lasting life (BML): giving meaning to death and the hereafter in everyday life (return to authentic life).

These stages and related techniques are followed up by Janbozorgi (2019).

The reliability and validity of techniques during five therapy processes according to the professional focus group method are given in the table below (2).

**Table 2: An example of setting data to theoretical construct and clinical practice in God-OSP. (This is ex. Of stage 1 (see Janbozorgi (2019) for other stages).**

Therapy levels	developing therapeutic techniques	Example
Stage 1: activation of PI	Theoretical construct:	Right and wrong diagnosis inspired by the psychological system (Nafs) (see H. Quran; shams,9)
	Theoretical principle	Human has an innate and expert diagnostic system
	Practical principle	-Man can recognize his performance. -There are two options for each action: "I know right/wrong" and "I do not anything" -The Intrinsic determination to recognize - There is free will to self-control
	Clinical mechanisms	Practicing innate wisdom -Increase insight to the power of self-

Therapy levels	developing therapeutic techniques	Example
		recognition -Trust to innate wisdom diagnosis. -Awareness of mental pain caused by neglecting the discernment of innate wisdom
	Therapeutic technique	-The use of metaphor Island - historical and developmental confrontation
	Clinical confirmation	Confirmed (see Table 2,3)

### **B. The perceived problem should be analyzed in a comprehensive perceptual filed**

The human perception domain does not involve itself and the objective existence (the world and others) only, but origin and resurrection (hereafter) are also considered as a perceptual domain, and without them, psychological phenomena and realities will not be properly understood. When the client's problem considers the origin and resurrection areas in addition to those two areas, the person's perceived problem changes and takes on a more realistic form. In holy Quran (2, 62), offered three conditions and criteria, free of any religious name, to eliminate fear and anxiety, sadness or grief, as well as receive divine rewards. First is having faith in the origin (God), second is faith in the resurrection, and third is acting righteously (the most congruently and more adjusted act in the divine system). When a depressed person analyzes his or her problem in the spiritual perception domain, he experiences a different situation. Much empirical evidence confirms this issue (Bonelli. Dew, Koenig, Rosmarin, and Vasegh. 2012).

### **C. Human works/actions make his identity**

Since human beings are the product of both their actions and their feedback (Holy Quran, 2, 286), in God-OSP, the therapist concentrates their operations on human work and action. If the function of good work is the integration of the psychological system, the contrary, the wrong work will disturb the psychological system (Holy Quran, 43; 30). The work of man in verse 13 of Sura al-Esra (in H.Quran) is psychologically integrated with self to hereafter and forms the main human identity and never separates from him. It is

possible to determine the criteria for monotheistic and unifying work:

- The ability to start and stop work/action.
- Intention and motivation before setting off.
- Conserving intentions during the work.
- Purposefulness (the ultimate goal that is “God” and the middle point).
- Sincerity and purity, having a united goal and intention.
- Valuable (the best possible works among the options in equal positions and following good practice).
- Meaningfulness (coherence, justification, and purity between intention and purpose).

Thus, action can be psychologically different.

#### **D. The images (non-real perception) prevent the perception of the real concept**

Another finding of the present study was that what a person depicts in his perceptual domain is not necessarily congruent with their actual concept. Depressed people perceive God in a way that justifies their depression sometimes and depresses people, for example, their perceived god is strict and unforgiving (Nguyen, T.-V. T., & Zuckerman, M. (2016).) Therefore, in God-OSP, cleaning up concepts from self-made imagery (especially toward God) has been known as the most important therapeutic mechanism. The most important images in our perceptual field are God-Image, Self-Image, World-Image, and the Hereafter-Image. When real concepts are processed and experienced in these four perceptual domains, the psychological problem is reduced and activities become real in the real world.

#### **E. Spiritual mechanisms are vital in the explanation of client problems.**

To do this, based on the principles of therapy, the individual's works in the direction of origin and resurrection will be saved by the following three mechanisms: "**Meaning**", "**Valuable**", and "**Purposefulness**".

#### **F. The spiritual and natural cycle in the clinical processing of psychological problems can be put into practice in a unified or independent form.**

The basic assumption of this model is that the unifying mechanism for





Some of the Principles related to the "self-perceived" are *Spiritual Identity is basic Identity*"(Holy Quran, 51; 56, 9; 31, 98;5), "having the Divine nature" (Holly Quran; 30; 30), "stability" in human psychological system laws (Holy Quran,8, 29), "human free will" (H.Q, 76; 3), (Mesbah Yazdi, 1997), "coordination Internal and External locus of control for self-regulation" (Holly Quran: 39, 23 and 2, 6, 71, 2; as well as Rotter, 1975; Shojaei and Franch, 2014).

Some of the Principles related to the Perceived hereafter are: "meaningfulness and redefining death as a transitional stage of life" (Ibn Baboyeh (Saduq), 1983: 290, p. 9),"choosing a genuine, better and lasting life", "The Hereafter means meeting God": "O man! You are laboring toward your Lord laboriously, and you will encounter Him"(Holly Quran: 84; 6).

#### **H. God-OSP has empirical evidence and validated treatment protocols (phase 3)**

The God-OSP, during the past years, has been used for individual therapy, group therapy, anxiety, and life problems (Janbozorgi, 2016b), depression (Mohammadi, 2018), chronic illness like MS (Montazeri, 2015), and assistance of forming an identity for adolescent (Nazari, 2010), and it adapted to transdiagnostic therapy for anxiety (Mirjalili, 2018), obsessive-compulsive disorder (OCD) Ansari and Janbozorgi (2017). The concepts of this treatment have also been tested in various researches, such as the concept of the self-image, God-image, self-concept, and God-concept (Sarabadani, & Janbozorgi, 2018).

After identifying the list of interventions, stages and treatment levels, and therapeutic principles, the structured treatment guideline with a list consisting of 45 techniques was again recruited to 10 experts' clinical psychologists and counseling other than those in the treatment team.

**Table 3. Necessity and appropriateness of God-OSP techniques**

Techniques of God-OSP stages	No.of clinical tech,	Means of CVI	Means of CVR
Stage1- Activating of innate Intellect	5	0.94	0.96
Stage 2- Restoration of Faith: GOW	5	0.98	0.96
Stage3- self-recovering or SI	7	0.97	0,90
Stage4- Life rescuing by SSA	14	0.97	0.97
Stage5- Return to the real, BML	12	0.92	0.94
Follow up	2	1	1

The acceptable limit for the CVR according to the Lawshe Table (1975) is 0.62 for the comment of 10 experts that the table numbers, which are the average of the coefficients of the technique, are higher than that. The content validity ratio (CVR) measures the necessity of techniques. And content validity index (CVI) measures of appropriation of techniques. The minimum acceptable score for CVI was 0.79 and for CVR was 0.62.

#### **Evaluation Protocol by Specialists Who Have Experienced God-OSP (phase 4)**

Psychologists who have been subjected to God-OSP for two years, without prior notice, were invited to participate in the group and participated in the panel for the evaluation of God-OSP technique by technique, and they were asked to answer three basic questions. First, all of them were asked to explain to what extent they remember it and write it down, after seeing the technical name they used (in the form they were given).

This work was done to examine the internalization of the concepts' treatment and then they were asked how much this technology was effective in treating anxiety or solving their individual problems. The next question was to what extent this technology was effective in activating spirituality, and the next question, as a specialist, was how much this technique would determine the necessity of this exercise in creating spiritual balance or spiritual transcendence. Responses should be based on a five-choice spectrum. To meet the standards of assessment, all of these individuals were invited on the same day, followed the same instructions, and received

the explanations needed to understand the correct completion of the forms. The results of this study are also presented in Table 3.

These responses belong to the two groups of experts, out of which the number of participants in the meeting varied from 15 to 33 participants. The highest response rate was for the first round of therapy, in which 33 presented responses, that is why the average number is lower than the rest, although it is considered to be a valid credit for this number. According to the Lawshe table (1975), for 15 experts the accepted number is 0.29, and for 30 is 0.33.

**Table 4: The clinical effect, spiritual activation and necessity of techniques in God-OSP.**

Techniques and stages of GOSP	N.of therapeutic activity and practice	Clinical effects	Spiritual activation	Important and necessity	Means of CVR	Max. mechanism's effects
St. 1: activating PW	5	4.164	3.834	4.282	0.632	- autonomy -hope -wisdom esteem Self –responsibility
St. 2: GOW	5	4.082	4.224	4.508	0.82	-monotheistic attitude Change of worldview, transformation of problems, Resolve spiritual struggle, Self-worth, self-esteem, Separating the self-made image of God(God-image) from the real concept of God (God-concept).
St. 3: SI	7	3.913	4.019	4.383	0.70	Strength of ego, exploration of the meaning of life, autonomy, resolve of negative schema, Forming spiritual-self. Congruency of self-image with self-concept.
St. 4:	14	4.2.9	4.321	4.561	0.88	-Self-regulation, modifying motivation, -attending to valuing act, transcending of ego-centric attitudes, materiality, and

Techniques and stages of GOSP	N.of therapeutic activity and practice	Clinical effects	Spiritual activation	Important and necessity	Means of CVR	Max. mechanism's effects
						position or dignity. Catharsis and clearing of covert anger, guilt, and anxiety, strength of expert innate diagnostic system(wisdom), Rescue act as a mechanism for identity formation.
St. 5:	12	3.853	4.051	4.428	0.83	Explore authentic life, the meaning making of death and hereafter,
Follow up stage	2	4.425	4.585	4.855	1	-Spiritual and religious lifestyle. -daily purging (cleansing), of saved bad act.

As is seen in Table 4, the validity of the techniques according to the viewpoint of psychologists and clients who have passed this therapy is acceptable and highly desirable. They evaluated the clinical impact and spiritual activation of the techniques on a high level, and often even assessed those who did not use the techniques or evaluated their impact, so, based on the numbers in the table above, the mean scores content validity or necessity for this treatment is higher than other scores.

### Discussion and Conclusions

Increasing attention to the importance of R/S highlights the need to integrate it with counseling and psychotherapy. Researchers' findings (Oxhandler & et. al, 2021) show mental health clients have positive attitudes about integrating their R/S into mental health treatment. Additionally, they explored what background characteristics predict clients' attitudes toward this area of practice and found the top predictor was their intrinsic religiosity. The results show that clients request spiritual help after the current treatment (Table 1). It relates to the way a person searches for meaning in life; it includes connectedness to others, self, nature, and transcendence (Fisher, 2011;

Weathers, McCarthy, & Coffey, 2016). And they are searching for God or a sacred subject (Janbozorgi and Janbozorgi, 2021, Pargamrnt, 2007).

God-OSP is a multidimensional therapy with theoretical and practical principles that are based on Islamic sources, especially the Holy Qur'an, and based on empirical and clinical validity in the theoretical and practical field in Iran. The findings reveal that not only can the basic principles of counseling and treatment be expressed, but also the definition of human, based on the concepts God has given to us, leads us to a comprehensive and reliable plan for theorizing about evaluation, diagnosis, pathology, and treatment. The results of empirical studies show that the protocol of God-OSP is valid both for experts and for those who participated in the therapy and has a useful clinical impact.

Three basic therapeutic principles related to the activation of innate intellect; there is self-regulation, reasoning, and intellect strengthening, applied in all therapy processes, should be considered by a counselor and psychologist. Refer to related books to receive treatment techniques and programs (Janbozorgi and Gharavi, 2018).

At the second level, the human perceptual field is important for a therapist. In this field, the unity of perception contributes to the integration of the worldview and then the psychological system and confusion and doubt about it leads to confusion in other areas of perception. According to the Qur'an, Muslims believe that God is the beginning and the end, and the appearance and the interior of all things (holy Quran, 57, 3), so they start their work in the name of God and expect that their deeds will be saved for them in the Hereafter. They believe that the feedback of every action (whether good or bad) that they do comes back to them (Holy Quran, 17.4), so it is important to understand the origin and resurrection in life. The perceptual error occurs when their perception is a kind of projection of the image of parents to God, or anthropomorphism of God (Heiphetz, L., Lane, J. D., Waytz, A and Youngd, L, L, 2016). This analogy of the perception of the relationship with God and with a man (Schjoedt, Stodkilde-Jorgensen, Geertz, & Roepstorff, 2009), here is a kind of perceptual problem that gives rise to psycho-spiritual problems, and thus the perception of God is meaningless and has no positive function. In spiritual therapy, based on what God has introduced himself, these mental images are cultivated after a conscious analysis of their

function, and instead, "God is the light of heaven and earth"(Quran, 24, 35) is replaced. This concept makes the mental image unique and a positive and luminous view of people and phenomena. Ultimate concerns, especially those, the person experienced on the boundary of life (death or traumatic events) lead to an ultimate perception and the goal of life. If death is considered the end of life, then his behavior and his psychological feelings will not be the same in comparison to the situation when death is perceived as a transitional stage. A unified perception of the origin (God) leads to the "monotheism" of the psychological system. The type of perception of these two domains (origin and hereafter) leads to the perception of man from objective existence (including the world and others) as well as his perception of himself. Hereafter can affect the formation of mental health by improving purposefulness among individuals (Salehian, Heidarian, Yadalehzadeh, & Ranjbari. E. (2021). When most people in the world are theists (Lynn, Harvey, & Nyborg, 2009), then God (both in origin and hereafter) can be an important part of their perception, especially in motivating and meaningfulness them in life.

The ultimate perception involves the therapeutic mechanism of "purposefulness", and the perception of existence organizes mechanisms of "valuation" and "meaning" mechanisms. Perception of self in the event of the activation and integration of those three domains introduces a "transcendent" therapeutic mechanism to meet the need for transcendence into God-OSP. Valuation of Life is an internal representation of the many positive and negative features of the person and her everyday life that is necessary to comprehend how people may cling to life or welcome its end (Lawton, Kleban, Moss, 1999). Meaning in Life may be included distinguishing Coherence, Purpose, and, Significance (Martela, & Steger, 2016).

On the third level, based on the principles of the perceptual domain, the developing type of act and reaction of clients (Janbozorgi, 2016b).

Attention to the origin of the existence and dissolution of human doubts about God can create a source of trust and hope for the people that leads to emotional stability, behavioral adjustment, rational thinking, control and guidance of imagination, the regulation and sustainability of interpersonal relationships, and the improvement of healthy lifestyles (Janbozorgi and et al. 2009). A person is balanced (pure, healthy, harmonious, unified, and lacks shortages) and

worthwhile, according to the concepts that God gives him (in Holy Quran 15,29; 91,7; 82,7) in order to achieve perfection and fulfillment of his being constantly, within the framework of psychological dynamics, and all mechanisms, facilities, and the program guides these dynamics. This innate activity requires its rationality (innate intellect and wisdom) to remain active at all stages, even in the process of restructuring of self, intellect activation is an important condition. Accordingly, the human perceptual areas of origin, resurrection, self, and the world around him are the subject of psychological interventions in various dimensions.

Adaptation of action with reality starts by modifying beliefs about God and the self. This move leads to the reformation of the God-Image and its transformation into a God-concept, and the transformation of self-image into self-concept provides a basis for consistent mental health. The distinction between God-OSP and other therapies is in the spiritual process. The making meaning of death and hereafter in God-OSP leads the client to set a healthy and authentic life. Another important concept in GOSP is a spiritual act. This is the process of formation of spiritual identity. Bagheri (2009) suggests that man is an agent in Islamic thought, which implies that humans can be considered as the source of their actions. He states in his statement that the foundations of action are at least three types: cognition, tendency, and will. The scope of action is very wide in the innate existence of people, so the emergence and manifestation of human action in the fields of sensory perception, language, dreams, and social systems can be mentioned. Bagheri and Khosravi (2006) consider man from the standpoint of Islam as being essentially conceptualized in terms of agency. The emphasis on action is important here. The action is a psycho-physiological function that is under choices and has two dimensions; internal and external. In conclusion, the results of this research, in line with previous studies that emphasize the necessity of strengthening the spirituality of humans, show that it is possible to use God-oriented spirituality to heal and improve the actions of injured clients. The attention to different dimensions of humans; spirituality and nature, may have a beneficial and effective role in the client's health.

Although a part of the God-OSP was introduced in this research, the research limitations leave out the focus on critique, examination, and development of concepts. The limitations of the researcher's



ability, in the analytical section to examine the religious texts, limited resources to some parts of the texts can lead to personalized inferences hence a more accurate examination of religious texts can help to specify more concepts.

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