THE ROLE OF RELIGION AND SPIRITUALITY IN COUNSELING

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by

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CHAPTER 1: INTRODUCTION

While the 20th century has simultaneously brought about a growth in counseling and a reemergence of secularism, counseling in the 21st century has focused its attention on interventions that are sensitive to multicultural facets in clients' lives. As professionals increasingly embrace multicultural competency in counseling and therapy, religion and spirituality arguably stand out as cultural and personal factors that are a salient part of framing one's experiences, beliefs, values, behavior, and illness patterns (Rose, Westefeld & Ansley 2001). Despite the growing understanding of the pervasiveness and importance of spirituality and religion, most psychologists have little training in dealing with religious and spiritual issues (Shafranske & Malony, 1990).

Definitions

The concepts of spirituality and religion overlap, and are often used interchangeably. However, many psychological professionals assert that the two concepts are distinct and separate (Blando, 2006). According to Walsh (1998) religion is defined as an, "organized belief system that includes shared and institutionalized moral values, beliefs about God, and involvement in religious community," and spirituality is defined as, "an internal set of values- a sense of meaning, inner wholeness, and connection with others" (p. 72). Spirituality is focused on connection with others and contains three main components: connection to someone or something beyond oneself, sense of compassion for others, and desire to contribute to the good of others (Blando, 2006). Consistent with these definitions, religion can be understood in terms of a social-level experience and spirituality as an individual-level experience. Because these two concepts are related and often overlapping, counselors are likely to see varying degrees of either in clients.

According to the Oxford English Dictionary (2011), Religiosity is defined as, "Religiousness; religious feeling or belief" ("Religiosity", Oxford English Dictionary). For the purposes of this discussion, the term religiosity will be used as a way to describe both the concepts spirituality and religion.

Individuals may be spiritual not religious, religious not spiritual, religious and spiritual, or neither spiritual nor religious. Often times the spiritual not religious individual is seeking meaning, connection with others, and completeness. The religious not spiritual person typically participates in religious institutions, holds theistic beliefs, and institutionalized moral values. The spiritual and religious person holds characteristics of both while the neither spiritual nor religious person holds few if any of these characteristics (Blando, 2006).

Religion and Health

Addressing spirituality and religion in counseling may have therapeutic value in the extent that incorporation helps counselors to support clients connecting to others, moving outside of themselves, and contributing to the common good (Blando, 2006). Those who hold religious beliefs also participate in positive social relations as well as social and community service activities. Alternatively those who are spiritual seek involvement in personal growth activities, creative activities, and knowledge-building activities (Wink & Dillon, 2003). Counselors who recognize the role of religion in clients' lives are better able to encourage these positive pursuits, contributing to the overall health of clients.

Religion and Spirituality positively correlate with coping with stress (Graham, Furr, Flowers & Burke, 2001). Clients' level of religion and/or spirituality, religion or spirituality, or lack thereof affects how they assess distressful situations in their life by offering a meaning to

life, by providing individuals with a greater sense of control over situations and by building self-esteem (Spilka, Shaver & Kirkpatrick, 1985). Religious institutions serve as resources clients can utilize in times of stress through the provision of community and a sense of identity. Other religious resources identified as commonly used in times of stress include prayer, solitary activities, faith in God, and guidance from clergy, which are representative of the spiritual, cognitive, behavioral, and social aspects of faith (Hathaway & Pargament, 1992). Evidence suggests that these multiple and varied coping resources provided by religion and spirituality aid diverse groups. In looking at religion and spirituality's impact across economic lines, Koch (2008) found that religiosity is a health resource for those whose income is below the national average. Clients with psychiatric diagnoses reported religion was a source of comfort and strength by providing resources to cope with stress, increase social support, and find a feeling of being complete (Blando, 2006).

Individuals who have a healthy spiritual identity heal at faster rates and are able to establish healthier lifestyles (Richards & Potts, 1995). A healthy spiritual identity involves feeling connected to God's love, feeling self-worth, having meaning and purpose in life, and being better able to fulfill one's greatest potential (Richards & Potts, 1995). In a study done by Graham et al (2001), counseling students who were religious and spiritual had greater overall health than those who were only spiritual, indicating that institutionalized beliefs, morals, values, and community are more connected to health than spiritual practice alone. Involvement in religion has also been found to reduce the likelihood of disability in adults who live in community settings in some circumstances, suggesting religiosity may play a role in helping people cope with physical disabilities (Kilpatrick & McCullough, 1990).

Current Trends

In 1990, the National Survey of Religious Identification Survey (NSRIS) attained demographic information across the nation regarding religious affiliation. A follow-up study was done in 2001 with the American Religious Identification Survey (ARIS). Nation-wide, 81% of respondents identified with a religious group (down from 90% in 1991 as indicated by the NSRIS). Of those who were religious, 77% identified themselves as Christian, down from 86% in 1990, and 4% identified as non-Christian religious, up from 3.3% in 1990. Fourteen percent claimed no religious identity, up from 8% in 1990, and 5% refused to answer. In attempting to categorize the different affiliations within those who indicated they were religious, the ARIS clustered responses into 22 self-identified groups:

Catholic	Presbyterian
Baptist	Protestant
No Religion	Pentecostal
Christian	Episcopalian/Anglican
Methodist	Jewish
Lutheran	Mormon
Churches of Christ	Muslim/Islamic
Non Denominational	Buddhist
Congregational/UCC	Evangelical/Born Again
Jehovah's Witness	Church of God
Assemblies of God	Seventh Day Adventist

Of those who identified as religious, 40% did not belong to a church or similar institution, indicating they may actually be more spiritual than religious by definition (Bland0, 2006). Because the United States is arguably the most religious and most religiously diverse nation (Eck, 2001), counselors are likely to encounter clients who claim that religion and/or spirituality are salient aspects of their lives, and it is imperative that counselors know how to address these factors in counseling. In addition to the majority of clients claiming religiosity or spirituality, 80% of psychotherapists indicate they have a religious preference and 77% of them try to live their lives in congruence with religious beliefs. Of this large portion of professionals

who claim religious identity only 41% of them regularly attend religious services, and only 29% believe in the importance of religion in treating clients. Because fewer counselors have religious affiliations than those in the general population, and only a portion of counselors find value in addressing spirituality and religion and spirituality needs to be of greater importance when counseling professionals are receiving training in counseling.

CHAPTER 2: CLIENT RELIGIOSITY

It is difficult to conclude what common factors contribute to influencing clients' decisions to choose secular counseling versus religious or spiritual counseling because religion and spirituality may be incorporated into secular counseling. Across all types of counseling, 60% of clients in use religious language to describe their personal experiences, (Shafransky & Malony, 1990) blurring the line between what is defined exclusively secular and exclusively religious or spiritual counseling. In looking at both Christian and secular counseling practices, Morrison, Clutter, Pritchet, and Demmitt (2009) found that 68.5% of clients reported that religiosity had been included in their counseling with current counselors. Of those receiving Christian counseling, 93.2% reported that religiosity was included in counseling, while 31% of those seeing a secular counselor indicated that religiosity was integrated into their counseling sessions. Researchers also found that in counseling sessions in which spiritual discussions occurred, the client was most often responsible for initiating these conversations. Of those who were seeing a counselor who was incorporating religiosity into counseling, 16.7% of clients wanted religiosity to be included more, 72.9% wanted implementation of religiosity to stay at the level it had been at, 4.2% desired spirituality to be incorporated less, and 6.3% had no preference (Morrison, Clutter, Pritchett & Demmitt, 2009). The majority of clients who were receiving counseling with elements of religiosity included indicated that it had been very helpful in making progress toward goals (73.5%), while 16.3% reported the integration of religiosity had been moderately helpful, and 10.2% indicating it was neither helpful nor unhelpful. No respondents reported that the integration of religiosity in counseling was unhelpful.

Client Beliefs and Preferences

Most potential clients believe religious issues are generally appropriate in the counseling session and even display a preference for discussing spiritual and/or religious concerns (Rose, Westefield & Ansley, 2001) evidenced by the finding that 81% of respondents wanted counselors to integrate beliefs and values into therapy (Kelly, 1995). Several factors contribute to clients' beliefs and preferences in including spirituality and religion in their counseling sessions. Clients with higher levels of past spiritual experiences believed discussing religious concerns was more appropriate than those with lower levels of past spiritual and/or religious experiences (Rose et al., 2001).

Rose, Westefeld, and Ansley (2001) surveyed 74 individuals who were receiving counseling and found that 55% of them wanted to discuss religious/spiritual issues because they believed religion and spirituality were essential for healing and growth (27%), were personally important (22%), were central to human personality, behavior, and worldview (15%), were relevant to problems (5%). Some of the respondents felt their preference would change throughout different contexts, indicated by 22% of respondents reporting that their preference in discussing religion and/or spirituality was dependent on other factors such as relevance to problems (10%), only if it was a spiritual issue, but not religious (8%), or depending on the qualities of the counselor (5%). Eighteen percent reported not wanting to discuss religious or spiritual issues because religious or spiritual issues are not currently important or relevant to problems (11%), they prefer to discuss religious issues with clergy (4%), or they are unsure of their own beliefs (3%).

While evidence suggests the majority of potential clients prefer to discuss religion and spirituality, many clients who prefer not to discuss spiritual and religious issues in the counseling

office identify fear as a factor limiting their ability to openly discuss religious and spiritual issues. Some clients are concerned about how therapists may respond to their beliefs, likely affecting client willingness to discuss spiritual issues (Rose et al., 2001). Of those who had spiritual or religious discussions in counseling, most clients report that they were responsible for initiating these conversations (Morrison et al., 2009). Because of this current lack of addressing religion and spirituality by counselors, clients were less willing and less likely to find it appropriate to discuss religion and spirituality in counseling sessions (Richards & Bergin, 1997). Clients seem more likely to have fears when a counselor's beliefs are different from their own. Christians and non-Christians prefer counselor beliefs to be similar to their own (Guinee & Tracey, 1997), believing that counselors with similar beliefs are more likely to support their beliefs, rather than challenge those beliefs. Fear of existing beliefs being challenged appears to contribute to discontinuing counseling. Morrow, Worthington, and McCullough (1993) reported that clients are more willing to return to a counselor who ignores beliefs than one who challenges them. Challenging produces fear because clients are worried psychotherapists will try to alter beliefs and convert to their own religion (Quackenbos, Privette & Keintz, 1985). In some cases, this fear is focused specifically toward Christian counselors, who are reported as been seen as less flexible, less likely to stick to doing only what the client has agreed to, more likely to influence clients' thoughts/behaviors, more likely to encourage clients to accept counselors' values (Lewis & Epperson, 1991).

As is common with research about religion in the United States, there is much information about specific to Christian counseling. Highly religious Christians prefer religion play bigger part in the counseling process than less highly religious Christians (Morrow, Worthington, & McCullough, 1993). Christians tend to have higher expectations of counselors

than non-Christians (Lewis & Epperson, 1991). Christians have more fears about therapy and are more likely to see secular counseling as incompatible with faith (Keating & Fretz, 1990). When asked about secular counselors, Christians report fearing that they will be less sensitive than Christian or spiritual counselors, (Guinee & Tracey, 1997) and fear secular psychotherapists will misunderstand, erode, ridicule, or ignore their religious faith (Keating & Fretz, 1990).

Belaire and Young (2000) studied the influences of spirituality on counselor selection and found that while client spirituality may have less influence over counselor selection, counselor ability to effectively implement religion and spirituality into counseling has an effect on client preference of counselors. They also found that high, moderate, or low levels of spirituality had no effect on counselor preference quantitatively, however counselors described as competent in working with spiritual issues influenced some respondents to prefer that counselor qualitatively. Additionally, their results showed that clients who did not want a counselor who would address spirituality often claimed that they wanted counseling to be a time to address changing patterns, setting goals, and personal growth, and that religious or spiritual issues could be handled on their own time. Prospective clients who wanted a counselor who would address religious/spiritual issues preferred counselors with competency in implementing religion and spirituality because these skills promoted exploration of personal beliefs, growth and spirituality (Belaire and Young, 2000).

CHAPTER 3: ETHICAL CONSIDERATIONS

The discussion of religion and spirituality's relationship to the counseling process invites arguments for both ignoring and addressing religion and spirituality in counseling sessions on the basis of ethical considerations. Likewise, the study of professional codes of ethics for counselors often invites religious and spiritual considerations (Burke & Miranti, 1992). The codes of ethics for counselors has been set in place by a number of professional counseling organizations to make certain that every person who seeks treatment is accepted as an individual. Counseling professionals pledge to not only accept clients, but commit to increasing their understanding of what clients believe about the meaning of life, morality, and life after death, a vital and beneficial aspect of the counseling process (D'Andrea & Sprenger, 2007).

As previously seen in the NSRIS, the spiritual domain of clients' lives is not receiving an adequate level of clinical attention. Steen, Engles and Thweatt (2006) offer the explanation that many counselors may be limiting their incorporation of religion and spirituality in counseling due to various ethical considerations. Additionally, counselors may find it difficult to attend to religion and spirituality within the traditional scientist-practitioner model (McLennan, Rochow & Arthur, 2001). Tan (2003) argues that caution in addressing religion and spirituality in clinical settings is appropriate due to the dangers of abusing or misusing spirituality professionally. Others argue beyond caution and assert that religion should be discussed only with clergy and theologians because counselors who incorporate religion and spirituality into their practice risk violating the limits of their professional competence (Stifoss-Hanssen, 1999). Ethical concerns presented by Richards and Bergin (1997) include religious and professional dual relationships, assuming religious authority, forcing religious values on clients, breaking professional

boundaries, practicing beyond professional competence, becoming overly involved in superstition, and treating that which is sacred to a client with little regard.

More recently, ethical arguments have been used to support counselors addressing religion and spirituality in counseling (Morrison, Clutter, Pritchett & Demmitt, 2009). Not only does the implementation of spirituality and religion likely promote client growth and welfare, (Steen et al., 2006) but religion and spirituality are often embedded within the issues that clients bring into the counseling office. Furthermore, counseling professionals are ethically obligated to competently deal with religion and spirituality in order to be sensitive to and respect clients (Richards & Bergin, 1999).

Standards of Competence

In 1995, the DSM-IV added "religious or spiritual problem" to its list of issues a client may bring into counseling, creating a need for counselors to have the needed skills to deal with clients suffering from religious or spiritual issues (DSM-IV, 1995). Both the American Counseling Association (ACA) and the American Psychological Association (APA) formally acknowledge religion in their ethical guidelines as an issue counselors need to take into account in their practice (American Counseling Association, 1992; American Psychological Association, 1992). In Section A of the 2005 ACA Code of Ethics, counselors are required to avoid all discrimination based on religion, required to actively increase their understanding of clients with diverse cultural backgrounds, and to reflect upon how their own cultural/ethnic/racial identity has an impact on decisions in the counseling process (American Counseling Association, 1995).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) includes religious preference as a dimension of client diversity in curricular standards under the heading of Social and Cultural Foundations. Burke et al. (1999) recognize

three CACREP standards that highlight the importance of religion and spirituality in counseling. First, counselors are required by CACREP to study issues and trends in our multicultural society, which, with increasing religious diversity, includes religion and spirituality. Second, Burke and colleagues (1999) identify the CACREP standard requiring that counselors have an understanding of group dynamics. With the religious and spiritual diversity of the American population, religion and spirituality are likely topics in secular group setting. Training counselors for group counseling, requires instruction on how to deal with religious diversity within group, reactions to discussions, and how to respond to members of the group feeling a need to hold back their religious identity, development and problem solving strategies (Burke et al., 1999). Lastly, Burke et al. (1999), found a connection between religion and spirituality and the CACREP standard for career/lifestyle development. They argue that because spirituality and religion deal with how one creates meaning in one's life, spirituality and religion influence career development (Burke et al., 1999).

In 1999, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) released nine competencies that counseling professionals should be adequately trained in.

> First, counselors should be skilled in their ability to explain the meanings of the words "spirituality" and "religion," including ways that the two concepts differ and overlap. Secondly, counselors are expected to describe beliefs and practices from a cultural context. Third, ASERVIC holds counselors to a high standard of sensitivity toward client, and acceptance of diverse belief systems. Fourth, counselors must be knowledgeable regarding models of religious or spiritual development across the life span. Fifth, counselors are required to demonstrate an acceptance of religious or spiritual expressions in communication. Sixth, counselors must be aware of their limits in competency and understanding, and be prepared to refer clients to appropriate sources when necessary. Seventh, counselors must assess the importance of religion to therapeutic issues. Eighth, counselors must be receptive to religious or spiritual themes in counseling. Lastly, according to clients' preferences, counselors must use religious or spiritual beliefs toward reaching goals in counseling (Shuler & Durodoye, 2007).

According to Kelly's (1994) survey of 341 accredited and non-accredited counselor education programs, 52.4% of the programs reported that spiritual and religious issues were included as a component of these courses. In another survey done by Pate and High (1995), of the 60 CACREP-accredited programs surveyed, 60% gave attention to religion and spirituality in the curriculum. Pate and High's survey also found that 84% of counselor educators believed that counselor awareness of religious beliefs is at least of some importance.

Diversity Issues

To be multiculturally competent and ethical in practice, counselors must be actively increasing their understanding of the diversity among clients with whom they work. Diversity is defined as "the condition of being different or having differences" (Grove et al., 2002, p. 663). Attending to diversity is important to the helping relationship, and a vital part of ethical practice (D'Andrea & Sprenger, 2007). Ignoring religious or spiritual issues contributes to counselor insensitivity to spiritual concerns, while knowledge about religious and spiritual issues leads to increased sensitivity, respect, understanding toward client diversity (Burke et al., 1999).

According to Bishop (1992) increasing competency in diversity issues begins with counselors increasing their awareness about their own beliefs and values. Without recognition of their own spirituality and religion, counselors are more likely to unconsciously proselytize or impose their own values on clients (Burke et al., 1999). Increasing self-awareness in the areas of religion and spirituality involves looking at the values and beliefs that were stressed from childhood, including fears, biases, prejudices, and beliefs, either approving or rejecting them, and then integrating them throughout the lifetime (McLennan, Rochow & Arthur, 2001). Counselors also should evaluate how these values affect them as a counselor, as these values influence their believed meaning of mental health, their choice of orientation, clinical decision-making, goal

setting, and selection of interventions (Bilgrave & Deluty, 1998). For example, Christian counselors need to be aware of the fact that their beliefs may be linked to a higher likelihood of choosing a cognitive-behavioral orientation, while Eastern and Mythical Counselors are more likely to choose humanistic and existential orientations (McLenan, Rochow & Arthur, 2001). Going through their the of evaluating their beliefs will help counselors to be better able to assist clients who are undergoing the process of clarifying their own beliefs and values (McLenan, Rochow & Arthur, 2001).

Though it is important for counselors to be increasing their knowledge in diversity issues, materials representing certain types of clients may not be readily available. Few articles focus on atheistic and non-spiritual/non-religious clients, and no articles exist addressing non-religiosity as a diversity issue (D'Andrea & Sprenger, 2007). Weinrach and Thomas (1996) hypothesize that this lack of information is due to the tendency of scholars to focus on issues that are politically correct and publishable, while ignoring topics that are likely to elicit controversy. Alternatively, Linnenberg (1997) poses the explanation that scholars may believe that all belief systems include God or a higher power because the majority of our society holds these beliefs. In order to move closer to fully embracing multiculturalism, non-belief must be included in diversity issues (D' Andrea & Sprenger, 2007). Of the American population, 4-5% claim to be atheist, while 14% of the worldwide population identify as atheist, agnostic, or non-religious/non-spiritual (Hunter, 2005). Within diversity literature certain groups have been given much attention and study, such as Asians, who make up 3.6% of the US population and homosexuals, making up nearly 10% of the US population. Though the non-religious/non-spiritual comprise percentages comparable to both homosexuals and Asians nationwide, non-

religiosity has not received the same amount of recognition or study as either the homosexual or Asian community (D'Andrea & Sprenger, 2007).

Counselors need to increase their understanding of non-religious/non-spiritual clients because many stereotypes of atheists and agnostics are prevalent and misinformed. When Jenks (2001) asked participants to rank how true certain statements were of atheists, results showed that atheists were perceived as being in more need of counseling, having permissive parents, being politically liberal, more likely to do drugs, and lower in class. Certain biases also exist. In Furnham, Meader, and McClelland's (1998) study, participants were asked to rank people waiting to receive a kidney. Those with atheistic and agnostic views were given lower priority than patients identified as Christian. This bias may be explained in part by a misconception about the morality of atheists that because of their absence of a belief in a supreme being, they also have an absence of morality. This belief about atheists is unfounded; morality often emerges out of empathy, caring and anger at injustices of the world (Baggini, 2003).

With these stereotypes, biases, and falsehoods readily available, it is important to establish what is true about non-believing clients and what related issues counselors should be equipped to deal with. Atheism is defined as a lack of belief in God or gods, with a focus on the natural world rather than the supernatural world (D'Andrea & Sprenger, 2007). It is important to note that this definition does not include a belief that there is no good, no morality, no meaning to life, and no human goodness (Baggini, 2003). Non-religiosity is defined as having no belief in any sort of higher power, life force, universal presence, or obligation to a spiritual soul or being (D'Andrea & Sprenger, 2007). According to the ACA Code of Ethics (2005) counselors must accept a client's interpretations of the meanings of the words religious or spiritual. Extending

this to non-religiosity, counselors must understand what non-belief or non-spirituality means to each client and validate their experience to be real and significant (D'Andrea & Sprenger, 2007).

When working with atheist or agnostic clients, counselors must take several common struggles of non-believers into consideration while constantly recognizing the client's experience is completely unique. Because there are fewer atheistic community groups to connect them with others than there are communities for organized religion, atheists often feel that they are solely responsible for creating life meaning and determining their purpose in life (D'Andrea & Sprenger, 2007). They may feel alone in this search and often evaluate their connection to others in counseling sessions. Counselors must also be careful in the way they discuss anxieties about death and dying with non-believing clients. When clients have no belief in heaven, a better place, or an afterlife, counselors are presented with the challenge of helping their client to understand their personal motivations for life without involving God or other spiritual or religious ideas into the discussion (D'Andrea & Sprenger, 2007).

In addition to non-religiosity of clients, counselors need to be knowledgeable about the world's major religions, as they are likely to have clients seek counsel who are affiliated with these religions (McLennan, Rochow & Arthur, 2001). Counselors should seek to be familiar with beliefs and practices that they are likely to encounter in the counseling office before meeting each client (Miller & Thorensen, 1999). However, if clients hold beliefs with which counselors are unfamiliar, they may need to increase their knowledge or educate themselves after clients have revealed their beliefs. Counselors cannot expect to be educated by their clients regarding their beliefs as this may seem disrespectful to the client, and must do research on their own time. It is important that counselors do not assume that each client believes exactly what is universally believed in a particular religion, but should clarify their individual beliefs and how they may be

similar to or differ from the universally held beliefs (Richards & Bergin, 1999). Counselors may gain this knowledge through formal or informal methods. Formally, they may take a class on the religion or belief and gain knowledge about their client's affiliation. Alternatively, counselors are encouraged to informally attend religious community events (Bishop, 1992).

CHAPTER 4: COUNSELOR IMPLEMENTATION

Difficulties

With the benefits of integrating spirituality and religion presented in Chapter 1, one might assume that all clinicians would incorporate religiosity, however many barriers for counselors increase the difficulty of attaining these benefits for clients. Richards and Bergin (1997) identified many barriers stemming from psychology's historical attempt to be distinguished as a scientific domain in which only that which is empirical and observable is validated. From this foundation, clinicians have historically seen involvement in religious and spiritual practices as more closely related to pathology than health (Thayne, 1997). As a result, counselors have not received adequate training in how to handle religious and spiritual issues (Frame, 1996). There are also barriers for counselors at the individual-level. Counselors may be fearful about bringing up beliefs, particularly if they hold differing views from the client and believe they cannot relate (Thayne, 1997).

Methods

In understanding how to best extinguish these fears about incorporating religion and spirituality into counseling, counselors must first understand their own spiritual or religious backgrounds, biases, perspectives, and beliefs, and may find it beneficial to conduct their own spiritual assessment before beginning with a client (Cornish & Wade, 2010). Once counselors have explored their own religious and spiritual facets, they may begin implementing religiosity as early as the onset of therapy during the intake session. Tan (1996) encouraged early integration and provided the following example question for counselors: "What is your religious affiliation or religion, if any?" (p. 370). Once clients show interest in this topic, Tan suggested counselors should ask more questions to gain further information about clients' spiritual and/or

religious experiences, values and beliefs. Early integration of religiosity signals to clients that spirituality and religion are acceptable aspects of the counseling process, and they then can feel welcome to discuss religion and spirituality as it relates to their presenting concern (Kelly, 1995). Regardless of the particular spiritual or religious background of clients, counselors must carefully ask questions regarding religiosity in words that the clients understand (Watson, 1997).

After preliminary questions and information gathering, a spiritual assessment may be helpful to both counselors and clients. Counselors receive important information from assessments regarding client's beliefs and values that may prove salient later in counseling (Stanard, Sandhu, & Painter, 2000). Richards and Bergin (1997) provided five reasons to include spiritual assessments in counseling. First, spiritual assessments help counselors to obtain a better understanding of clients' worldviews. Second, counselors are aided in their ability to determine if a religious orientation is healthy or unhealthy. Third, spiritual assessments help counselors to evaluate whether a client's religious or spiritual community is a source of help. Fourth, a counselor can better decide which spiritual or religious interventions will be helpful to a client. Lastly, spiritual assessments assist counselors in determining how a client's presenting problems and spiritual issues are related. Religion and spirituality's positive or negative impact on marital and family systems (Sperry & Giblin, 1996) and view of others (Wolf & Stevens, 2001) can be evaluated through spiritual assessments which are also beneficial from a counselor's point of view in that they are useful in diagnosis and treatment planning (Kelly, 1995). In regard to diagnosis, Lukoff, Lu, and Turner (1992) pointed out that assessments help counselors to differentiate between problems that are entirely religious or spiritual, those that are a mental disorder with religious or spiritual content, and those that are psychoreligious or psychospiritual problems but are not considered a mental disorder. From the perspective of the client,

assessments are useful for self-exploration and self-understanding (Kelly, 1995) as well as providing the time for self-reflection (Stanard et al., 2000).

Many spiritual assessments exist and have been evaluated in their usefulness to clinicians (Stanard et al., 2000). The Spiritual Assessment Inventory (SAI; Hall & Edwards, 1996) is a measure of spiritual and psychological aspects of spiritual maturity from a Judeo-Christian perspective. This assessment has been found helpful as a research instrument and as an aid for counselors to assess clients' spiritual strengths and weaknesses, but it limited to a Judeo-Christian perspective (Stanard et al., 2000). The Index of Core Spiritual Experiences (INSPIRIT; Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991) assesses experiences that convince individuals that God exists and the discernment that God dwells in the individual. This is a quick, useful tool for counselors to stimulate discussion and assess clients' experiences with God (Stanard et al., 2000). Another spiritual assessment, the Spiritual Well-Being Scale (SWBS; Ellison, 1983) assesses both Religious Well-Being and Existential Well-Being. While this is a helpful tool that is easily administered, the SWBS presupposes that accepting the concept of God is a component of well being (Stanard et al., 2000). Primarily used as a research tool (Stanard et al., 2000), The Spiritual Health Inventory (SHI; Veach & Chappel, 1992) identifies biology, psychology, social dimensions, and spirituality as contributing to well-being and utilizes four factors to assess well-being, personal spiritual experience, spirituality well-being, sense of harmony and personal helplessness. Specifically for assessing spirituality in members of Alcoholics Anonymous (AA) the Brown-Peterson Recovery Index (B-PRPI; Brown & Peterson, 1991) helps counselors obtain information regarding behaviors, cognitions and beliefs. This tool is helpful for counselors seeking to understand what stage of recovery a client is in and why they are not making progress (Stanard et al., 2000). The Spirituality Scale (SS; Jagers & Smith, 1996)

looks at spirituality as a fundamental of African culture. This scale is helpful in measuring spirituality from an Afrocultural perspective (Stanard et al., 2000). Finally, the Spirituality Assessment Scale (SAS; Howden, 1992) utilizes the four concepts of unifying interconnectedness, purpose and meaning in life, innerness or inner resources, and transcendence to assess religiosity. Because this assessment does not originate from a particular religious background, it is better able to assess a wide range of people (Stanard et al., 2000).

After the intake and spiritual assessment have been conducted, a counselor seeking to effectively implement religiosity may use existing family counseling techniques and principles as they address spirituality and religion (Stander, Piercy, Mackinnon, & Helmeke, 1994). For example, a social constructivist approach may help a counselor to be open and non-judgmental regarding spiritual and religious beliefs (Frame, 1996; Thayne, 1997) and a solution-focused approach may help clients to apply religious or spiritual practices that have worked in the past to current presenting issues (Stander et al., 1994). Religiosity can be integrated implicitly or explicitly (Wolf & Stevens, 2001). Implicit integration does not introduce religious or spiritual issues into counseling, nor does it blatantly integrate spiritual or religious practices or resources (Tan, 1996). Anderson and Worthen (1997) give several specific examples of implicit integration for clinicians. First, they suggest that counselors listen to clients from a spiritual perspective, changing the way counselors hear and think about clients' issues. This spiritual listening may involve counselors entering into a meditative stance focusing on breathing, emotions, cognitions, and images that come to mind. As a result, counselors should be better able to notice small details in the counseling room, inspire unique responses, rid themselves of immovable ideas about themselves or relationships, and find more compassion for their clients. Anderson and Worthen (1997) also recommend silently repeating, "Name, I forgive you" to affirm a self-

acceptance that results in increased grace for clients. Additionally, the researchers advise visualizing the couple bathed in a golden light while silently repeating, "You are being loved" or praying silently to a God or higher power for courage during the counseling session.

Alternatively, explicit integration manages religious and spiritual issues overtly and makes use of spiritual and religious resources such as prayer, sacred texts, and church referrals (Tan, 1996). Watson (1997) offers three ways to explicitly include spirituality and religion in counseling. First, he suggests using "religion as resource" which utilizes the religious or spiritual tradition of a family to promote health and growth. In this first type of explicit integration, a counselor does not need to have the same beliefs as clients, but must be open to the differing values and beliefs of clients. Counselors may achieve religion as a resource by praying with the family, assigning homework involving religious practices of the client's tradition, or incorporating religious leaders in sessions. Second, Watson recommends using "religion as Culture" when a counselor shares the beliefs of clients to join clients' stories and better understand them. Lastly, Watson suggests counselors use "religion as context" and integrate their own religiosity into the counseling room to help clients feel more welcome to share their religious issues. Counselors may encourage clients to explore their relationship with God in the same way they would encourage exploration of personal relationships (Griffith, 1995). For religious couples, their marital or romantic relationships may be viewed as a triangle with God (Butler & Harper, 1994).

Various Settings and Populations

Depending on the context of where counseling is taking place, and what kind of population they are seeing, counselors may find it beneficial to alter their method of integration. For example, Atheist and non-spiritual/non-religious clients are well suited for therapeutic

approaches that emphasize empowerment, personal responsibility and self-understanding (D'Andrea & Sprenger, 2007). Knowing this, counselors may want to involve more open discussion about intervention choices and therapeutic goals. Counselors can also help this client population decrease their feeling of isolation in a search for meaning by encouraging self-guided exploration activities, such as journaling (D'Andrea & Sprenger, 2007).

Because many people link their life's work with their life's purpose, career counseling is likely to bring up spiritual and religious concerns as clients attempt to find a job that reflects their spiritual and religious values and beliefs (Blando, 2006). Duffy and Blustein (2005) found that career development readiness may be related to religiosity. In looking at college students, they found that those scoring high on measures of intrinsic religiosity and spiritual awareness also scored high on measures of career decision self-efficacy. Counselors who help clients explore and understand their spiritual and religious beliefs, values, and worldviews can help clients prepare for career-related decisions and better enable them to find satisfying work (Gockel, 2004).

In couples and family counseling, paying attention to spirituality and religion can be a great source of resiliency for clients and can help them to know their problems can be transcended or accepted (Walsh, 1999). Wolf and Stevens' (2001) three methods of explicit integration may also be very helpful in this type of counseling, as the methods utilize both internal and external integration of religiosity. Internal integration focuses on religious and spiritual values as a source of strength, while external integration coordinates with pastoral counseling from a religious figure, highlighting a spiritual or religious community as a source of strength.

Group counseling provides many opportunities for attending to spirituality and religion, as a group is likely to include many different belief systems. This supplies the context for expanding tolerance and deepening conversation among group members (Pargament, 2007). Counselors can help clients form bonds with one another by providing the space to talk about topics they may have viewed as taboo in other social support systems (Cornish & Wade, 2010). Counseling groups may be either homogenous or heterogeneous. A homogenous group limits membership based on demographics or presenting issues (Gladding, 2003). When working with a group of one belief system or specific cultural group, utilizing the rituals or ceremonies of that group may be a powerful tool for clinicians. Counselors can identify these rituals or ceremonies of a group of initially surveying the members and then incorporating them into the session to strengthen bonds among members (Cornish & Wade, 2010). Heterogeneous groups do not limit membership based on demographics or presenting issues (Gladding, 2003), but have the opportunity to set the precedence that discussion religion and spirituality is appropriate in a group of differing beliefs (Leach, Wade & Hernandez, 2009). Counselors are encouraged to embrace the topic of religiosity if clients were to bring it up in the counseling session, ask others for feedback, encourage them to share ways in which they can relate, and share their unique experiences with religiosity (Cornish & Wade, 2010)

One example of a counseling group that may incorporate spirituality and religion into sessions is a psychoeducational group (Cornish & Wade, 2010). There are many different interventions within psychoeducational groups that rely on spirituality and religion. For example, Rye and Pargament (2002) examine the role of religion in regard to forgiveness among romantic couples. Clinicians encourage clients to utilize religious resources such as prayer and scripture readings in order to help them forgive their partner. When compared to secular treatment, those

in the religious counseling sessions improve significantly more on many forgiveness and mental health measures. Richards, Owen, and Stein (1993) look at the relationship between religious beliefs and perfectionism in Mormons who were struggling with perfectionism. They developed a psychoeducational intervention using religious bibliotherapy in which clients read material by Mormon leaders with themes of forgiveness, grace, and acceptance despite imperfections. They found that perfectionism and depression significantly decreased, while self-esteem and existential well-being increased. Another psychoeducational intervention was developed by McCorkle, Bohn, Hughes, and Kim (2005) for clients living with social anxiety involving enhancing awareness of the sacred. In sessions, they focused on the meaning of sacredness, sacred gifts, and sacred sharing of suffering. Researchers found that anxiety ratings decreased and clients reported that focusing on external, sacred elements and not on internal reactions to anxiety-provoking stimuli helped them feel a reduction in anxiety. Focusing on adults living with HIV/AIDS, Tarakeshwar, Pearce and Sikkema (2005) created a psychoeducational group that discussed different topics including the effects of spirituality on mental and physical health and spiritual coping methods. This focus on religion helped to increase self-rated religiosity, increase positive spiritual coping while decreasing negative spiritual coping and depression. In a group for individuals with severe mental illness, Lindgren and Coursey (1995) focused on providing self-worth and support through discussion of spiritual themes. Members discussed the differences between spiritual and societal values, meanings they had given to their illnesses, self-forgiveness, and the impact of spiritual experiences on feelings and symptoms. Clients showed both an increase in perceived spiritual support and a decrease in depression.

Several psychotherapeutic groups have also been developed with spiritual and religious interventions. Richards, Berrett, Hardman and Eggett (2006) created a group for women already

receiving inpatient treatment for eating disorders. The team used non-denominational spiritual readings and educational materials from Judeo-Christian perspectives on the topics of spiritual identity, grace, forgiveness, repentance, faith, prayer, and meditation. Patients were encouraged to discuss their experiences as they related to religiosity during group sessions and found they improved significantly in measures of religious well-being, symptom distress, and relationship distress. In addition, they improved in measures of eating attitudes, existential well-being, and social-role conflict. Cole and Pargament (1999) developed a psychotherapeutic group for people diagnosed with cancer that focused on four existential concerns: control, identity, relationships, and meaning. These clients saw a stabilization of pain and depression while control group measures increased.

Rehabilitation counseling, including both psychiatric health counseling and addictions counseling often necessitate the incorporation of religion and spirituality as severe psychiatric disorders often have some element of religious and/or spiritual symptoms (Blando, 2006). Clinicians should be competent in identifying associations between disorders and spiritual or religious thoughts and behaviors (Fallot, 2001) as well as the differing ways religion can manifest in the symptoms of psychiatric disorders (Blando, 2006). Symptoms of severe psychiatric disorders must be understood as a part of a religious and spiritual cultural context by considering what are considered normal thoughts, experiences and behaviors from a certain background (Fallot, 2001)

Addictions counseling often involves addressing addictions through combining the medical model, conditioning theory, social learning theory, family systems, and a lens of spirituality (Chapman, 1996). One of the best known approaches, Alcoholics Anonymous and Narcotics Anonymous contains a spiritual component that is identified as more of a religious

healing process rather than behavioral transformation (Swora, 2004). While twelve-step programs are conducted without a professional, clinicians can aid in facilitating and encouraging clients to participate in addition to therapy (Cornish & Wade, 2010).

CHAPTER 5: FUTURE SUGGESTIONS

While the amount of research regarding religion and spirituality in counseling has been increasing, researchers have many potential areas of further study, according to Miller and Thorenson (2003). First, they suggest that counselors address the assumptions that have led to a lack of research dealing with religion and spirituality, such as the belief that religion and spirituality cannot be studied scientifically. Miller and Thorenson suggest that researchers combat these wrong assumptions by continuing to study religion and spirituality from an objective stance.

Secondly, the pair suggests expanding research to beyond the population of the United States, as most research regarding spirituality and religion focuses on the US population. Even within studies focusing on the US population, diversity should be expanded in future research. Other major world religions outside of the Christian faith need greater representation in research (Rose, Westefeld, Ansley, 2001). All counselors should continually increase their awareness of major religions, and educate themselves as they encounter different beliefs in sessions. Counselors can form consulting relationships with spiritual or religious leaders of their clients and use them as a resource in order to feel more comfortable addressing these beliefs in counseling, and better understand the worldview of their clients.

The terms spirituality and religion also need more established definitions agreed upon by researchers and clinicians. Miller and Thorenson also suggest that researchers focus on variables that have not been studied extensively in correlation to religion and spirituality, but have a major impact on clients' lives, such as well being, mental illness, addictions, and physical health. The team points out that most of these correlations have focused on religion's positive impact on

facets of clients' lives, and increased research should be given to the potential negatives of religion (Miller and Thorenson, 2003).

As more research is done on the topic of religiosity, counselor education programs should utilize the increased information. As counselor education programs improve training for implementing religiosity into counseling, clinicians will feel more confident about their ability to address religious and spiritual issues in counseling sessions. The current picture of counselor religious and/or spiritual training, as seen in a study done by Schulte, Skinner, and Claiborn (2002) displays a mix of positives and negatives for future counselors. The trio surveyed counselor education programs and found that most offer little in the way of formal coursework in religious or spiritual issues, and religion and spirituality was rarely seen as a diversity issue. Faculty members in counselor training programs rarely regarded knowledge about religious or spiritual traditions as important. Few courses were designed to primarily focus on religion and spirituality, and those that addressed spirituality and religion at all included religiosity as a subtopic of a broad class. Most programs had gaps in their program curriculum, discluding major topics such as the relation between religiosity and development or disorders. Schulte, Skinner, and Claiborn (2002) discovered some signs of hope for future counselors' ability to incorporate religion and spirituality into counseling. Most counseling students displayed an openness to researching religious and spiritual topics and were given opportunities to discuss or write about their spiritual or religious experiences in their coursework.

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