Integrating Spirituality and Religion Into Counseling
a guide to competent practice

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This book is dedicated to L. DiAnne Borders. Where would we be without you?
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There was a time when the realm of spirituality and religion was clearly separate from the counseling process. Indeed, many practitioners were hesitant to broach the topic of their clients’ religious or spiritual concerns, lest they be seen as inappropriately mixing counseling with spiritual–religious matters, which were viewed as the domain of the clergy, not of the counselor. With the development of the central importance of the multicultural dimensions in counseling, religion and spirituality were given increased attention as a requisite for more deeply understanding a client’s cultural background. Awareness of and willingness to explore spiritual and religious matters in the practice of counseling and in counselor education programs is growing. A client’s spiritual journey is now considered part of the multicultural and diversity movement. From a holistic perspective, attention needs to be given to matters of body, mind, and spirit. Many writers have contended that spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counseling with diverse client populations in a variety of settings.

Within the past decade or so, the number of books and articles in professional journals on the roles of religion and spirituality in the practice of counseling and psychotherapy has vastly increased. One of these books is the first edition of *Integrating Spirituality and Religion Into Counseling*. My coauthors and I frequently cite this book in our textbooks as a significant contribution to the counseling literature. In workshops that I present, I typically mention Drs. Craig Cashwell and Scott Young’s edited book as one that counselors will find valuable if they are interested in the subject of the role of spirituality and religion in counseling. The book is easy to read and interesting and offers much food for thought. The authors’ writing is informed by research and current literature, by their practical experience in the field, and by their teaching experience. The second edition of this book is a comprehensive revision of what was already an excellent resource for practitioners desiring a guide to the competent and ethical practice of integrating spirituality and religion into the counseling process. This revised work will be most useful
for both counseling students and counseling practitioners. Drs. Cashwell and Young, along with those who contributed separate chapters to this work, clearly demonstrate a keen and in-depth grasp of the ethical and clinical aspects of integrating spirituality and religion into both assessment and treatment. The writing style is clear, direct, personal, interesting, informative, and challenging.

The authors make a clear distinction between spiritual–religious counseling and integrating spirituality–religion into the practice of counseling. The aim of the book is to inform practitioners of the value of integrating spirituality and religion into the practice of counseling, if this is part of the client’s agenda rather than the counselor’s. The point is made that to ignore a client’s spiritual and religious perspective is culturally insensitive and may also be unethical. The authors develop the theme, supported by research evidence, that both spirituality and religion can positively affect a person’s general wellness and can serve a key role in providing support as people face existential crises. This volume is a valuable resource for counselors and will assist them in discerning between a healthy spiritual and religious life and an unhealthy one.

Because spiritual and religious values can play a major part in human life, these values should be seen as a potential resource in counseling. However, Drs. Cashwell and Young make it abundantly clear that counselors’ imposing their religious or spiritual values on clients, whether directly or indirectly, is inappropriate and unethical. The contributors stress how essential it is for practitioners to raise general questions during the intake session about a client’s interest in exploring spiritual and religious concerns and also to include questions about a client’s spiritual and religious background during the assessment process. This information is essential to the counselor in getting a sense of how people’s spiritual and religious beliefs, values, and practices might be related to their presenting problem and can also provide direction to clients in constructing solutions for their lives.

I appreciate the authors’ cautioning counseling practitioners to monitor the possible ways in which their personal values might influence the interventions they choose in their professional work. Ethically, it is important that counselors engage in self-monitoring so they can detect even subtle ways they can influence clients’ decisions or introduce their own value agenda instead of assisting their clients in clarifying and formulating their own value system. Counselors need to keep in mind that the client should determine what specific values to retain, replace, or modify. Although I support the concept of exploring spiritual and religious values in the counseling process, I am concerned about the overzealous counselor who sees it as his or her mission to teach appropriate values to clients and to steer clients toward adopting his or her worldview. Counseling is not about counselors making decisions for clients or teaching them how to conduct their lives. A respectful stance honors the client’s worldview and works within this framework in a collaborative fashion to achieve the client’s goals.

A central question explored in the book Integrating Spirituality and Religion Into Counseling is, What is involved in the competent and ethical integration of spirituality and religion into the counseling process? This second
edition features a newly contributed chapter on the revised Competencies for Addressing Spiritual and Religious Issues in Counseling that were adopted by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) in 2009. These competencies are tools designed to help a counselor establish and maintain effective relationships with clients, even when clients hold beliefs that are contrary to the counselor’s values. The contributors of this chapter expand on the message that just as counselors need to address issues of race, ethnicity, and culture that may be affecting the client’s life, so must they address spiritual and religious concerns if the client deems such concerns important. The purpose of the competencies is to enable counselors to develop a framework that allows them to understand and work effectively with clients’ spiritual and religious lives. This chapter on ASERVIC’s spiritual competencies deals with the implications of these competencies for ethical and effective practice. Underscored is the importance of counselors knowing their own spiritual and religious values and actively examining them. The point is made that counselors need to understand and appreciate their own spiritual journey if they hope to assist clients in understanding their spiritual journey. If counselors have clarity on their own values, and are able to bracket them off in their relationships with clients, they are less likely to steer clients toward adopting their values and beliefs. The counselor’s task is to offer an invitation to clients to address whatever concerns are central in their lives, which is done by providing a nonjudgmental and accepting climate.

Also new to this second edition is a separate chapter on mindfulness, which provides a review of what mindfulness is, describes ways in which mindfulness can be of value to both clients and counselors, offers information on how to integrate mindfulness in counseling, and identifies practices for cultivating mindfulness. There is a great deal of interest at professional conferences in the subject of mindfulness practice in counselor training—as a clinical intervention, as a common factor in the therapeutic relationship, and as an approach to self-care for practitioners. I was pleased to see this contributed chapter because I am convinced that through mindfulness practices counselors can center themselves in the midst of a flurry of activity in their personal and professional lives. Becoming mindful is an excellent route to being present in one’s dialogues with clients. Research has suggested that counselor mindfulness is related to increased counselor presence, empathy, self-awareness, and self-care. This chapter provides an interesting treatment of topics such as the empirical support for mindfulness, how mindfulness training can be used as a clinical intervention, how mindfulness is associated with well-being, how mindfulness training can help cultivate spiritual experience, and the use of mindfulness in counseling.

A strength of this book is the diversity of perspectives that various contributors offer in chapters on vital topics such as culture and worldview, counselor self-awareness, understanding spiritual and religious domains through assessment, diagnosis and treatment, ritual, spirituality in a 12-step program, prayer, and working with the divine feminine. These and other contributed chapters provide a comprehensive understanding of ways to ethically and competently
address clients’ spiritual and religious concerns in the counseling process. I am convinced that this book will continue to be a valuable guide to the competent practice of addressing spiritual and religious issues in counseling.

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Since the original publication of Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice, the work in this counseling specialty has evolved rapidly and with great enthusiasm. Researchers, educators, and practitioners have all contributed to the development of the conversation. At the same time, an ongoing need exists for guidelines so that clinical work is both ethically grounded and supported by scientific discovery. The original Competencies for Addressing Spirituality and Religion in Counseling, developed in the Summit on Spirituality and endorsed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), have undergone research scrutiny and practical “field testing.” Recently, research efforts led to a reconfiguration of the original nine competencies discussed in the first edition. The factor analysis by researchers Robertson and Young (see Chapter 2) describes six core competencies, providing empirical support for the scientifically curious and pragmatic guidance for the practicing counselor.

Many counselors and clients report that practicing with openness toward the spiritual domain is consistent with their personal values. These individuals hold the belief that coping with the challenges faced on the road to wholeness requires taking the spiritual aspects of the human condition seriously. Unfortunately, some traditions hold that the spiritual life will alleviate pain. Our approach, and that taken by chapter authors, is that the spiritual life ultimately helps us “lean in” to the painful places in our lives and embrace all of whom we are. This book is written for people who share the conviction that the basis of sustained fulfillment is a spiritual framework on which to rest. Readers should leave their study of this work with a clearer perspective on how to provide counseling in a manner consistent with a client’s spiritual beliefs and practices. Therefore, this book is intended to guide the reader to a deeper grasp of competent, spiritually integrated counseling work.

**Approach and Organization of the Book**

The book is designed as an introductory text for counselors in training and practicing clinicians and assumes no prior knowledge. The revision to the
original version was undertaken to incorporate developments in research and in the larger national conversation relative to spirituality and religion in counseling. An ongoing question we have encountered when presenting and researching in this area is “What techniques and interventions can I use?” To this end, from the outset our intention was that this edition would possess a “how-to” feel with a focus on counseling practice. The question “What does one do when sitting across from a client?” remained central to our conceptualization of this work. A book that guides practice was our goal.

Chapter authors were challenged to provide a similar structure in their writing. Therefore, each chapter has a parallel organization, beginning with a discussion of one or more competencies, a discussion of clinical application, and a case illustration of the concepts discussed. After the two introductory chapters that set the context for the book, Chapters 3 to 8 discuss the six competencies at length. Each chapter provides an in-depth description of the competency or competencies, asking readers to consider for themselves what competent clinical application looks like. Given the variations in practice settings, this question often has no “right” answer. Rather, the challenge is to practice with integrity, with purpose, and with compassion.

A substantial addition to this edition is a new section on clinical settings, populations, and techniques. In Chapters 9 to 13, authors discuss spirituality in addictions counseling, mindfulness, prayer, ritual, and the divine feminine. The reader should gain from this portion of the book greater insight into both the nuance of application and the need for continual personal learning. Unlike counseling skills that are easily trainable (e.g., reflection, paraphrase, open questions), techniques aiming to broaden clients’ spiritual capacity demand real work on the part of the counselor, requiring more than simple understanding—rather, comprehension from the inside out. As Napoleon Hill said, “Education comes from within; you get it by struggle and effort and thought.” We hope you enjoy the struggle. . . . It is the way forward.
Any edited text represents the combined efforts of many people. We are very grateful to the chapter authors who worked tirelessly to share the vision of this body of work. Additionally, several of our students, including Nicole Tate, Cheryl Fulton, and Jamie Crockett, made important editorial contributions to this work. We have been supported and encouraged in our efforts by our first-ever spirituality research team (Metoka Welch, Amanda Giordano, Ben Willis, Jamie Crockett, Cheryl Fulton, Nicole Tate, and Laura Wyatt), a group of talented students who have collectively and individually broadened our ideas. Finally, we would be remiss if we did not thank our amazing families, ever a source of encouragement, love, and support. To that end, Craig thanks Tammy and Samantha, and Scott thanks Sara, Savannah, and Sophie. What a blessing to share this journey with you.
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Craig has received several recognitions from the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), including the Meritorious Service Award and, in 2010, the Lifetime Service Award. His current scholarly interests are the integration of spiritual practices in addiction counseling. He maintains a part-time private practice specializing in couples counseling and addiction counseling. Craig received his degrees from the University of North Carolina (BA) and the University of North Carolina at Greensboro (MEd, PhD). Craig lives in Winston-Salem, North Carolina, with his wife Dr. Tammy Cashwell and daughter Samantha.

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In this chapter, we set the stage for a more in-depth exploration of spirituality, religion, and counseling. We begin by framing the inclusion of spirituality and religion in counseling through a discussion of proficient practice as set forth in a set of research-based competencies for appropriately addressing spirituality and religion within counseling. Next, we define core concepts related to this domain (i.e., spirituality, religion) and explore patterns of client relationship with these concepts. We also consider a set of underlying assumptions that support the counselor, directly addressing issues related to spiritual and religious domains. Finally, we address a set of frequently asked questions that provide a starting point for the reader’s self-examination relative to the material explored in the remainder of this book.

There is a story in the Zen tradition of a beautiful woman who wanted nothing more than to be accepted as a nun in a Buddhist temple so that she might commit herself fully to her spiritual work. She visited a temple, asking to be accepted as a student, but was rebuked by the abbot of the holy place because her great beauty would be a distraction to the monks and not conducive to the group’s well-being. Thus, she was turned away. This pattern was repeated at every temple she visited; her beauty prevented her from being accepted as a student. After many such trials, the woman grew desperate. Determined to pursue what was most true for her, she heated a poker in a fire and repeatedly burned her face until her beauty was destroyed. She then returned to one of the abbots who had rejected her earlier and was welcomed warmly. The story concludes with her becoming an enlightened being.
Although the tale is graphic in its depiction of the lengths to which one woman was willing to go to fulfill her spiritual longing, it reveals something vital for counseling practice. Clients who seek out counseling are, in effect, asking to be seen for their potential and to be taken seriously despite how they look on the surface, to be welcomed, as it were, into a place where transformation can occur. It is tempting to see only the superficial aspects of a counselee, such as gender, age, race, socioeconomic status, and diagnosis. When this occurs, counselors miss the “heart” and “soul” of that person—the spiritual core that waits behind his or her mask or persona. When a person is reduced to symptoms, however, the most one can hope for that client to achieve is symptom reduction. A more encompassing perspective is that each person in his or her own way is broken, incomplete, and in need of healing. In fact, the words healing, whole, and holy all derive from the same root, suggesting that all have the potential to heal people’s brokenness, become less fragmented, and in so doing, grow to be more holy.

Maslow (1968) suggested that each person carries a central truth that he or she can actualize. This view is the cornerstone of the developmental perspective of the counseling profession. Some clients’ central truth is grounded in a religious perspective; for all clients, it is potentially a spiritual one. The job of the counselor, then, is to see beyond the superficial to the client’s inner potential that sits by the fire, with a heated poker in hand, the unenlightened being capable of becoming his or her true self. Whether one labels this as transcendent self-actualization, enlightenment, Nirvana, Christ consciousness, mindfulness, or the myriad other terms used in various wisdom traditions, the path remains the same. Healing is the goal—becoming more whole and, therefore, becoming more holy. Supporting this development is certainly within the purview of the counseling process.

But how do you as a counselor do this? How do you see the essential reality of clients who come to you with lives overshadowed by various miseries, fueled by poor choices, by victimization, by desperate circumstances, and by years of behavioral patterns that have reinforced their pain? The real work for counselors is to fully recognize that even though most clients do not arrive at their office spiritually enlightened, psychospiritual transformation is available to everyone. As Bill W., the founder of Alcoholics Anonymous (AA) once said, “Alcoholics either find a spiritual way to live, or we die.” Applied to people in need of transformation, this statement can be reframed as “People either find a spiritual way to live, or they remain incomplete and dissatisfied.” This spiritual way, simply stated, involves developing a lens for seeing the sacred in one’s circumstances. For many, this involves a deity; for some, it will not. In fact, as is discussed in this text, there are many sacred paths, or as noted in the quote that opens this chapter, many tributaries flow into the river of Truth.

Although it may be a provocative idea, evidence is mounting that humans are closest to their fullest potential when they find a spiritual way to live. Living a spiritual life necessarily involves transforming suffering into compassion, both for oneself and for others. This sentiment is captured in the following story told by Martin Buber (as cited in Vardey, 1995, p. 351):
A man who was afflicted with a terrible disease complained to Rabbi Israel that his suffering interfered with his learning and praying. The rabbi put his hand on his shoulder and said: “How do you know, friend, what is more pleasing to God, your studying or your suffering?”

Within the counseling context, one can extrapolate from this tale that the transformation of a client’s pain into self-compassion and empathy for others is central to the spiritual perspective of counseling. As Victor Frankl (as cited in Vardey, 1995, p. 337) said, “The salvation of man is through love, and in love.” That is, people are their best selves when they transform their suffering into love for others and themselves.

Why a New Edition?

Since the publication of the first edition of this book in 2005, several advances have been made relative to what competent practice entails when addressing religious and spiritual issues in counseling. Most notable is the research conducted by Robertson (2010) that provided the first factor-analytic investigation of the set of competencies originally proposed at the Summit on Spirituality in the mid-1990s. Although Robertson’s work largely supported the importance of the original competencies, her efforts provided clear empirical support for six major factors, or clusters of counseling skills, within the overall set of competencies (see Table 1.1). A second summit working group convened originally in Summer 2008 and again in Spring 2009. Using the Robertson findings as a starting point, this working group emended the language of the competencies to their current form, resulting in 14 skill-based competencies clustered around six overarching factors. The revised competencies (Cashwell & Watts, 2010) provide increased detail on, clarity of, and direction toward proficient competency and have been approved and copyrighted by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association.

As the scientific evidence supporting the validity of these competencies accumulates, the value of in-depth discussions related to the application of this material increases. To this end, a new edition of this book was considered timely, to address the ongoing requests by both practicing counselors and counselors in training for greater clarity on how to assess and intervene in the religious and spiritual domains of a client’s life in a manner that is both clinically successful and ethically sound. Practitioners have a real need to consider the “if–when–how” questions of integrating spirituality and religion into the counseling process. Moreover, the ongoing course of ethical practice related to domains (i.e., spirituality–religion) that are in some ways outside the traditional scope of counseling practice warrants careful consideration. Subsequently, this edition includes numerous case examples and extensive discussion of counseling techniques.

Why Is Understanding Religion and Spirituality Consequential for Counseling Practice?

One obvious question you might have is whether the topics of religion and spirituality are of real clinical importance to the modern practicing counselor.
Table 1.1  Association for Spiritual, Ethical, and Religious Values in Counseling Competencies for Addressing Spiritual and Religious Issues in Counseling

Factor 1: Culture and Worldview
- The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.
- The professional counselor recognizes that the client’s beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

Factor 2: Counselor Self-Awareness
- The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
- The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
- The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

Factor 3: Human and Spiritual Development
- The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Factor 4: Communication
- The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
- The professional counselor uses spiritual and/or religious concepts that are consistent with the client’s spiritual and/or religious perspectives and that are acceptable to the client.
- The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

Factor 5: Assessment
- During the intake and assessment processes, the professional counselor strives to understand a client’s spiritual and/or religious perspective by gathering information from the client and/or other sources.

Factor 6: Diagnosis and Treatment
- When making a diagnosis, the professional counselor recognizes that the client’s spiritual and/or religious perspectives can (a) enhance well-being; (b) contribute to client problems; and/or (c) exacerbate symptoms.
- The professional counselor sets goals with the client that are consistent with the client’s spiritual and/or religious perspectives.
- The professional counselor is able to (a) modify therapeutic techniques to include a client’s spiritual and/or religious perspectives, and (b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client’s viewpoint.
- The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client’s spiritual and/or religious perspectives and practices.

An Introduction

Is this not an age of science and reason in which the role of helpers is to aid clients in moving beyond irrationality that keeps them trapped in self-made misery? The question of why contemporary counselors ought to be concerned about the role that spirituality and religion play in the unfolding of the counseling process is indeed an appropriate and perhaps telling one.

Religion has long been a highly controversial topic in the mental health disciplines. Over the past 100 years, as the modern treatment of mental distress has evolved, religion has held a dubious place in the eyes of many luminaries in the field. Sigmund Freud was well known to be blatantly atheistic in his thinking, characterizing religious beliefs as a system of wishful illusions, a disavowal of reality, and a state of hallucinatory confusion (Freud, 1928/1989b). Likewise, Freud (1930/1989a) characterized mystical experiences as infantile helplessness and a regression to primary narcissism. Similarly, B. F. Skinner (1962) portrayed religious belief as explanatory fiction and religious behavior as superstitious behavior perpetuated by an intermittent reinforcement schedule. More recently, Albert Ellis was a firm atheist and advocated that thoughtful atheism was likely the most emotionally healthy approach to life. Early in his career, Ellis was ardently antireligious. In later years, however, Ellis toned down his rhetoric, acknowledging research evidence that a belief in a loving God can be psychologically healthy (Ellis, 2000) and writing about the use of rational–emotive behavior therapy with devoutly religious clients (Nielson, Johnson, & Ellis, 2001).

Other theorists and scholars have held a far more positive view of the relationship between religion and mental health. William James, an early American psychologist, for example, called for further scientific inquiry into religion more than 100 years ago and offered his own observation that the evidence of God was primarily in the individual’s inner personal experiences (James, 1902/2009). Similarly, Carl Jung (1960) asserted that the spiritual impulse was central to the human experience. Jung believed that client maladies must ultimately be understood as the suffering of a soul that has not yet found its meaning, particularly in the second half of life. Accordingly, Jung (1960) used phrases such as spiritual stagnation and psychic sterility to describe client suffering.

Our perspective is that all of these views are partially correct. Extant research evidence now clearly supports the idea that both religion and spirituality can have a positive impact on physical, emotional, and psychological wellness and serve as an important coping resource during particularly difficult times in life. At the same time, however, we have talked to many counselors who have worked with clients for whom toxic religious experiences or ungrounded spiritual experiences have occasioned or exacerbated psychological problems. Therefore, one purpose of this text is to help counselors discern a healthy religious and spiritual life from a toxic one. Clearly, this discernment has critical implications for counseling practice.

The question of why counselors should be concerned with the religious and spiritual aspects of their clients’ lives plays out on a purely practical level. When an individual is in crisis, he or she often becomes more concerned about a personal religious perspective. Although it may be somewhat reductionistic,
the often-quoted saying “There are no atheists in foxholes” points toward a common truth, supported by empirical findings, that when an individual faces great psychological distress, he or she will turn to, or draw from, existing religious strategies to cope. Researchers have reported varied and mixed findings about reliance on religious styles of coping. On the basis of his extensive review of research, Pargament (1997) concluded that religious styles of coping (e.g., prayer, faith, trusting God’s will, seeking aid from clergy, religious explanations of events) are used by many people in times of distress, with some researchers finding as many as 91% of participants reporting such coping strategies. On the basis of these findings, it seems fair to say that clients with a religious or spiritual orientation will turn to their beliefs and practices in response to psychologically stressful events. In this sense, the inner existentialist, or inner seeker, rises to the surface when people are desperate. Many individuals, when overcome by pain, are filled with spiritual inquiries and interpretations of their suffering:

- Why am I being punished?
- What did I do to deserve this?
- Why has God abandoned me?
- What must I do to gain God’s favor again?
- What kind of God would allow this to happen?

These questions assume a religious worldview and carry great psychological salience for the questioner. Given that many people turn to religious or spiritual explanations when in crisis, and many seek a connection to transcendent experiences, it behooves the counselor to be adept at navigating these terrains.

In The Prophet, Kahlil Gibran (1923/1973) offered that

> your pain is the breaking of the shell that encloses your understanding. . . . It is the bitter potion by which the physician within you heals your sick self, so therefore, trust the physician and drink his remedy in silence and tranquility. (p. 52)

Gibran suggested, quite literally, that to truly “know” something, one must suffer with it or for it. Similarly, a counselor experienced in sitting with struggling clients recognizes that little is of greater importance for a client’s growth than for the client to stay in touch with his or her psychological pain while using it as a guide to transformation. Avoiding pain simply does not work. Within the Buddhist tradition, in fact, it is said explicitly that pain is necessary, but that suffering occurs only when people resist their pain (Das, 1997). The benefits of working with pain are great, for “the deeper that sorrow carves into your being, the more joy you can contain” (Gibran, 1923/1973, p. 29). Part of a counselor’s work, then, is to help the client develop the capacity to stay in psychological contact with his or her pain. Practices such as prayer, meditation, mindfulness, and ritual are useful in this regard.

Similarly, the spiritual facet of the individual is that portion of the psychosocial self that is capable of experiencing a connection to something beyond
the ego. This individual connection with all of humankind is something all people crave. Our premise is that when one finds this transpersonal connection, one becomes capable of loving another even while that other behaves undeserving of such love. A spiritual identity supports the capability to recognize that humans are simultaneously wretched and sublime. The development of this capacity for love and compassion is part of our own work as counselors.

**Defining the Core Constructs**

Throughout this book, the chapter authors use the terms *spirituality* and *religion*. To promote consistency in discussions of spirituality and religion, we offer an operational definition of each. Additionally, we describe common relationships between spirituality and religion, along with recommendations for counseling.

**Spirituality**

It is no small task to settle on a working definition of *spirituality*. In fact, a challenge of researching spirituality in counseling is the diversity of descriptions that have emerged. When one strives to define *spirituality*, one discovers not its limits, but one’s own (Kurtz & Ketcham, 1992). Spirituality, or the search for the sacred, has been suggested to be a universal human potential (Piedmont, 2007). At the same time, the experience of spirituality is developmental, contextual, and highly personal. To clarify the evolution of spirituality over one’s lifetime, Ryan D. Foster and Janice Miner Holden discuss a number of developmental models in Chapter 5. As is apparent in that chapter, individuals at differing developmental levels will characterize their personal spirituality differently. That is, one’s personal definitions of spirituality will evolve over time. These caveats notwithstanding, we offer the following definition of spirituality: Spirituality is the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self–other compassion and love.

Put another way, psychospiritual development involves an increased capacity for compassion for others and self, to experience and accept more fully one’s own pain and suffering and the pain and suffering of others, resulting in a transformation of that suffering into compassion as one becomes, as the Buddha said, fully awake. For each person, the spiritual journey involves an idiosyncratic balance between the inner and the outer worlds. Cultivation of the inner landscape allows one to hold great compassion and love for others that, to be of use, must be outwardly expressed in some manner. In this way, this definition includes both the exoteric, or public aspects, of spirituality and the esoteric, or private aspect, of the spiritual life (Bache, 1990). Elements inherent in this definition include

- The ability to surpass self-limitations (transcendence), yet remain centered and grounded (immanence);
- The realization that all is sacred, leading to the experience of awe and wonder in everyday life (e.g., beginner’s mind);
• The fuller recognition that reality is interconnected and synchronistic;
• The experience that one’s life has meaning and purpose;
• A willingness to take on difficult and challenging tasks consistent with a higher calling; and
• The “open secret.”

The Sufi poet Rumi spoke of the open secret that humans tend to keep, that of being psychologically and spiritually broken, incomplete, and wounded. It is human nature to deny this to others and, in fact, to oneself, yet the secret is “open” because it is true for everyone. The spiritual path provides a means to self-avow one’s brokenness and, when appropriate, to affirm this brokenness with others who will offer support. In this way, less of the “self” is hidden from the self and others.

Beliefs, Practices, and Experiences
Beyond this definition and descriptions of spirituality, it may be helpful to distinguish among spiritual beliefs, practices, and experiences. The question “Are you a spiritual person?” is often answered with information about one’s belief system, the cognitive schemas on which thinking about faith is built. Fowler (1995) described belief as the cognitive acceptance of a set of ideas as true with varying degrees of provability. The core of spirituality, however, lies beyond beliefs. To more fully understand a client’s spiritual reality, counselors should consider the client’s spiritual practice or day-to-day activities that give rise to spiritual experiences. By taking into account the interplay of beliefs, practices, and experiences, the psychological meaning of an individual’s spiritual life comes more clearly into focus.

For many people, spiritual belief systems, practices, and experiences are inextricably and logically connected. For example, Ray describes himself as a Christian who values contemplative practices. He studies and practices contemplative prayer and Vipassana meditation. Over time, this practice has allowed him to come into contact with a range of emotions that he previously repressed. Consistent with contemplative practices and supported in his counseling sessions, Ray allowed these emotions to come forward and find full expression. At termination, he stated, “Since I have begun letting these emotions flow, I feel lighter, freer. I have joy at the smallest things in life. I see God in all things. Life is not always easy, but it’s always good.”

For others, the interconnection among beliefs, practices, and experiences are more ambiguous. Examples include the following:

• A person participates in organized religion out of obligation. Because of this obligation (and fear of what may happen if he or she does not attend religious meetings), he or she has virtually no spiritual experiences and little (if any) disciplined spiritual practice outside of formal religious meetings. Such obligatory attendance is not ritual; rather, it is anxiety management.
• A person becomes deeply interested in religion and studies world religions extensively. He or she has no spiritual practice, however, to promote spiritual development and to occasion spiritual experiences.
A person engages in spiritual materialism (Trungpa & Mipham, 2008) by frequently exchanging one spiritual practice for another—spiritual window shopping for the “mountaintop experience” of a spiritual high. Such a practice, however, is often grounded in neither a set of spiritual beliefs nor a disciplined and sustained spiritual practice. For some people, these transformative experiences may be poorly (or not at all) integrated into their day-to-day life.

In addition to distinguishing among spiritual beliefs, practices, and experiences, it is important to differentiate the translative and transformative purposes of religion and spirituality (Wilber, 2008). The translative aim of spirituality is to assist with the meaning-making and purpose-seeking aspects of life. Thus, the translative aspect of religion is frequently connected to the formation of beliefs. Conversely, the transformative aspects of spirituality entail those practices and experiences that enable a person to develop transpersonally, or toward “humanity’s highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness” (Lajoie & Shapiro, 1992, p. 91).

Both translation and transformation are needed for healthy religiospiritual development, much like a child needs both the word ball and the experience of bouncing a ball to fully integrate the concept. Transformative experiences need integration (or translation). Likewise, translative belief without transformative spiritual experiences will, at some point, become inadequate for many people. It is important, then, for counselors who aspire to address the religious and spiritual aspects of clients’ lives to consider both the translative and the transformative realities of an individual’s psyche. At its essence, the practice of integrating spirituality into counseling honors a client’s beliefs and encourages authentic religious–spiritual practices, drawing on both to facilitate the movement into and out of clinical concerns.

Religion

Religion, in contrast to spirituality, is less difficult to define. Although spirituality is considered universal, ecumenical, internal, affective, spontaneous, and private, religion is denominational, external, cognitive, behavioral, ritualistic, and public (Richards & Bergin, 1997). In other words, religion provides a social context within which a set of beliefs, practices, and experiences occur. Religion is, by definition, institutional and creedoal, and is typically socially defined. Religion provides a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both.

Relationships Between Religion and Spirituality: A Continuum of Perspectives

Clients seeking counseling services will present widely differing personal ideas about religion, spirituality, and the relationship between the two. Despite the distinctions made professionally between spirituality and religion, researchers
have suggested that between 74% and 88% of people do not make distinctions between religion and spirituality; rather, they report that they are both religious and spiritual (Koenig, George, & Titus, 2004; Zinnbauer, Pargament, & Cowell, 1997). To practice competently and ethically, it is important for the counselor to discern a client’s unique experience of this relationship. Common patterns that counselors will encounter are described next.

**Both Spiritual and Religious**
For many people, religious and spiritual aspects are inseparable and equally central to their identity. Such clients typically welcome invitations to talk about their religion and their spirituality. In fact, many clients will initiate these topics on their own. (See Figure 1.1.)

Clients holding this perspective characteristically speak of themselves in one of two ways. Some portray their view as both religious and spiritual and talk of how their religious community supports their spiritual growth and how their spiritual practices and experiences deepen their religious convictions. Others see the two domains as indivisible, becoming confused at a counselor’s efforts to distinguish between the two. As with all cases, it benefits the counseling process to dialogue from within the client’s frame of reference, matching his or her language and concepts.

**Spiritual But Not Religious**
Some clients will identify themselves as spiritual but not religious (see Figure 1.2). Researchers have found that in the United States, the number of people in this category is growing (Princeton Religion Research Center, 2000). Such people may have a personal history with organized religion but currently emphasize a personal spiritual journey outside of the context of organized religion. Some clients in this category have a positive or perhaps neutral experience with organized religion but, for a variety of reasons, choose not to participate in a religious community.

Such individuals, whom Kelly (1995) referred to as spiritually committed, will likely be open to talking about their spiritual journey, the relationship between their spiritual life and their presenting concerns, and their history and current thoughts and feelings about organized religion.

**Religiously Tolerant and Indifferent**
Other clients, in contrast, hold a much more indifferent perspective toward organized religion (see Figure 1.3).

Such clients may be tolerant of others’ religious involvement, yet remain largely indifferent to organized religion in their own lives. Kelly (1995) referred
to such clients as *religiously tolerant and indifferent*. These clients value their personal spiritual journey. In working with clients in this group, then, it is important to distinguish between spirituality and religion, focusing on the relationship between their spiritual narrative and their presenting concern.

*Religiously Antagonistic*

Still other clients may consider themselves spiritual but be highly antagonistic toward organized religion (see Figure 1.4).

Some clients in this group may be quite reactive to even implicit references to organized religion. Most often, such clients have either had strong and emotionally negative experiences with organized religion or grew up in families that were intolerant of organized religion. In any event, the early stage of the counseling process is not the time to explore the source of this reactivity. After a strong therapeutic relationship is established, the counselor may be able to explore this subject, but only if the client is able to be reasonably nonreactive. Exploring the client’s experiences and emotional reactivity prematurely can damage the therapeutic relationship and process. It may be necessary with some clients simply to never broach the subject again. Counseling proceeds either with some emphasis on spirituality (as clearly distinct from religion) or with neither spirituality nor religion as part of the counseling process.

*Religious But Not Spiritual*

This category is tricky. Spirituality is a universal potential available to all people (Chandler, Holden, & Kolander, 1992). As such, it is not technically accurate to refer to any person as “not spiritual.” At the same time, there are people who would be considered highly religious (frequent attendance at religious services, high level of service to their religious community), yet who have a dissonance between their public expression of religiosity and their private spiritual life (see Figure 1.5).

Often, such people participate in organized religious services as a matter of duty or obligation or borne of a fear of the possible consequence of not participating, from either family members or some punitive divine being.
Some may be highly dogmatic and adamant about the centrality of religion in their lives. Because of their motivation, however, this participation is often disconnected from their private spiritual life and they have little, if any, spiritual practice or spiritual experience. Such people inevitably transmit their psychological pain to others rather than transforming their pain into compassion toward self and others. Put another way, as Jung (1960) asserted, some people participate in organized religion to avoid having a religious experience. Talking with such clients about their external religious participation will likely not be helpful because it is disconnected from their inner world. If such a client is open to the possibility, he or she may benefit from developing a spiritual practice supported by the counselor. This practice, of course, must be consonant with the client’s belief system. Moreover, the counselor must assess whether this client can engage in deconstructive or constructive dialogue around the client’s motivation for religious participation.

**What Must I Know to Be Effective With These Issues?**

The question of effectiveness with spiritual and religious issues has been the predominant question we have pondered over the past decade. When speaking at professional meetings, teaching graduate students, or conducting research in this area, the consistent refrain we have heard from counselors and students is, “What do I do? How do I effectively address the spiritual aspects of my clients? Am I adequately trained to do so? Is it within my purview as a counselor to delve into these areas? How do I work with the fundamentalist client who puts everything on God and takes no responsibility?”

We understand these concerns yet find it intriguing that these anxieties exist for counselors. In what way can talking with a client and actively listening with uninterrupted commitment possibly be harmful? And how could listening to a person describe the unique dimensions of his or her spiritual worldview (or lack thereof) not be beneficial to the client and illuminating to the counselor?
In the modern era, people have become so cautiously sensitive to offending others that they resist talking about what is often most substantive. To truly understand a client’s spiritual and religious life is to comprehend more of her or his core as an individual.

Anthropologists have long considered recording a people’s explanation of their worldview as central to accounting for the group’s perception of itself. Understanding a group’s religion illuminates its art, wars, marriages, childrearing, agriculture, and many other aspects of life. In contemporary American society, to say to a client within a therapeutic context, “Tell me about your spiritual life—about your soul” is akin to the ethnographic process used by any well-trained anthropologist. Understanding a client’s religious and spiritual reality reveals something essential and core to that individual. To that end, we offer five postulates that, taken together, necessitate that professional counselors be trained to effectively use the religious and spiritual impulse.

**Postulate 1: Religion and Spirituality Are Widely Practiced in the United States**

Researchers have found that 96% of people living in the United States believe in a higher power, more than 90% pray, 69% are members of a religious community, and 43% have attended church, synagogue, or temple within the past 7 days (Princeton Religion Research Center, 2000). Moreover, only approximately 7.5% of the U.S. population self-identifies as nonreligious (Top Twenty Religions in the United States, n.d.). Finally, many other people engage in some form of spiritual practice that does not involve participation in an organized religion or that may not include a higher power. In short, religion and spirituality remain vital aspects of the American culture and central to the identity of many American people.

**Postulate 2: Overall Wellness and a Spiritual Worldview Are Highly Compatible**

Spirituality is an important developmental phenomenon that is arguably a central aspect of wellness (Myers & Sweeney, 2008). As such, it is highly consistent with the counselors’ developmental and wellness orientation to attend to, and work with, clients’ religious and spiritual lives. In fact, we would extend this to suggest that ignoring, diminishing, or rejecting the client’s religious or spiritual life is culturally insensitive, ignores important developmental factors, and in some instances, may be incompetent and unethical practice.

**Postulate 3: Under Psychological Distress, Religious or Spiritual Styles of Coping Increase for Many Individuals**

Related to the existentialist ideas that anxiety, death awareness, and meaninglessness are all central experiences of humanity, much evidence exists that religious forms of coping are both widely used and frequently beneficial (Pargament, 1997). Terminally ill clients, clients with chronic mental illness, or any client who is dealing with an intractable problem needs support in coping with their physical, mental, or emotional challenges. It is a simple truth
that counselors often help people learn to cope with circumstances for which there is no cure. Substantive empirical evidence has shown that religion and spirituality provide an important framework for learning to cope with such circumstances (Pargament, 1997).

Competency 11, discussed more fully in Chapter 8, emphasizes that counselors should acknowledge how spiritual and religious perspectives can enhance client well-being or exacerbate distress. By focusing on religious and spiritual themes within a client’s presenting issues, where appropriate, one can provide directions for goals and the counseling process.

**Postulate 4: Counseling Services and Spiritual–Religious Modes of Living Are Often Complementary**

Human suffering has been explored throughout the world’s religious traditions for thousands of years. The overlap between the writing of psychological scholars and religious scholars on suffering and relief of suffering are notable. To this end, it is clinically astute to use spiritual treatments that work. As examples, forgiveness is an aspect of anger management, hope is important for treating depression, religious commitment supports marital satisfaction, serving others counters anxiety, commitment to a higher purpose counteracts a sense of meaninglessness, religious lifestyles promote better physical health, and mindfulness quiets obsessive and anxious thinking, just to name a few.

**Postulate 5: To Ignore a Client’s Spiritual and Religious Perspective Is Culturally Insensitive and May, at Times, Be Unethical**

Because spiritual and religious viewpoints are strongly held personal beliefs, they are central to a client’s understanding of her or his life and place in the world. Furthermore, it is virtually impossible to understand the personal struggles of a client with a strong religious commitment without fully understanding her or his religious life. In such instances, an omission constitutes incompetent and unethical practice. Consider the following examples:

- A counselor fails to assess religious–spiritual beliefs of a client who thinks that he is condemned to hell for past behaviors and that God does not hear his prayers;
- In the same example, the counselor fails to see the spiritual themes of self-forgiveness and self-compassion;
- Despite a client’s repeated statements about her religious community, a counselor tells her either explicitly or implicitly, “That is not important here”;
- A liberal counselor working with a conservative Christian imposes her own views in session, telling the client that her religion is narrow minded; and
- A counselor implicitly demonstrates insensitivity to a client’s beliefs through language. For example, a Christian client repeatedly states, “You reap what you sow.” In response to this, the counselor speaks
of karma. Although the counselor may see this as a paraphrase, the mismatched language may hinder the therapeutic relationship.

Within the context of these five postulates, one can move more directly to the question of what a counselor can do in session to respectfully draw on a given client’s religious or spiritual impulse.

**Religion and Spirituality FAQs**

Over the past decade or more, we have collectively stood in front of numerous graduate classes and professional audiences and have been asked similar questions over and over again. In fact, it appears that the real issue that many counselors grapple with is not whether they should address the religious and spiritual components of a client’s concern, but how they should go about it. Subsequently, in an effort to address what many readers might be wondering about, we respond here to some of these frequently asked questions. Keep in mind that our responses are based on our experiences as counselors, researchers, and clinical supervisors and extensive discussions with other professionals, as well as, of course, our own evolving predilections about spiritually integrated counseling. There is always room for debate over what one should do in a counseling session. Consequently, we offer these thoughts not as static and absolute truths, but rather as dynamic aspects of our own spiritual journey.

1. **When and how can a counselor introduce the topics of religion and spirituality into the counseling session?** These topics can be introduced throughout the counseling process. We encourage counselors who use an intake form to include questions about spirituality and religion in their intake process. Intake questions should be general, such as “How important is religion or spirituality in your life?” and “How interested are you in talking about your religion or spirituality in counseling sessions?” (with a Likert-type response format).

   Such questions serve two purposes. First, they assess, in a broad and general way, the client’s belief systems and the extent to which integrating religion and spirituality in counseling is indicated. Second, though, they send a message to the client that religion and spirituality are viable topics for the counseling process, implicitly inviting the client to explore these issues in subsequent sessions.

   Information gained in the intake process informs whether and how further information might be needed in ongoing assessment. Further assessment of the religious and spiritual domains is discussed more fully by Carman S. Gill, Melanie C. Harper, and Stephanie F. Dailey in Chapter 7. For now, suffice it to say that when religion and spirituality are germane to the counseling process, these topics are infused throughout the course of counseling. Often, we have heard workshop participants indicate that they would only address religious or spiritual issues if the client brought them up.
first. We would not take this course with other sensitive topics (i.e., suicidality and sexuality). Why, then, would this be the course of action in addressing spirituality?

2. Should a counselor attempt to change a client’s religious or spiritual perspective? Our best answer is that it depends on the connotation of the word change. It is, of course, unethical to impose your belief systems on a client. Accordingly, explicitly confronting a client’s religious or spiritual beliefs as wrong or irrational is, at best, unhelpful and, at worst, unethical and potentially damaging to the counseling relationship and counseling process. At the same time, counseling is clearly a social influence process (Strong, 1968). Grounded in a strong working alliance, a counselor’s role is to assess client beliefs (including religious and spiritual beliefs) that may be exacerbating psychological problems. The counselor’s function is then to gently perturb these beliefs with alternative hypotheses and information. To do this well, a counselor must be perfectly clear that he or she is working from a constructivist approach, collaborating with the client rather than rejecting the client’s beliefs and imposing an alternative that the counselor deems superior.

3. Should a counselor use his or her own spiritual views to influence the client? It is not possible for a counselor to be totally value neutral in session. In other words, if a counselor does not directly disclose his or her values, the client will make assumptions about what these values are based on their interactions. Therefore, in keeping with the earlier response, the key is to be clear as a counselor that you are not imposing your views, but not to deny that your perspective will influence your client. So, by gently offering alternative perspectives in a way that might optimally perturb the client’s thinking, you are using your spiritual and psychological views with the client.

4. Is it ever appropriate to talk about sacred texts with a client? Yes. To do this well, however, such an intervention must follow a careful assessment of the client’s belief systems. For example, a client who strictly adheres to a particular religion may not be open to spiritual texts from other faith traditions. At times, though, clients will quote sacred texts to support their perspective. In such cases, it is important that the counselor strive to understand this aspect of the client’s beliefs. Consulting with clergy members of a specific religious tradition can be invaluable. Sacred texts are simply another resource for the counselor, one that can be used either to promote the counseling process or to hinder it. The art lies in the timing and manner of introducing sacred texts and in responding to the client’s introductions of sacred texts.

5. Is it ever OK to pray with a client? Should you pray for a client? The professional literature contains contradictory messages in response to these questions. If you are working in a counseling setting that is clearly aligned with a specific religion and it is part of the informed
An Introduction

consent, we believe it is acceptable to pray with clients in session. In all other cases, we recommend against praying for clients in session, whether initiated by the client or by the counselor. Even in cases in which the setting is religiously affiliated and informed consent is obtained, praying in session runs the risk of blurring boundaries and heightening transference issues. We recommend, if appropriate, informing the client that you will pray for them and your work with them outside of session (if this is true) and offering to be present if they want to open or close the session in prayer, assuming of course that you are comfortable with this.

As to the question of whether you should pray for a client outside of session, this is really a matter of personal beliefs and preferences. For example, we both pray for clients between sessions and pray just before entering a counseling session. Because we believe that the best counseling sessions involve a Divine Presence, we might also say brief silent prayers during a session, asking for discernment in how to respond to a client in a given moment. Because of this, when a client asks us if we would pray for him or her, we can genuinely respond, “I already have,” a response that often has positive therapeutic gain. We encourage you to follow your own beliefs and experiences to determine whether to pray for clients outside of session.

6. Is it OK to tell a client you believe he or she is behaving immorally? Nowhere in the counseling process is the response “it depends” more appropriate than here. Many contextual factors are involved. First and foremost is the question, “Immoral on the basis of whose beliefs?” If your belief system offers that something is immoral but is not consonant with the client’s beliefs, telling a client he or she is behaving immorally is an imposition of your beliefs and is unethical. An example would be a counselor who believes that being gay or lesbian is immoral telling this to a gay or lesbian client. Such behavior is an unethical imposition of personal beliefs.

There are, of course, exceptions to every rule. For example, it is not uncommon for cult leaders to use religious texts to justify such behaviors as polygamy and sexual relationships with children. Confronting such behaviors as psychologically dangerous (not to mention illegal) might be justified, although unless the therapeutic relationship is very strong, the positive impact of these confrontations may be limited. Of course, in such extreme cases, the counselor would also be required by law to break confidentiality and report these behaviors.

A more common example, however, is when a client initiates talk of personal beliefs and his or her struggle with behavior the client perceives to be immoral or sinful. For example, Roger is a 56-year-old man whose Christian faith is important to him. He presents in counseling as an alcoholic prone to rage when drinking. He introduces the struggle of acting in ways so incongruent with
his beliefs and values, and it becomes a focus in counseling. He struggles to experience and express anger in healthy ways because of his early experiences in a conservative religious community where anger was always discussed as evil, a belief reinforced by his rageful drinking binges. The counseling process deals explicitly with the incongruence among Roger’s beliefs, values, and behaviors and gently disputes the belief that anger is evil. Although the counselor never frames Roger’s behavior as immoral, it is explicitly addressed by the counselor as incongruent with the client’s beliefs and values.

7. Should you teach a client spiritual practices like mindfulness meditation? Although, of course, this depends on the client and her or his presenting issue, developing a spiritual practice can serve as a vital adjunct to the counseling process. When the counselor has expertise and knowledge, he or she may train the client in the spiritual practice. In other instances, it may be more appropriate to refer a client to a class or group that teaches and supports these practices. A key component is that the practice should be consistent with the client’s personal beliefs. For example, consider three clients who, because of problems with anxiety, might benefit from a contemplative practice but have very different belief systems. A client who is hostile toward religion can learn mindfulness as solely a cognitive skill (Kabat-Zinn, 1990), a client who is open to Eastern religious traditions can learn a form of Zen meditation (Sekida, 2005), and a Christian client can study contemplative or centering prayer (Keating, 2002).

8. How do you work effectively and ethically with a client whose religious beliefs or lifestyle you do not accept as valid? Carefully! Counselors interested in the interface of spirituality, religion, and counseling understand that proselytizing for particular beliefs is unethical practice. At the same time, no counselor is asked to give up her or his beliefs in the name of diversity. That would, in and of itself, be intolerance. Instead, being a competently practicing counselor means

- Having a genuine respect for and curiosity about religious diversity;
- Exploring the relevance of the religious and spiritual domains to an individual client;
- Following a client’s lead as to whether and how spirituality and religion are integrated into the counseling process;
- Being grounded enough in one’s own spiritual journey that one can meet the client where he or she is and not abuse one’s authority by imposing unwanted change on the client; and
- Recognizing that in limited instances, a referral might be warranted, emphasizing also that the counselor must take responsibility for a needed referral rather than blaming it on the client and her or his beliefs.
9. How does a counselor effectively counsel a highly religiously conservative client who uses his or her religious beliefs in ways that appear narrow and hurtful to others? Researchers have found that religiously conservative clients expect their counselor to respect and accept their religious beliefs, regardless of the counselor’s religious orientation (Belaire, Young, & Elder, 2005). Moreover, such clients expect religious examples, parables, and texts to be included in the counseling process (Belaire et al., 2005). It is incumbent on the counselor to assess for these expectations early in the counseling process and, if necessary, make a referral to avoid a negative outcome if the counselor is not comfortable with these expectations. In making the referral, it is imperative that the counselor take responsibility for being uncomfortable with these expectations rather than blame the client for having these expectations.

For those counselors who are comfortable serving in these roles and responding to these expectations, the counseling process is much as has already been discussed in this chapter. You must be sufficiently comfortable in your own beliefs and spiritual journey that you hold no need (consciously or unconsciously) for the client’s beliefs to converge with yours. The counseling process becomes a coconstructed journey of exploring beliefs. Value judgments come from the client rather than the counselor, and the counselor works within this framework, always following the client’s lead.

Points of Influence and Intervention

At this point, you may agree that counselors need to be sensitive to clients’ religious and spiritual perspectives, to consider them carefully, and to address them in session as appropriate. How then is this to be done from an intervention and skill perspective? There are basic aspects of the counseling process within which religion, spirituality, or both logically interact. Consider these points of influence.

The Self of the Counselor

There is a statement in the Talmud that we do not see things as they are; rather, we see things as we are. Counselors interested in integrating religion and spirituality should engage in ongoing self-awareness activities (both psychological and spiritual) to be as clear as possible about motives and intentions in their work. As Kelly (1995) stated, the use of spirituality in counseling is generally fundamentally indirect, meaning that most of the time this approach involves a perspective held by the counselor more than it does predictable in-session actions. W. Bryce Hagedorn and Holly J. Hartwig Moorhead explore and discuss counselor self-awareness more fully in Chapter 4.

Overt Religious or Spiritual Content

In some instances, clients may overtly introduce a crisis of faith or spiritual emergency as either their presenting issue or underlying their presenting
issue. In other cases, empathic and attuned responding by the counselor may help the client understand the spiritual themes at the core of the presenting issue or issues. In either case, the counselor is working with clients’ spiritual and religious beliefs, and empathic, respectful communication is at the heart of this work. Jennifer R. Curry and Laura R. Simpson address the centrality of communication more fully in Chapter 6.

**Spiritual Practice as an Adjunct to the Counseling Process**

In some cases, a spiritually sensitive counselor may consider working with a client’s spiritual practice and experience by encouraging between-session practice. Although there are limitless examples of where and how this might occur, four explicit examples are discussed more fully by Sharon E. Cheston and Joanne L. Miller (prayer), D. Paige Bentley Greason (mindfulness), Alan Basham (ritual), and Keith Morgen and Oliver J. Morgan (12-step spirituality) in later chapters of this book.

**Psychospiritual Interventions in Session**

At times, a counselor may choose to invite a client into a psychospiritual process during the session. Experiential focusing (Gendlin, 1998; Hinterkopf, 2008), guided meditation (Gawain, 2002; Levine, 1991), breathwork (Young, Cashwell, & Giordano, 2010), forgiveness work (Luskin, 2003), discussions of scripture, or discussions of God are examples. Moreover, traditional counseling interventions can be adapted to be more spiritually sensitive. For example, cognitive–behavioral therapy has recently been expanded to include mindfulness (Dimeff, Koerner, & Linehan, 2007; Hayes, 2005), and behavioral therapies now include mindfulness and acceptance-based approaches (Roemer & Orsillo, 2009).

**Conceptualization of the Counseling Relationship, Process, and Space as Sacred**

Whether a client selects a counselor or serendipitously arrives in his or her office, the client arrives with a history of interpersonal challenges and struggles in need of a corrective interpersonal relationship (Teyber, 2005). Creating this corrective interpersonal process and experience makes the counseling process a sacred journey. For example, when a client prefaces a statement with “I’ve never told anyone this, but. . . .” the counseling process takes on the connotation of spiritual work (i.e., confession) that is sacred. Through this, the counseling process may deepen to a transforming and healing interpersonal process.

**A Challenge to the Reader**

In teaching about these issues, we have encountered a few common attitudes that we want to caution you to guard against. First, because one’s personal religious or spiritual perspective is a closely held one, the tendency for people (including counselors) to see their view as “right” is always present. To counter this, you must remind yourself to be open to the diversity of spiritual
perspectives your clients will share with you. Even people sharing the same religious label may have contradictory beliefs about how to live a religious or spiritual life. Second, viewing your personal spiritual path as right for others is a problematic stance for the secularly trained counselor. Instead, embracing the idea that clients grow in their own way, including in their spiritual perspectives, or lack thereof, will go far in helping you keep the open curiosity and nonjudgmental tenor required for an effective counseling relationship to exist. The counselor has the potential to intentionally, or even inadvertently, influence a client toward the counselor’s worldview. This power, potentially a force in the client’s life, should be taken seriously and addressed intentionally through supervision and self-reflection. Finally, the fact that you are interested in the topics of religion, spirituality, and counseling does not mean you are the expert. Our clients can teach us much about ourselves. Counselors who have practiced for years know this and value the truth that therapeutic encounters have an impact on both parties. A willingness to learn from your clients about your own spiritual life prepares you to be a more effective helper. We find that the counselors who are most effective in integrating spirituality and religion into counseling begin with curiosity rather than expertise.

Conclusion

The title *Integrating Spirituality and Religion Into Counseling* was selected purposefully. Our intention is to distinguish between spirituality and religion in counseling and spiritual or religious counseling. Counselors trained and working in a variety of settings, including secular settings, are generally not spiritual counselors (i.e., pastoral counselors, ministers, or spiritual directors), yet they should use every approach available to support a client’s progress, including interventions oriented to promote healthy spiritual development. Regardless of the presenting concern a client brings to the counseling process, he or she is striving to make meaning of life in relation to her or his particular clinical issues. Meaning-making is a fundamental aspect of religious and spiritual beliefs. Moreover, transformative religious or spiritual practice may enable the client to transcend aspects of the ego that make the presenting issues so problematic in day-to-day life. A foundational tenet of this book is that drawing from, and working within, the client’s existing spiritual, religious, and existential perspectives enhances the impact of the counseling process.

Spirituality in the counseling process is gaining emphasis within the postmodern framework. The client constructs a spiritual life, yet the counselor may facilitate or coconstruct this developmental process. Inherent in this coconstructed journey is the imperative that the counselor be familiar with the territory through which the client is journeying. For example, the counselor should understand what spiritual transformation looks like, how psychological issues interface with spiritual issues, and vice versa. The counselor should have sufficient experience with techniques designed to facilitate psychospiritual growth so that the client can be guided in their use. In essence, then, counselors can only facilitate this developmental process if they, too, are on a spiritual journey toward their higher self. A counselor who focuses only on the translative purpose of spirituality or religion (i.e., traditions
and beliefs) may not be able to help the client on a transformative journey (i.e., through spiritual practices and experiences). Similarly, a counselor interested only in the transformative purpose of spirituality may be less effective with the client who wants to focus on the translative aspects of spirituality and religion. Meeting the client where he or she is, without judgment and with compassion, is the foundational building block of addressing spirituality and religion in the counseling process on which this book is predicated.

Although the spirituality competencies are an attempt to codify the appropriate and ethical integration of spirituality into the counseling process, it is imperative to acknowledge and emphasize the person of the counselor who hopes to address the spiritual domain. In our work as teachers and trainers, we have found that it is common for participants to overlook this imperative and focus solely on techniques and interventions to use with clients to facilitate spiritual development. This is, at best, incomplete and, at worse, dangerous. Being able to support clients in exploring the role of spirituality and religion in their healing requires that the counselor work on her or his own spiritual development and requires a way of being with a client that is predicated on the counselor’s self-awareness, compassion, and spiritual growth. A developmental process, a lifelong commitment to growth, is inherent for counselors in this work.

Our hope is that this book introduces you to meaningful ideas for conceptualizing spirituality and religion within the counseling process. Since we began formulating the first edition of this book, our hope has been that this body of work might help counselors to heal their own wounds, deepen their spiritual journey and, in so doing, enhance their capacity as healers. To the extent that this occurs, we give thanks to the God of our understanding.

References


The highest religion is to rise to Universal Brotherhood,
Aye to consider all creatures your equals, . . .
Hail, Hail to Him Alone, the Primal Pure,
Eternal Immortal and Immutable in all ages.
—Guru Nanak
(translation of the Jap Ji of the Sikhs
by Sant Kirpal Singh Ji, 1964, p. 113)

This quotation from the Jap Ji gets at the heart of the spiritual competencies described in this chapter. The competencies are descriptions of what we believe the effective counselor needs to possess to ethically and successfully work with clients on spiritual and religious issues. The 14 competencies in this chapter challenge counselors, as does Guru Nanak, to recognize the essential unity of humankind and humans’ common attempts to understand their relationship with the higher power. The competencies are tools to help counselors maintain a relationship with a client even when the client’s beliefs are contrary to their own. In essence, the competencies ask counselors to see through the client’s lens while being fully conscious of their own spiritual or religious viewpoint. They ask counselors to sacrifice their sectarianism for a while and go beyond mere toleration so that they can truly understand their clients’ spiritual and religious lives.

Initially, we note the growing trend connecting spirituality and mental health. Yet this trend is not new. The Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) has a rich tradition that dates back to the 1950s. In this chapter, we provide a brief historical account of the people and events that led to the development of ASERVIC and its spiritual competencies. We begin with the history of ASERVIC, taken from the works of Bartlett, Lee, and Doyle (1985) and Miller (1999), and we trace its growth from a special interest group rooted in the Roman Catholic tradition to its current status as a nondenominational division of the American Counseling Association. We then discuss the spiritual competencies as constructed at
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ASERVIC’s first Summit on Spirituality in 1995 to the data-driven revision that was adopted in 2009. Later, we look briefly at each of these competencies and provide examples. We end with a case example that illustrates the practical need for these competencies in the counselor’s everyday life.

**Spirituality in the Counseling Profession**

Literature from a number of disciplines has substantiated the relationship between a person’s spirituality or religion and his or her physical health, mental health, and wellness (Koenig, 2009; Lewis, 2008; Rippentrop, Altmair, Chen, Found, & Keffala, 2004; Wildes, Miller, De Majors, & Ramirez, 2009). The unprecedented attention given to these topics in both the professional and the popular literature in recent years has clearly validated the upsurge of interest by counselors, counselor educators, clients, and the governance of the profession. In fact, a client’s spiritual life is now considered to be one of the three central features of the holistic philosophy (i.e., mind, body, spirit) considered to be foundational to the counseling profession (Roach & Young, in press). Raising awareness of this relationship between spirituality and religion and what happens in the counseling session defines, in part, the mission of ASERVIC.

**History of ASERVIC**

ASERVIC emerged from two interrelated developments that began in the 1950s. First, in 1951, the Archdiocese of New York formed the Catholic Guidance Council to support counseling and guidance in parochial schools. Other diocesan guidance councils were formed across the country, and in 1958 the National Conference of Guidance Councils was founded to facilitate communication between these groups. In 1955, a special interest group of Catholic members began annual meetings at conferences of the American Personnel and Guidance Association (APGA; now the American Counseling Association [ACA]). This group founded the Catholic Counselors of APGA and published the Catholic Counselor, which is now ASERVIC’s journal Counseling and Values.

In 1961, the Catholic Counselors and the National Conference of Guidance Councils merged to form the National Catholic Guidance Conference (NCGC). This group met annually at the APGA conferences to promote guidance counseling in parochial schools, facilitate professional development of Catholic guidance counselors, and disseminate information to schools about Catholic principles and values issues in counseling. When many of NCGC’s objectives were met by the early 1970s, the group’s focus turned to promoting religious and values issues in all areas of counseling. An official invitation to join the APGA conference prompted discussions about the organization’s future mission, the wisdom of joining the larger group, and a name change to represent its new objectives.

In 1974, the NCGC became APGA’s 10th division. NCGC changed its name in 1977 to the Association for Religious Values and Issues in Counseling to reflect its transition from an exclusively Christian-based organization to
The Revised ASERVIC Spiritual Competencies

one of acceptance of all religious and values issues in counseling. A broader focus on diversity within the counseling profession prompted another name change in 1993 to the Association for Spiritual, Ethical, and Religious Values in Counseling. Currently, ASERVIC is the only ACA division that is exclusively committed to promoting awareness and counselor training in spiritual, religious, and ethical values in counseling.

The Argument for Spiritual Competency

Immigration to the United States has substantially increased over the past 50 years (Moore, 2001). Compared with previous generations, today’s immigrants arrive with a better education, greater financial resources, and a lower sense of urgency to assimilate into the dominant culture (Skerry, 2000; Sue, Arredondo, & McDavis, 1992). As a result, these groups are more likely to maintain their cultural heritage, including spiritual and religious traditions. In the past few decades, the number of Americans self-identifying as Hindu has increased by 237%, as Buddhist by 170%, and as Muslim by 109% (Barrett, Kurian, & Johnson, 2001). Greater numbers of immigrants are also moving beyond urban centers and are seeking employment in rural communities (Bloom, 2006), which means that counselors everywhere are seeing more culturally diverse clients. Now more than ever before, it is critical that counselors gain the relevant knowledge, skills, and attitudes to effectively and ethically work with an increasingly diverse clientele.

The multicultural movement, which began with the Civil Rights Act of 1964 (Jackson, 1995), has become a significant feature in the training of counselors. In the 1980s, the Multicultural Counseling Competencies (MCC) were developed to guide competency for working with racially and ethnically diverse clients (Sue et al., 1982). Since then, other aspects of diversity, including spirituality and religion, have been added to the MCC. These variables, however, as with many other aspects of diversity, are still largely underrepresented in the MCC, raising doubt that a counselor who is multiculturally competent (according to the MCC) is necessarily spiritually competent. Helms (1994) noted that the term multiculturalism is ambiguous unless a specific variable of interest is identified. This position, coupled with the underrepresentation of spirituality and religion in the MCC, suggested that a stand-alone set of guidelines for spiritual competency was needed. Recognizing this, ASERVIC’s leadership commissioned a task force to develop standards that were specific to including spiritual and religious material in counseling.

The Spiritual Competencies

ASERVIC’s first Summit on Spirituality convened in 1995. Thirteen experts met in North Carolina to (a) operationalize the term spirituality and (b) explore the key competencies needed to ethically include spirituality and religion in counseling practice and education. Guided by the eight core areas mandated by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the summit initially produced 23 competencies (J. S. Young, Cashwell, Wiggins-Frame, & Belaire, 2002), which
became 10 guidelines that finally evolved into the set of nine items that were officially adopted by ASERVIC in 1996. The *Competencies for Integrating Spirituality into Counseling* (the competencies or the spiritual competencies) were instrumental in CACREP’s addition of spirituality and religion as aspects of diversity in the subsequent revision to its *Standards*. Accredited schools were then mandated to include counselor training in spiritual and religious topics. ASERVIC’s focus turned to the summit’s third objective—to promote counselor training.

By the early 2000s, it was apparent that many counselors and educators strongly endorsed the spiritual competencies and the inclusion of spirituality and religion in counselor training (Cashwell & Young, 2004; Kelly, 1994, 1997; Pate & High, 1995; J. S. Young et al., 2002; J. S. Young, Wiggins-Frame, & Cashwell, 1998). It was not yet clear, however, whether these topics had actually made it to the classroom. In 2004, Cashwell and Young discovered that many programs did, in fact, include spirituality, religion, or both in their coursework. In most cases, these topics were a component of another class rather than of a stand-alone course in spirituality. Regardless of the course format, however, there was still little evidence that the spiritual competencies were being systematically and comprehensively addressed. One reason may have been that the instructors themselves had not received training and felt unprepared to address this material in their classrooms (J. S. Young et al., 2002). Many counselor educators requested materials and guidance and sought their own training. This reinforced the summit’s decision to develop training protocols. It was not until 2008, however, that the infrastructure was in place to address this final goal.

Meanwhile, several independent scholars had proposed coursework guidelines (Curtis & Glass, 2002; Fukuyama & Sevig, 1997; Ingersoll, 1997; O’Connor, 2004). Although this literature helped to promote the idea of inclusion in training programs, none of the studies put forth a comprehensive and empirical model that could be universally adopted. The first concern was the extent to which the spiritual competencies should be included in the coursework. Cashwell and Young (2004), who cited the counseling profession’s strong endorsement of the competencies, proposed that the competencies form the foundation for coursework development.

A second concern was, “Will training in the spiritual competencies be effective?” Although students said that their awareness of spirituality and religion in counseling had improved because of coursework in spirituality, no evidence or yardstick existed to determine whether they were spiritually competent. Another major concern was, “Do counselors really need training in religious and spiritual issues in counseling?” It seems logical to assume that students need to be trained and that improved sensitivity would also improve counselor performance. Yet, professional organizations, consumers, and government entities continue to insist that counseling strategies be supported by research (Houser, 1998; Morrissette & Gadbois, 2006). So although faculties promoted curricula, it was still not clear whether training was needed and whether it would help students gain the knowledge, skills, and attitudes they needed to help a client with spiritual and religious concerns.
The Revised ASERVIC Spiritual Competencies

The Spiritual Competency Scale (SCS) was designed in response to these concerns (Robertson, 2010). The SCS is described later in this chapter, but we mention it here because its development coincided with an important event in ASERVIC’s history. The nine spiritual competencies had not been seriously reviewed since they were created at the first summit in 1995. In Summer 2008, ASERVIC’s leadership called for a second Summit on Spirituality to review the competencies and their application in counseling and training. This group established three subcommittees to (a) examine the existing spiritual competencies, (b) develop a curriculum around the guidelines when they were revised, and (c) establish a protocol for certifying or registering spiritually competent counselors.

The spiritual competencies that came out of the first summit in 1995 were groundbreaking. They comprehensively addressed spiritual competency in counseling, but there seemed to be overlap and difficulty in distinguishing between the categories. For example, in their 2005 book, Integrating Spirituality and Religion Into Counseling, Cashwell and Young originally assigned each competency to a separate chapter. They ultimately combined Competencies 8 and 9 because the concepts were so similar (C. S. Cashwell, personal communication, September 19, 2007). Also, it was necessary to repeat information from one chapter to the next so that each competency was fully described. This lack of clarity between concepts was also an issue during the development of the SCS, when many items were assigned by the expert panel to more than one competency. A final purpose of the SCS, then, was to respond to the summit’s first objective: to empirically identify the concepts that define competent practice.

The Spiritual Competency Scale

The SCS was developed during Summer and Fall 2008 (Robertson, 2010). A panel of counseling professionals who were knowledgeable about both spirituality in counseling and the spiritual competencies were asked to sort 263 literature-based items into the nine competency categories. Ninety items that received the highest item-to-competency agreement formed the SCS (i.e., 10 items per competency). Respondents were asked to rate their level of agreement or disagreement with each of the items. Social desirability was controlled for by presenting the items as indirect statements (i.e., using counselors rather than I) and by adding a seven-item social desirability scale to the instrument.

The SCS was then administered to 701 counseling students from 28 randomly chosen regionally accredited colleges and universities in 17 states across the United States. Of these students, 65% were enrolled in secular schools and 35% were enrolled in religiously based schools (i.e., Christian based). The participants were primarily Caucasian, female, younger than age 30, and Christian, with 12 or more hours in mental health, school, or marriage and family CACREP-accredited counseling programs. Only 7% of the more than 700 students were familiar with ASERVIC’s spiritual competencies.

The indicator for spiritual competency was a score of 450 to 540 points. However, the participants’ average scores reached only 368 (SD = 39), and they failed to reach the competency criteria on more than half of the items. The
data, therefore, confirmed that training to promote spiritual competency was needed. It also provided empirical evidence of the specific areas of knowledge that were deficient and that could be targeted in training.

The full-scale SCS produced high levels of test–retest, split-half, and internal consistency reliability (i.e., greater than .90). Exploratory factor analysis resulted in six factors containing 22 items that explained 60% of the variance in scores. Cronbach’s alpha for the 22-item scale was .88, and there was no evidence of socially desirable responses. The six categories were named *Culture and Worldview, Counselor Self-Awareness, Human and Spiritual Development, Communication, Assessment*, and *Diagnosis and Treatment*. These categories are remarkably similar to the themes of the original competencies, although they now seem to more clearly differentiate between the concepts that are associated with spiritual competency.

**The Revised Competencies**

In Spring 2009, the second summit approached the task of revising the original competencies with the SCS categories as a template. The original 23 items produced at the first summit (see J. S. Young et al., 2002) and the final nine competencies officially adopted by ASERVIC in 1996 (Miller, 1999) were combined to form 14 new areas of competent practice organized around the six categories. The proposed competencies were presented to the summit committee at the ACA conference in Charlotte, North Carolina, in March 2009, and minor revisions were made. By May of that year, the ASERVIC Board of Directors adopted the 14 competencies as the revised *Competencies for Addressing Spiritual and Religious Issues in Counseling* (ASERVIC, 2009). In the next section, we present each of the 14 competencies, their overarching categories, and illustrations of how they can be applied in counseling.

**Culture and Worldview**

*Competency 1.* The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.

*Competency 2.* The professional counselor recognizes that the client’s beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning. (ASERVIC, 2009)

*Culture* can be described as a way of life that includes a system of shared beliefs, values, attitudes, meanings, motives, behaviors, products, and perceptions of the universe. Each area is shaped by family customs, ethnic traditions, and environmental influences. Spiritual and religious beliefs are also aspects of culture that contribute to the way someone lives his or her life. For example, many Eastern religions include a belief in reincarnation and karma; someone who believes that all actions will one day be paid for will act in accordance with that belief. Just as labels such as *African American or Asian American*
do not fully describe the degree to which someone identifies with his or her cultural heritage, labels such as Christian or Muslim similarly fail to explain how a personal faith is lived. So, although it is important for counselors to have a good working knowledge of the basic beliefs of spiritual systems and religious traditions, they must also understand what those beliefs mean to the client. Spiritually competent counselors recognize that these perspectives have many layers: the client’s image of the divine (e.g., God or Buddha), the overarching belief system (e.g., Hindu or Muslim), the denomination within that system (e.g., Methodist or Catholic), and, finally, how the faith has been assimilated into the client’s worldview.

Images of the divine include monotheism (a single god), henotheism (a single god, but openness to the possibility that many other deities exist), polytheism (many gods), agnosticism (one cannot know whether God exists), and atheism (no God at all). Variations also exist within each category. For example, images of a monotheistic God can range from loving, nurturing, or personal to punitive, vengeful, or unknowable. It is easy to see how both the client and the therapeutic relationship could be harmed by a counselor who superficially encourages reliance on a loving God when the client’s entrenched belief system involves a wrathful deity who elicits fear and guilt.

A variety of perspectives also exist within each belief system. Within Christianity, for example, there are more than 9,000 denominations, ranging from nontraditional practices, such as snake handling, to traditions that have changed little since the time of Christ (World Christian Database, 2004). Also, there is a marked diversity within denominations. For example, a Jewish person may identify as Orthodox, Conservative, Reform, or culturally Jewish with no adherence to the religious elements of this tradition. A counselor would certainly want to learn how the client identifies as Jewish before suggesting readings from the Torah to a culturally Jewish Christian. Finally, a client may identify with a particular denomination, yet claim to be more spiritual than religious, and another may disregard religion completely in favor of a spirituality that may or may not include belief in a higher power. Beyond a person’s identification with a particular denomination, yet claim to be more spiritual than religious, and another may disregard religion completely in favor of a spirituality that may or may not include belief in a higher power. Beyond a person’s identification with a particular sect or creed, a counselor must also consider the client’s experiences and how he or she lives the faith. How orthodox is the client? Has the client had spiritual conflicts, and what strengths does he or she draw from the belief system? Are these beliefs promoting growth, or are they harmful? How do they affect the client’s overall worldview and psychosocial functioning? Consider a client who presents with symptoms of depression. She reports that she was once very active in her faith community, but she is no longer religious. The counselor checks “no religion” on the intake form and moves on. The circumstances surrounding the client’s dissociation from her church were painful, however, and elicited feelings of isolation, abandonment, and guilt that ultimately led to depression. Here, the counselor missed the chance to learn more about the client’s experience and see how it may be related to her current symptoms. Because the treatment plan missed the mark, counseling could be unduly extended and opportunities for healing could be missed.

Even a client’s agnostic or atheistic beliefs should be explored further because of the experiences that may have led to this decision. How does the client’s
atheism contribute to his or her worldview? Can the religious or spiritual counselor accept and understand this client’s frame of reference? In short, clients’ beliefs about religion and spirituality cannot be captured by labels or a simple understanding of the basic beliefs of a particular faith. The client’s personal beliefs and their interaction with a credo must also be considered.

**Counselor Self-Awareness**

*Competency 3.* The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

*Competency 4.* The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process. (ASERVIC, 2009)

Just as counselors must be aware of their own psychological obstacles and personal history that might prevent them from understanding a client’s unique situation, they are also called on to actively examine their own spiritual beliefs and values. Even a counselor’s choice to not address spiritual and religious material in counseling reflects a value. The central position that spiritual and religious beliefs have in many people’s lives highlights the challenges that counselors face in maintaining professional boundaries around these sensitive topics. When counselors understand how their personal perspectives can influence the counseling relationship, they are better equipped to monitor their own biases and negative feelings about differing viewpoints. For example, if you have had uncomfortable experiences with overly zealous parents, friends, or a religious community, you may feel negatively toward a client who holds strong fundamental beliefs. If religion is central to your life, it may be difficult for you to withhold your own views from a client who adamantly opposes God or the church. If you are an atheist, you may have difficulty working with a client who has deep religious beliefs and wants to share them with you. Any of these situations might influence your ability to respect the client, validate his or her beliefs, or encourage a conversation about his or her spiritual life. Although counselors, like many others, feel strongly about their spirituality or religious life, when they enter the therapeutic setting, they must be able to set aside their own beliefs so they can really hear the client’s issue. It is an article of faith among counselors that they can gain this important distance only when they are very clear about what they think, feel, and believe.

*Competency 5.* The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer. (ASERVIC, 2009)

Counselors who are self-aware can also recognize their limitations and biases and know when referral is required. If a client’s concerns are related to religious doctrine, for example, referral to a religious leader may be absolutely neces-
sary. However, counselors must also be familiar with their referral sources. For example, consider the negative impact of referring a client who struggles with anxiety and perfectionism to a clergy member who reinforces rigid adherence to religious tenets that support this mindset. As with other referral sources, then, counselors must become aware of the spiritual and religious supports within their communities and develop relationships with local religious and spiritual leaders.

**Human and Spiritual Development**

*Competency 6.* The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development. (ASERVIC, 2009)

Counseling has roots in human development theory. The issues that people address at various times in life are often the result of developmental steps or crises. Just as counselors believe the ego develops (Loevinger, 1966), that one follows certain Piagetian stages cognitively (cf. Inhelder & Piaget, 1985), and that one develops morally (Kohlberg, 1987), they have also found that people grow spiritually and encounter similar crises in their religious and spiritual development (cf. Fowler, 1995). All of these areas of development—psychosocial, ego, moral, and spiritual—are intimately linked, and each area influences the other across the life span.

Understanding this interconnectedness in development is very important in the therapeutic process. Consider counseling an adult whose religious perspective suggests a relatively immature phase of spiritual development that is associated with early ego, cognitive, social, or moral developmental challenges. His unresolved childhood fantasies may be fueling his obsessive search for mythical or magical experiences. His unwavering literal interpretation of religious myths might indicate an inability to synthesize information or think abstractly. His perception of a distant or vengeful God might suggest early attachment issues. If he experienced an arrested stage of moral development, he may rigidly believe that God punishes the “bad” and rewards the “good.”

These examples illustrate why a counselor must be able to recognize that the manifestation of a client’s current spiritual or religious beliefs may be hinting at earlier developmental challenges. With this recognition, counselors can support the client’s developmental growth.

**Communication**

*Competency 7.* The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

*Competency 8.* The professional counselor uses spiritual and/or religious concepts that are consistent with the client’s spiritual and/or religious perspectives and that are acceptable to the client.

*Competency 9.* The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant. (ASERVIC, 2009)
“Never talk about religion or politics.” It appears that this social injunction has also affected the counseling room. Often, counselors and clients are reluctant to bring up religious or spiritual concerns. Clients may fear rejection or ridicule. Counselors may fear exposing their own beliefs or treading in an area for which they feel unprepared. Just as a counselor needs to bring up issues related to race or ethnicity that may be affecting the client’s life or the therapeutic relationship, religious and spiritual perspectives must also be addressed if the counseling relationship is to be based on openness and honesty. In fact, many spiritual or religious clients would like to include their beliefs in the counseling process, and these beliefs must be addressed sensitively (cf. Rose, Westefeld, & Ansley, 2008). It is inappropriate for counselors to ignore the strengths or natural supports that a client introduces in counseling, and this is no less true of a client’s spiritual or religious beliefs.

An inviting, nonjudgmental atmosphere must be present, and it is up to the counselor to provide this environment. The counselor must also be able to identify the spiritual and religious issues that may be behind a client’s problems and be willing to address them. For example, consider a client who expresses doubts about her upcoming marriage. She mentions a number of reasons for being unwilling to make a commitment. Because the counselor has been open with the client about her religious beliefs, the counselor is able to ask the client whether the fact that her fiancé is not a Christian is a concern for her. The client admits that some of her hesitation about marriage is related to this issue, but on reflection, she reveals fears about how the children would be raised and whether her fiancé would be accepted by her highly religious family.

On another note, a counselor who can tune in to subtle or unconscious expressions of spirituality or religion is better prepared to detect the influence of beliefs on presenting problems. For example, a religious client who suffers with chronic pain and says, “What have I done to deserve this?” or “I feel helpless and unworthy” may be operating from a religiously based schema that translates to “God is punishing me” or “God has abandoned me” (Robertson, Smith, Ray, & Jones, 2009). The client’s statements hint at the problem, but it is up to the counselor to hear the underlying message. As with any other issue, progress in counseling depends on exploring and sometimes confronting core beliefs (M. E. Young, 2009). A counselor who understands the client’s spiritual or religious perspective is better equipped to pick up on conversational nuances that may point to the root of the problem.

Assessment

Competency 10. During the intake and assessment processes, the professional counselor strives to understand a client’s spiritual and/or religious perspective by gathering information from the client and/or other sources. (ASERVIC, 2009)

From the onset of the relationship, the competent counselor routinely and comprehensively assesses a client’s spiritual perspective. In general, inaccurate
or incomplete assessment contributes to misinterpretation, underestimation of the problem, overlooking important information, or even distrust by the client. This is also true of issues surrounding the client’s spiritual beliefs. Just as failing to assess for substance abuse can waste time and money in treating a client’s relationship problem when alcohol is the culprit, failing to assess the client’s spiritual and religious background can hinder treatment.

Intake is the best time to start asking questions, but not the only time. Many intake assessments include a question or two about whether the client is part of a religious community. However, these types of questions do not tell the client that the counselor has a genuine interest in the client’s spiritual life. Nor do they tell the counselor how the client’s spirituality is lived, whether it is a resource or part of the problem. In short, they are surface questions and do not constitute a holistic approach, perhaps leaving critical information unaddressed. For example, a client responds to a question about what religion she practices by saying that she has not been to church in years. If the counselor does not go further and ask how the client came to that decision, the counselor will not learn that the client was once very religious but turned from those beliefs because of painful abuse by a clergy member that remains unresolved.

A comprehensive intake involves a deeper level of questioning about spiritual history and current beliefs. Does the client believe in a higher power, and how is that entity conceptualized? Are the client’s beliefs a central feature of daily life, or is weekly church attendance the extent of religious practice? What gives meaning and purpose to life, and how is suffering explained? What spiritual resources does the client rely on, and does the client’s faith community facilitate spiritual growth? Answers to these types of questions not only enrich the client’s story, but also show the client that the topic is welcome in counseling. These types of questions may also indicate whether formal spiritual or religious assessments are necessary and inform decisions about diagnosis and treatment.

**Diagnosis and Treatment**

**Competency 11.** When making a diagnosis, the professional counselor recognizes that the client’s spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.

**Competency 12.** The professional counselor sets goals with the client that are consistent with the client’s spiritual and/or religious perspectives.

**Competency 13.** The professional counselor is able to a) modify therapeutic techniques to include a client’s spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client’s viewpoint.

(ASERVIC, 2009)

The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., or *DSM–IV*; American Psychiatric Association, 1996) was the first edition of
the *DSM* to depathologize religious and spiritual problems. The *DSM–IV* recognizes spiritual emergencies as a focus of treatment, not as a mental disorder per se. Spiritual struggles, such as questioning beliefs and values or converting to a new faith, may very well produce conflict and challenges that undermine well-being but do not, in and of themselves, indicate pathology. Yet, counselors are seldom familiar with the various types of religious experiences and common religious conflicts. Without this knowledge, a counselor could easily misdiagnose or pathologize the client’s experiences. Consider a Native American client who shares his experiences of a vision quest. Without understanding the client’s belief system, the counselor may be more concerned with his “hallucinations” than with the spiritual nature of his experience.

Still, spiritual and religious perspectives can play a role in the development of other mental health issues. For example,

- A crisis of faith may cause a sense of hopelessness that manifests as depression;
- Rigid adherence to literal translations of doctrine may fuel perfectionistic tendencies that lead to anxiety and guilt;
- The inability to forgive may be rooted in religious beliefs;
- Images of God may perpetuate fear; and
- Personal responsibility may be avoided because the power over a situation has been totally relinquished to God’s will.

In summary, unless a counselor understands a client’s spiritual and religious life, spiritual or religious undertones that may appear as or contribute to mental health problems may be overlooked.

As counselors diagnose, they are also concerned with the client’s strengths and personal resources. Spirituality and religion, which can provide comfort, meaning, and motivation, can be a significant natural resource in counseling. Asking questions that go beyond typical intake procedures helps the counselor understand the entire range of a client’s spiritual and religious experiences, the relationship between these experiences and presenting concerns, and whether the client’s beliefs warrant additional attention.

Without this full understanding, the counselor runs the risk of choosing interventions that are inconsistent with the client’s beliefs. It is easy to see how the relationship could be compromised when a counselor recommends prayer to a client who is an atheist. Also, many cognitive therapy techniques are aimed at changing beliefs about self, others, and the world. When using these therapies, the counselor must be careful to understand the client’s belief structure and what it would mean to alter it.

A competent counselor, however, is not only capable of supporting a client’s belief system by encouraging spiritual or religious activities, such as prayer or reading sacred texts that correspond to therapeutic goals, but is also able to supplement traditional counseling techniques with appropriate religious material. In fact, several studies have demonstrated success with religiously based cognitive strategies (D’Souza & Rodrigo, 2004; Johnson, DeVries, Ridley, Pettorini, & Peterson, 1994; Propst, Ostrum, Watkins, Dean, &
Mashburn, 1992; Razali, Aminah, & Khan, 2002; Wachholtz & Pargament, 2005). Combining techniques, such as imagery that includes religious figures, disputations based on religious tenets, or journaling from a spiritual perspective, can improve functioning, sometimes more effectively than conventional therapy, even when the problem is not religious (see Richards & Bergin, 1997).

**Competency 14.** The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client’s spiritual and/or religious perspectives and practices. (ASERVIC, 2009)

In essence, this competency asks counselors to remain aware of current findings and professional writing on spiritual and religious issues in the area of counseling. More important, it asks the counselor to actually use these findings in practice. Certainly, the number of articles and books on religious and spiritual issues has burgeoned, but not enough research has looked at the effectiveness of spiritually sensitive approaches to counseling, in which traditional counseling is combined with a client’s spiritual practice. Thus, although counselors are asked to stay current on research, it must also be said that much more research is needed. The message for counselors is to educate themselves through coursework, workshops, and reading so that they can demonstrate the competency to apply what they are learning.

In essence, the competency categories that we have discussed correspond to the basic dimensions of the counseling experience (worldview, self-awareness, communication, human development, assessment, diagnosis, and intervention). They illustrate the potential presence of spiritual and religious issues at all stages of the counseling process. A counselor must encourage discussion about spiritual and religious topics (communication), consider the role of spirituality or religion within the client’s worldview (culture and worldview), explore the client’s spiritual and religious history and assess current spiritual functioning (assessment), understand the current implications of the client’s developmental milestones (religious and spiritual development), consider the influence of the belief system on presenting concerns, and, when appropriate, include this belief system in treatment (diagnosis and treatment)—all after gaining an understanding of his or her own spiritual and religious beliefs and biases (counselor self-awareness). Thus, we have come full circle through the competency categories and have demonstrated how any one aspect of spirituality or religiousness cannot be taken in isolation. Spiritual competency is a multifaceted set of skills to which counselors should aspire. The following case example demonstrates one way in which these skills might be integrated.

**Case Example: Geeta and Rabia**

Geeta, age 25, was a beginning counselor doing her first internship experience in a college counseling center in the United States. She was born in the Punjab State in northern India and was raised as a Hindu, although she was not particularly religious. Her very first client at the center was a Muslim woman
named Rabia, about 24 years old, from a conservative country in the Arab world. Although Rabia had been raised in a very orthodox home, she was not wearing a hijab (scarf) or modest clothing in defiance of her parents’ wishes. She came to counseling to try and unravel the conflicts in her life. She wanted to please her parents by marrying a man of their choosing but unknown to her family had a Muslim boyfriend in the United States. Moreover, Rabia’s stay in the United States was in jeopardy because of her grades, and she did not wish to return home.

Geeta, the counseling intern, came to supervision with a number of conflicts of her own. First, she had a poor opinion of the role of women in Islam, and her own family had been persecuted by Muslims in the partition of India in 1947. She admitted she had a distrust of Muslims. Finally, Geeta herself was arguing with her own parents over their plans to arrange her marriage in India. Thus, her family background and her own beliefs made it difficult for her listen empathically to the client’s story. At the same time, she could understand full well the pressures of families and the issues surrounding an arranged marriage. In short, Geeta was frozen in the session, unable to self-disclose or to fully listen.

To make things more interesting, the supervisor in this situation was a devout Baptist who knew little about either woman’s religion. Still, he was able to rely on a couple of general principles of supervision. He helped Geeta understand herself better and helped her recognize that her strong feelings, both positive and negative, could interfere with Rabia’s achieving her goals of improving her grades, working on a better relationship with her parents, and finding peace within her religious affiliation.

**Conclusion**

In this chapter, we chronicled the history of ASERVIC and its mission to promote counselor competency in working with clients’ spiritual and religious issues in counseling. Just as counselors need to understand their clients’ culture, they also need to accept and understand their clients’ deep beliefs about religion and spirituality to fully grasp their worldview and provide effective and respectful treatment. Failure to address these issues may, in some cases, be incompetent or unethical practice. ASERVIC’s landmark summits in 1995 and 2008 were the catalysts that moved the organization toward a clearer definition of what it means to be a counselor who is competent to address spiritual and religious issues.

In this chapter, we also described the development of the SCS (Robertson, 2010), which was constructed to provide a basis for evaluating the spiritual competency of counselors and counselors in training. The SCS is tied to the six general areas and 14 more specific competencies. These competencies offer an empirically based template of the guidelines counselor training programs should address as they work to facilitate their students’ growth toward spiritual competency. The next section of this book, Competent Practice, is divided into six chapters that correspond to each of the categories we discussed. Each chapter more fully describes the revised competencies, their relevance and application
in counseling, and why it is important for counselors to become proficient in each area before working with spiritual and religious material in counseling.

Questions for Self-Reflection or Discussion

1. The case example of Geeta and Rabia presents challenges to both counselor and supervisor. Look over the 14 spiritual competencies. Which competencies apply to the counselor in this case, and which might apply to the supervisor?

2. In the case example, what kind of outside resource, as suggested by Competency 5, could be used as a referral? Is a referral always necessary? Why do you think it would or would not be useful in this case?

3. In what sort of study or self-reflection should counselor and supervisor engage to ethically assist this client?

4. What sort of assessment process would have been helpful for Geeta to use with her client? What do you want to know about her religious and spiritual life with reference to her stated goals?

5. Is the counselor in this case competent to counsel this client? If not, what should she do to become competent?

Recommended Readings


References


Competency 1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.

Competency 2. The professional counselor recognizes that the client’s beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning. (ASERVIC, 2009)

Because more than 90% of people polled in the United States report that they believe in God or a higher power (Salmon, 2008), it is inevitable that issues connected to religious and spiritual perspectives will emerge as counselors assist clients in ameliorating their distress. The purpose of this chapter is to provide readers with rudimentary information regarding people’s basic religious and spiritual beliefs and the professed lack of these beliefs. My purpose is also to assist readers in understanding the centrality of religion and spirituality to clients’ worldviews and how such perspectives shape the way clients think, feel, and behave. Gaining knowledge about a variety of religious and spiritual systems can aid counselors in developing empathy for their clients and may enable them to take seriously the multifaceted contexts that affect clients’ experience of the world and their interpretation of events and relationships influencing that world. Recognizing the intersection of culture, ethnicity, and spiritual worldview, for example, provides counselors with a greater
appreciation for the layers of identity that demarcate clients’ lives. In this chapter, I provide a thumbnail sketch of some of the world’s major religions and describe some of the factors associated with ethnicity and spirituality, including the contributions of indigenous healers. By way of a case example, I illustrate how counselors may intervene with clients whose worldview is shaped by the intersection of cultural and spiritual traditions and practices.

**Weltanschauung**

The word *worldview* comes from the German *Weltanschauung*. A worldview is a total outlook on life. People’s concepts of the universe, their answers to questions about the origins and destiny of human existence, and their value orientation are all part of their worldview. In fact, a worldview characterizes a person’s life outlook (Dilthey, 1978). Worldview is shaped by culture, ethnicity, religion, family, and sociopolitical location. Indeed, worldview influences clients’ thoughts, feelings, and behaviors and is central to understanding the unique perspectives that contribute to both clients’ pain and their potential.

**World Religions**

I begin my overview of world religions by separating Western religions from Eastern religions. Western religions (Judaism, Christianity, Islam) are *monothestic*. This concept suggests that Jews, Christians, and Muslims believe there is one Supreme Being or Supreme God (Honer & Hunt, 1987) who created and sustains the cosmos. Eastern religions (Hinduism, Buddhism, Confucianism, Taoism, and Shintoism) are typically either polytheistic or pantheistic, although some branches of Eastern religions may best be understood as atheistic or agnostic (Richards & Bergin, 1997). The belief in or worship of more than one God is known as *polytheism*, whereas *pantheism* suggests God is manifest in the forces and laws of the universe. *Atheism* disavows the existence of a supreme being or beings, whereas *agnosticism* holds that the existence of the ultimate cause of the universe is unknown and unknowable. Within each religion are diverse branches, small sects, and individual practices that may diverge from the general descriptions I provide in this chapter. In some ways, the religious labels provide only the broadest sense of beliefs, and there is often great variation within each religion. Therefore, it is important that counselors be aware of the ways in which clients reflect the similarities in their particular religions and how they express their unique understanding of the religion (Cashwell, 2010).

**Western Religions**

**Judaism**

Judaism emerged in Palestine in approximately 2000 BCE (Fishbane, 1993). The word *Jew* is derived from the term *yehudah*, or Judah, the Southern Kingdom of Israel that existed from 922 to 586 BCE (Morrison & Brown, 1991). In modern times, one who practices the religion of Judaism or identifies with the cultural group is considered Jewish. According to Jewish law, a Jew is
someone whose mother is Jewish or who has converted to Judaism (Morrison & Brown, 1991). There are approximately 13 million Jewish people in the world: 6 million in North America, 4.3 million in Asia, and 2.5 million in Europe (Barrett, 1996). Typically, Jews are radical monotheists who believe that God is holy, omnipotent, omniscient, and eternal.

In Jewish tradition, there is a covenant (berith) that is the contract between God and the Jews that if they acknowledge God and keep God’s commandments, they will be rewarded. Moreover, some Jews believe that studying the Torah and faithfully keeping its commandments could hasten the arrival of the Messiah (Sarason, 1993–1996). Common practices for some Jews include keeping kosher or following dietary laws, observing Passover as a celebration of the exodus from Egypt, celebrating Hanukkah as a remembrance of the victory of the Maccabees over the Syrian King Antiochus IV in 165 BCE, and celebrating the Jewish New Year (Rosh Hashanah) that begins with the call to repentance and culminates in the Day of Atonement (Yom Kippur). Yom Kippur is considered by many Jews as the holiest of Jewish holidays and is spent in fasting, prayer, and confession.

Christianity

Christianity emerged in the 1st century CE in the context of Judaism, and current adherents number approximately two billion worldwide (“Religion by Adherents,” 2009). The three major divisions in Christianity are Roman Catholicism, Eastern Orthodoxy, and Protestantism (Frame, 2003). The entire religion is focused on Jesus Christ, a Jew who taught in Palestine and was believed to be God’s promised Messiah. For Christians, Jesus is not only an engaging teacher, healer, and embodiment of the moral life, he is also the means by which people obtain salvation and eternal life. Christians claim that, after his crucifixion in approximately 29 CE (Frankiel, 1993), God resurrected Jesus (raised him from the dead) and that he lives on as part of God. Also, many Christians believe that Jesus will return to Earth at the end of time and will bring into fullness his Kingdom (or reign), which he began during his earthly life. Most Christians believe Jesus was simultaneously both fully divine and fully human. God offered Christians the Holy Spirit, or divine presence in their lives, as an ongoing comfort and guide (Frankiel, 1993). Christians believe they are saved from the power of sin, death, and evil by God’s grace, instead of through obedience to the law (as in Judaism). Grace is God’s free gift. In response to the gift of salvation, Christians attempt to model their lives after the teachings and example of Jesus Christ. The concept of the Trinity holds that although God is one, God is also expressed in three personas: Father, or creator; Son, or redeemer (Jesus); and Holy Spirit, or sustainer (Frame, 2003).

Regarding religious practices, most Christian churches celebrate at least two sacraments (ritual signs of God’s grace): baptism and the Eucharist (or Holy Communion; Frame, 2003). Baptism involves the use of water (either by sprinkling, pouring, or immersion of a person’s body into water) to symbolize forgiveness of sins, new life, and initiation into the Christian church. The Eucharist or Holy Communion is a ritual meal in which bread and wine
are taken in remembrance of Jesus’s crucifixion and death. Christians believe that Jesus Christ is mysteriously present with them in the sacraments.

Christians consider the Bible to be God’s authoritative word. It is composed of 66 separate books. Included is the Hebrew scripture (or Old Testament, as it is called by some Christians), the four gospels (Matthew, Mark, Luke, and John), Acts, the letters of the apostle Paul, and Revelation (Frame, 2003). Although Christians hold various perspectives on the nature, purpose, and approaches to interpretation of the Bible, it holds some authority for all Christians.

Generally speaking, counselors will discover that clients have very individualized beliefs regardless of their particular Christian tradition or denomination. For example, some Roman Catholics are very progressive, oppose the exclusive authority of the Pope, reject the church’s stance against abortion, and support women’s ordination to the priesthood. Likewise, counselors may find Christian clients who are members of mainline, typically liberal Protestant denominations who espouse fundamentalist Christian beliefs and practices. It is important, then, for counselors to have a working knowledge of the continuum of these Christian traditions, but not to assume clients necessarily adhere to the beliefs and practices typically associated with them.

**Islam**

During the past two decades, Islam has been the fastest growing religion in the United States (Hedayat-Diba, 2000) and will soon be the second largest religion in North America after Christianity (Haddad & Lummis, 1987). Members of Islam are called Muslims. Currently, an estimated 6 million Muslims live in the United States, hailing from a variety of countries and cultures (Power, 1998). Islam literally means “to surrender,” but understood from a religious perspective, Islam means “to surrender to the will or law of God” (Rahman, 1993, p. 1).

Islam began in Arabia around 570–632 CE during the life of Muhammad, its founding prophet. Islam is a monotheistic religion whose followers believe there is one God, that Muhammad was his last Prophet, and that the Qur’an (Koran) is the most authoritative holy book (Hedayat-Diba, 2000). Islam has five major doctrines. The first is the belief in the divine unity, tawhid. The second is the belief in angels as divinely appointed agents of God. The third is a belief in prophecy as revealed especially in the Qur’an. The fourth belief is in the Last Day when there will be a final judgment of the living and the dead. The righteous will be granted eternal bliss, and unbelievers will be cast into hell. The last doctrine is the Divine Decree and Predestination. It suggests that Allah has already determined who will receive eternal salvation. Although this idea is considered mysterious, Muslims believe humans exercise both freedom and responsibility to make moral and spiritual decisions (Denny, 1993).

The sacred practices within Islam are the Five Pillars of Islam. The first is shahada, profession of faith: “There is no God but Allah, and Muhammad is his Prophet.” The second pillar is ritual prayer. Muslims are expected to undergo a ritual cleansing and then to pray five times a day (at dawn, noon, midafternoon, sunset, and evening). All of the prayers must be offered facing Mecca. The third pillar of Islam is almsgiving. Muslims are expected to give 2.5% of their income
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to the poor (Hedayat-Diba, 2000). The fourth pillar of Islam is fasting. During the month of Ramadan, in which Muslims celebrate receiving the Qur’an, they may not eat, drink, smoke, or have sexual intercourse between sunup and sundown (Hedayat-Diba, 2000). The fifth pillar of Islam is pilgrimage. After age 16, Muslims are expected to make at least one pilgrimage to Mecca. *Jihad*, or holy war, is sometimes touted as a “sixth pillar of Islam.” Rightly understood, *Jihad* refers to “exertion in the way of God” (Denny, 1993, p. 648).

The Qur’an, the sacred text of Muslims, is considered the speech of God to Muhammad, mediated by Gabriel, the angel of revelation (Rahman, 1993). Because Muslims believe the Qur’an came directly from God, it is considered infallible. The second source of Islam is the Sunna, or example of the Prophet, including traditions regarding what Muhammad said or did regarding various issues.

Prejudice is likely to be the biggest challenge for Western counselors working with Muslims. Such prejudice may result from media images, especially those associated with the terrorist attacks of September 11, 2001. Some Americans view Muslims as fanatics, warriors, hostage takers, and terrorists (Wormser, 1994). Yet many Muslims leaders and practicing Muslims condemn terrorist acts and have themselves been subject to prejudice and racial profiling and may need to explore these issues in counseling.

**Eastern Religions**

**Hinduism**

Dating back to about 1500 BCE (O’Flaherty, 1993), Hinduism is one of the world’s oldest religions (O’Flaherty, 1993) and was born of many religious beliefs and philosophical ideas (Wangu, 1991). Originating in India, Hinduism has grown to be the third largest religion in the world, with approximately 700 million members (Wangu, 1991). The word *Hindu* comes from the Sanskrit word *sindhu*, referring to the Indus River. In the 5th century BCE, Persians used the term to designate people who lived in the land of the Indus (O’Flaherty, 1993). Hinduism is more than a religion; it fuses social and doctrinal systems central to its culture. The concept of God within Hinduism is complex and varies depending on the particular tradition and philosophy.

The three major deities in Hinduism are Shiva, Vishnu, and the goddess Devi. Hindus believe there are four yogas, or paths, toward God based on individual temperaments: Jnana Yoga, the path of the intellect; Bhakti Yoga, the path of love and devotion; Karma yoga, the path of work; and Raja yoga, the path of psychological experimentation (Sharma, 2000). Life has four stages, or wants, leading to *moksha*, or liberation. The stages involve duties males have throughout their lives. The first stage, *brahmachari*, is the student stage, involving the study of the religion with a teacher. The second stage, *grahasthin* (or householder), involves marriage, work, producing sons, and giving alms to those who have passed to a different karmic level (Wangu, 1991). The third stage, *ovanaprahashtin* (forest dweller), belongs to older elder Hindu men who perform rituals honoring their ancestors. The fourth stage, *sanyasin* (ascetic), refers to giving up the world (both physical and mental) to experience liberation (Wangu, 1991).
The concepts of karma and reincarnation are central to Hinduism. Karma involves the law of cause and effect. Whatever goes out from people comes back to them. Accordingly, people’s circumstances are the result of past-life actions of good or evil. The concept of *samsara* involves the Hindu belief that people continue to be born in physical form until they transcend all pain and pleasure and release themselves from all fears and all attachments.

As with other religions, Hinduism varies greatly. At the same time, Hindus tend to share some common observances, a reverence for Brahmans and cows, and they typically refrain from eating meat, especially beef. For some Hindus, it is expected that marriage will be within the caste (*jati*), and the hope is for male heirs (O’Flaherty, 1993).

The Hindu temple is a cultural center where songs are sung, sacred texts are read aloud, and rituals are performed. There are *samskaras* (rituals) for every rite of passage. The chanting of the Vedas (knowledge) is a traditional Hindu practice. Universal sounds, known as *mantras*, are believed to have the cosmic power to transform people and to enable others to tune in to the universe (Knipe, 1993).

Puja (daily worship) is a significant aspect of Hindu religious life. This practice involves offering food, incense, flowers, ashes, and other articles to a deity. After the offering, the host prepares food for the worshippers. In many Hindu ceremonies, including weddings and funerals, fire plays a major role (Sharma, 2000). *Tirthas*, or holy places, are the objects of pilgrimages for people all over India. Also, local shrines are visited at festival time.

Hinduism has many sacred texts. The *Ramayana* is the epic tale of Lord Rama’s victory over the 10-headed demon, Ravana. The *Mahabarata*, the world’s longest poem, is often referred to as a library rather than a book (Knipe, 1993). The Mahabarata, containing the well-known *Bhagavad Gita*, is composed of advice to the warrior prince Arjuna by Lord Krishna, his charioteer at the beginning of the Great War between the two families (Sharma, 2000). In addition, the Vedas consist of four volumes. One hundred eight books make up the *Upanishads*, the ways of living spiritual truths. The *Puranas* were composed after the epics and contain subsidiary myths, praise hymns, philosophy, and rituals (O’Flaherty, 1993). They are predominantly sectarian in nature and are dedicated to the worship of one of the gods, Vishnu, Shiva, or Devi.

**Buddhism**

Between 150 and 300 million Buddhists make up one of the world’s largest religions (McDermott, 1993). Founded in northeastern India by Siddhartha Gautama, known as the Buddha or Enlightened One, Buddhism emerged as part of Brahman Hinduism. However, Buddhism grew apart from Hinduism. In fact, Buddha rejected many Hindu beliefs, challenged the authority of the priesthood, claimed that the Vedic scriptures were invalid, and rejected the sacrificial cults based on them (McDermott, 1993). Buddha rejected the notion that one’s spirituality is a matter of birth and opened his way to people of all castes.

Scholars generally agree that Siddhartha Gautama was born in 563 BCE, the son of a ruler of a small kingdom near the current-day India–Nepal
Growing up in an upper-class family, at age 29 the young Buddha acknowledged the emptiness of his life, discovered the reality of suffering and death, and sought enlightenment and release from the cycle of rebirths (McDermott, 1993). Although he adhered to an ascetic life for many years, Buddha came to believe that neither extreme of pleasure or self-denial was the path to nirvana (release from suffering). He advised followers to choose a middle way that focused on purity of thought and deed. Awareness, according to Buddha, was the path to overcoming death (Finn & Rubin, 2000). Buddha was adamant that he not be worshipped as a god or savior. He held that his role was to help people find their own path to freedom and enlightenment.

The Four Noble Truths and the Eightfold Path are central Buddhist beliefs. The Four Noble Truths are

- There is suffering;
- Suffering is caused by desire, attachment, and craving;
- Suffering can be overcome (nirvana) by ceasing to desire; and
- The way to end desire is to follow the eightfold path (Lester, 1993).

The Eightfold Path includes “right opinion, right intentions, right speech, right conduct, right livelihood, right effort, right mindfulness and right concentration” (Wangu, 1993, p. 26). Often, these eight paths are divided into three categories that are significant aspects of Buddhist faith: morality, wisdom, and concentration (McDermott, 1993). Buddha realized that not everyone could become a monk and live in a Sangha, or monastery. Instead, people could practice the Five Precepts, or rules for everyday behavior: “to refrain from killing, from taking what is not given, from sexual misconduct, from false speech, and from using intoxicating substances that cloud the mind” (Wangu, 1993, p. 29). A major tenet of Buddhist belief is karma, in which good deeds are rewarded and evil ones punished. In this system, there is no undeserved mercy or unwarranted suffering. Karma is a type of universal natural moral law that determines one’s destiny and whether one is reborn as a human, animal, or some other creature such as a devil or a god (McDermott, 1993).

The spiritual practice known as Vipassana (or insight) meditation is at the heart of Buddhism. This process involves focused awareness of one’s breathing, for example. It may also involve attentiveness to aspects of consciousness issuing in insight (Finn & Rubin, 2000). It is a means by which followers let go of desire and grasping that are believed to be the source of suffering.

Additionally, rituals are salient within Buddhism. Chanting and placing flowers, candles, and incense before a Buddha image form some of the rituals. The flowers are symbolic of the impermanence of life, the incense reminds followers of moral virtue, and fire refers to enlightenment (Lester, 1993). There may also be the offering of food. Special rituals mark life transitions and are presided over by either monks or elders in the lay community (Lester, 1993). The yearly festivals include celebration of the New Year as a time for considering one’s karma, for well-wishing and ritual cleansing (Lester, 1993), and for the Buddha’s birthday.
A long oral tradition of reciting teachings at councils is associated with Buddhism. During the 1st century BCE, these teaching were recorded. The Buddhist scripture is known as the Tripitaka (or Three Baskets) because it contains three types of writings: the Sutra Pitaka (discourses), the Vinaya Pitaka (code of monastic discipline), and the Abhidharma Pitaka (philosophical psychological and doctrinal material; McDermott, 1993).

A number of American-born clients will likely have been influenced deeply by Buddhism. Counselors working with such clients will want to be especially mindful of the need to integrate counseling and spirituality and to make use of some of Buddhist clients’ spiritual practices (such as meditation) in service of therapeutic ends.

Confucianism
Confucianism, one of the major philosophical systems in China, developed from the teachings of Confucius, who was born around 551 BCE (Smith, 1958). These teachings focused on good conduct, practical wisdom, and proper social relationships. Although Confucianism was the official ideology of China, it was never a religion (Liu, 1993). Confucius was considered a great teacher, but not a personal god. Confucius did not claim divinity, and the temples built to honor him were for public ceremonies and were not designated as places of worship (Liu, 1993). There are approximately 5 to 6 million adherents to Confucianism (“Confucianism,” 2010).

Confucianism has five major concepts. The first is jen, translated as love, goodness, humanity, and human-heartedness (Liu, 1993). Jen involves simultaneously “a feeling of humanity toward others and respect for oneself, an indivisible sense of the dignity of human life” (Smith, 1958, p. 159). Other Confucian virtues include righteousness, propriety, integrity, and filial piety (Liu, 1993). The second concept is Chung-tzu, which refers to true manhood. A metaphor for this concept is the perfect host who is so comfortable that he (or she) is able to be fully attentive to guests and to put them at ease (Smith, 1958). Confucius believed that only Chung-tzus could transform the world toward peace. The third concept, Li, refers to ordering one’s life in concert with social convention so people conduct themselves with grace regardless of the circumstances (Smith, 1958). The fourth pivotal concept is Te. This word signifies the appropriate use of power. Confucius believed leaders should be honorable and benevolent, and people in turn were to be respectful and obedient. The fifth Confucian concept is Wen, which refers to the “arts of peace” (Smith, 1958, p. 165) that contribute to the aesthetic dimension of culture.

The major tenets of Confucianism are recorded in nine ancient Chinese books handed down by Confucius and his followers. The Wu Ching (Five Classics), which originated before Confucius’s time, includes the I Ching (Book of Changes), Su Ching (Book of History), Shih Ching (Book of Poetry), Li Chi (Book of Rites), and Ch‘un Ch‘iu (Spring and Autumn Annals). The Shih Shu (Four Books) contains the sayings of Confucius and Mencius and interpretations of their teachings (Frame, 2003).


**Taoism**

Taoism (pronounced DOW-ism) is a Chinese philosophy and religion dating from about the fourth century BCE. It, too, has influenced Chinese people significantly. The word *tao* literally means “the way.” It has at least three different meanings. First, *tao* is the way of ultimate reality. It is ineffable (unspeakable) and transcendent, the ground of all existence (Smith, 1958). Second, *tao* is the way of the universe or the way of nature. The cycles of nature and constant flux are evidence of the universal force of *tao*. Third, *tao* suggests ordering one’s life congruently with the order of the universe (Smith, 1958).

Tao is not a deity or higher power. Taoists do not worship a god but instead concentrate on coming into harmony with *tao*. To be in concert with *tao*, one can do nothing strained, artificial, or unnatural. Because Taoists seek balance and harmony in life, the concepts of *yin* and *yang* (the interaction between opposite forces) characterize their thought (Overmyer, 1993). Taoists believe that a healthy body is part of achieving a spiritual state. Many health practices, including acupuncture, can be traced to the Taoists. Taoists suggest balance in their approach to diet and exercise. Tai chi ch’uan, the ancient Chinese form of exercise, developed in conjunction with Taoist thought. Meditation is another salient practice. In Taoist meditation, the goal is to come into harmony with the ultimate reality of the universe by doing nothing.

Taoism has no founder or central figure such as Jesus, Buddha, Muhammad, or Confucius. The philosophy is found in the *Tao-te-Ching* (Classic Way and Its Power), a text dating from about the third century BCE and attributed to Lao Tzu. There are approximately 20 million Taoists, most of whom live in China, Taiwan, or Southeast Asia (“Taoism,” n.d.). Taoism is more of a way of life and a moral philosophy than a religion. As such, it has influenced many Asians and modern Americans. Counselors should be aware of the fact that Taoist thinking has been incorporated into New Age spirituality (Frame, 2003), a topic discussed later in this chapter.

**Shintoism**

Developed in prehistoric times on the Japanese islands (Hartz, 1997), Shinto became the religion of Japan. Shinto followers number approximately 112 million. More than 75% of Shintoists report that they follow Buddhism as well (Hartz, 1997).

Most of deities associated with Shinto are related to the natural world, such as the sky, earth, heavenly bodies, and storms (Watts, 1993). The deities are not necessarily distinguished from humans. In fact, anything may have spirit—rocks, trees, and dust as well as human beings (Earhart, 1993). Shinto followers respect the natural world because anything could be invested with spirit (*kami*; Hartz, 1997). Shinto has no founder and no central figure. Like Taoism and Native American religions dating to prehistoric times, Shinto followers revere the spirits that are manifest in many things. Likewise, Shinto has no fixed doctrine and no scripture or sacred text. However, ancient prayers are associated with oral tradition.

Shintoism focuses on simplicity and physical and spiritual purity. Shinto worship is more individual than corporate. Shinto believers engage in
purification rituals including handwashing (Hartz, 1997). Worship occurs outside the shrine rather than inside. Often, worshippers bring an offering of food or coins for the kami. These offerings are not sacrificial, but rather signs of gratitude (Hartz, 1997). Adherents may write prayers on slips of paper and leave them nearby.

New Age Spirituality

In Chapter 1, Cashwell and Young made the distinction between religion and spirituality, suggesting that religions are characterized by institutional structure, doctrine, ritual, authoritative leadership, and a set of clearly defined traditions. They claimed spirituality was concerned with people’s search for life’s meaning, purpose, and value. A significant theme expressed in modern-day (or New Age) spirituality is the use of self as the final authority (Bloch, 1998). Thus, each person must find his or her own spiritual path, eschewing the notion there is one “best” or “exclusive” approach to spiritual growth. Another mark of contemporary spiritualists is transformation of consciousness and solidarity in the quest for meaning, even when that quest takes on a countercultural or noninstitutional path (Frame, 2003).

One of the hallmarks of New Age spirituality is its focus on holistic medicine and alternative methods of healing body, mind, and spirit. Homeopathy (the science of herbs, essential oils, vitamins, and minerals) is also an important feature of the New Age movement. That the spirit is in everyone and everything is another common belief among espousers of New Age spirituality. Healing occurs when people connect with holistic energy and learn to harness it. Some refer to this energy as Chi (Chinese), Ki (Japanese), or Prana (yogi; Frost, 1992).

Those involved with New Age spirituality tend to aware of and celebrate mystery. As a result, many explore mystical traditions inherent in Christianity, Kabbalah, Quakers, Shinto, Taoism, Zen Buddhism, and others (Guiley, 1991). Techniques such as alchemy, astrology, magic, palmistry, and transcendental meditation are also popular (Guiley, 1991).

A myriad books have inspired New Age spirituality. Ferguson’s (1980) The Aquarian Conspiracy: Personal and Social Transformation in the 1980s spoke of accessing human consciousness that leads to a deeper appreciation of life. Zukav’s (1989) The Seat of the Soul used the karma doctrine and suggested escape from the bodily realm. In addition, Joseph Campbell’s (1968, 1971, 1986, 1988) books on mythology have greatly influenced the New Age movement. A Course in Miracles (Schucman, 1987) should be included among the major works of the New Age movement. In it, Helen Schucman claimed to be recording the words of an inaudible voice that between 1965 and 1972 dictated to her special spiritual information.

The myriad organizations and practices that have emerged within New Age spirituality are far too numerous to chronicle here. The Transcendental Meditation Program, Hare Krishna Consciousness, Scientology, EST (Ehrhard Seminars Training), Eckankar, Baha’i, and the Unification Church are but a few of the organizations that have emerged bearing New Age spiritual foci (Chandler, 1988).
Relationship of Spirituality to Ethnicity and Culture

In the United States, people of color bring a spiritual and a historical reality into the counseling room. Unique aspects of religion and spirituality, as part of the cultural mix, may be significant for clients of color. *Ethnicity* is defined as a “common ancestry through which individuals have evolved shared customs and values” (McGoldrick, Giordano, & Pearce, 1996, p. 1). It is related to a feeling of *peoplehood* resulting from the combination of race, religion, geography, and cultural history (Frame, 2003). The term *culture* refers to “the commonalities around which people have developed values, norms, family life-styles, social roles, and behaviors in response to historical, political, economic, and social realities” (Christensen, 1989, p. 275). Culture, therefore, unites all of life’s dimensions, including religion and spirituality, that give people meaning, a sense of identity, and a moral compass. Counselors will want to avoid compartmentalizing religion and spirituality and recognize the reciprocal nature of religion and spirituality vis-à-vis ethnicity and culture.

Acculturation level (the degree to which clients have adopted the lifestyles, beliefs, and values of the dominant culture) plays a significant role in how ethnicity and culture influence religion and spirituality. Less acculturated clients will be more focused on beliefs and practices of their countries of origin than those of the dominant culture. Similarly, bicultural clients will move freely between their culture of origin and the dominant culture. Highly acculturated clients will be strongly identified with the dominant culture’s values, beliefs, and practices (Frame, 2003). Paniagua (1994) suggested that acculturation level may be assessed by examining clients’ preferred language and social interaction with members of their own racial–ethnic group in comparison to interaction with members of other groups. In the following sections, I provide cursory information about four major U.S. ethnic groups and some information about their religious or spiritual traditions.

**African Americans**

About 12% of the U.S. population is composed of African Americans, most of whom reside in urban areas (Henderson, 1994). Besides those whose African ancestors were brought to the United States as slave labor, other African Americans hail from Haiti, Jamaica, and other West Indian islands. Although their skin color may unite them, their nationalities, values, and customs may be quite diverse. It is critical for counselors to learn about their African American clients’ backgrounds and not to assume that their sociopolitical context is the same on the basis of skin pigment. Many African Americans are highly influenced by the Black church, an institution that has been a catalyst for both personal and social change.

**Latino and Latina Americans**

According to the last U.S. Census (U.S. Census Bureau, 2008), the 44 million Latinos of various ethnicities who currently live in the United States will grow to more than 62 million by 2020 and perhaps more than 133 million by 2050. These figures do not include the thousands of illegal Latino
immigrants. Latinos have suffered economically, educationally, legally, and socially despite their numbers.

The three largest Latino groups in the United States are Mexicans, Puerto Ricans, and Cubans (Garcia-Preto, 1996). Each of these nationalities has its own values, cultural traditions, religious and spiritual practices, and indigenous healers.

Roman Catholicism is a vital religious force for almost all Latinos. Although there are some differences in the way Catholicism is practiced in various Latino cultures, its Christian concepts of an omnipotent God, eternal life, heaven and hell, and guilt and shame all contribute to the ways many Latinos view themselves and how they make meaning of their lives. Because there are magical aspects to Catholicism (Falicov, 1999), these beliefs are well suited to the indigenous spirituality that was in existence long before the Spanish colonists brought their religion to the United States.

**Asian Americans**

Having emigrated from China, Japan, Korea, the Philippines, Southeast Asia, Asian India, and the Pacific Islands, Asian Americans are extremely diverse (Tan & Dong, 2000). They consist of more than 50 groups who speak more than 30 languages (Sue, Nakamura, Chung, & Yee-Bradbury, 1994). They practice primarily Hinduism, Buddhism, Confucianism, Taoism, and Shinto (see Table 3.1).

It is incumbent on counselors to learn about ethnic and cultural differences between Asians to be effective working with them. One marked difference among varying Asian populations is their level of acculturation and the circumstances (oppression, war, trauma, refugee status) related to their emigration stories (E. Lee, 1996). These aspects of Asian Americans’ lives may be intimately related to the problems that may bring them to counseling.

**Native Americans**

Approximately 2 million people in the United States identify as Native American and hail from more than 500 different tribes and 314 reservations (Sutton & Broken Nose, 1996). Of Native Americans, 37% live on tribal land and the remaining 63% are spread throughout the United States (Trujillo, 2000). Despite their extreme diversity, Native Americans are connected through kinship networks, languages, religious and spiritual practices, ways of life, and current and historical relationships with the dominant culture (Sutton & Broken Nose, 1996). For Native Americans, all of life is sacred: creation, including animals, plants, mountains, trees, water, and sky. The existence of The Sacred obliges humans to care for others and the earth (Matheson, 1996). Wholeness (mental, spiritual, physical, social) is a result of keeping harmonious relationships with the spirit world (Matheson, 1996).

Some of the most oppressive strategies intended to “civilize” Native Americans and to rid them of their tribal customs, traditions, rituals, and practices occurred at the hands of Christian missionaries. The U.S. government supported this large-scale plan to force Native Americans to assimilate
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<td>Judaism</td>
<td>Radical monotheism: There is only one God (Yahweh) who created the universe and continues to govern it. God is holy, omnipotent, omniscient, and eternal. God is revealed to Jews through the natural world, creation, and transcendence. Jews are a people chosen by God to receive the divine law and to be an example of moral living. Because they are blessed by God, Jews are to be a blessing to all people. Covenant (berith) is the contract between God and the Jews that if they acknowledged God and kept God’s commandments, God would reward them. If they failed to be obedient, God would punish them. All of Jewish history is viewed through this lens of divine blessing and retribution. A messiah from the lineage of King David sent by Yahweh to redeem the Jews and restore them to sovereignty in their land is another Jewish concept. Instead of heading a theocracy, some Jews contend that the Messiah will bring peace and love among all nations (Morrison &amp; Brown, 1991). Studying the Torah and faithfully keeping its commandments could hasten the arrival of the Messiah (Sarason, 1993–1996).</td>
<td>Keeping kosher has to do with dietary laws. Certain animals are considered “unclean” and are not acceptable to eat, e.g., fish without fins or scales and pigs. One’s home table is considered God’s table. Acceptable animals have split hooves and chew their cuds. But they may not be served with dairy products, must be slaughtered correctly, and must have the blood drained from them. Sabbath, or the 7th day of the week, is observed by some Jews who perform no work that day. Instead, they spend the day in prayer, study, rest, and family feasting. Festivals: The major festivals were originally agricultural. Passover marks the beginning of the barley harvest. It is the Jews’ celebration of the Exodus from Egypt. Shabuoth occurs 50 days after Passover and commemorates Yahweh’s gift of the Torah at Mt. Sinai. The Jewish New Year, Rosh Hashanah, begins with the call to repentance and culminates in Yom Kippur, the Day of Atonement. This day, the holiest of Jewish holidays, is spent in fasting prayer and confession. Hanukkah is a remembrance of the victory of the Maccabees over the Syrian King Antiochus IV in 165 B.C.E. Purim, observed a month before Passover, marks the Jews’ deliverance from Persia.</td>
<td>Tanakh (law, prophets, and writings) consists of the same books in the Christian Old Testament. Talmud—rabbinical writings that explain the Torah. Midrash—is rabbinical material from sermons.</td>
<td>Most U.S. Jews are descendents from European Jews, survivors of the Holocaust, who immigrated in the mid-19th century. There are three major forms of Judaism in the United States today: Orthodox, Conservative, and Reform. Orthodox Jews eschew modern life and are committed to maintaining their traditional practices adhering strictly to the Torah’s law. Conservative Jews are more flexible than Orthodox Jews, yet they respect traditional Jewish law and attempt to update it in response to contemporary life. Reform Jews are liberal and not authoritarian. In reform Judaism, rather than being separated by gender, families sit together for worship services that are held in English, and women are permitted to become rabbis (Morrison &amp; Brown, 1991).</td>
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<td>Christianity</td>
<td>Christians believe Jesus was simultaneously both fully divine and fully human. God became human in Jesus to conquer the sinfulness (separation from God) of humankind. Although he was human, Jesus was not sinful. Instead, he suffered punishment (death) for the sin of the world. As a result of Jesus’s bodily resurrection from the dead, if they repented and accepted Jesus Christ and his offer of salvation, people could be redeemed from sin. God offered Christians the Holy Spirit, or divine presence, in their lives as an ongoing comfort and guide (Frankiel, 1993). Christians believe they are saved from the power of sin, death, and evil by God’s grace, instead of through obedience to the law (as in Judaism). Grace is God’s free gift. In response to the gift of salvation, Christians attempt to model their lives after the teachings and example of Jesus Christ. The concept of the Trinity holds that while God is one, God is also expressed in three personas: Father, or creator; Son, or redeemer (Jesus); and Holy Spirit, sustainer (Frame, 2003). The church, the believers, are a community that engages in ritual practices, study, worship, and service.</td>
<td>Most Christian churches celebrate at least two sacraments (ritual signs of God’s grace): Baptism and the Eucharist (or Holy Communion; Frame, 2003). Baptism involves the use of water (by sprinkling, pouring, or immersion of a person’s body into water) to symbolize forgiveness of sins, new life, and initiation into the Christian church. The Eucharist, or Holy Communion, is a ritual meal in which bread and wine are taken in remembrance of Jesus’s crucifixion and death. Christians believe that in the sacraments Jesus Christ is mysteriously present with them.</td>
<td>The Bible is considered God’s authoritative word for Christians. It is composed of 66 separate books. Included is the Hebrew scripture (or Old Testament, as it is called by some Christians), the four gospels (Matthew, Mark, Luke, and John), Acts, the letters of the apostle Paul, and Revelation (Frame, 2003). Although there are various perspectives among Christians on the nature, purpose, and approaches to interpretation of the Bible, it holds some authority for all Christians.</td>
<td>The three major divisions in Christianity are Roman Catholicism, Eastern Orthodoxy, and Protestantism (Frame, 2003). The Roman Catholic Church, the largest single Christian entity, is made up of Christians who acknowledge the supreme authority of the bishop of Rome, the Pope, in matters of faith and practice. Adherents to Roman Catholicism hold that their church is the only legitimate one because of its unbroken succession of priests descending from St. Peter to the present time (O’Malley, 1993). Priests, as representatives of Christ, are not permitted to marry and must take a vow of celibacy. Currently, women are not permitted to enter the priesthood. The structure of the Roman Catholic Church is hierarchical, and its focus is on the liturgy of the Mass (Eucharist). Catholics believe in the real presence of Christ in the Eucharist such that bread and wine are transformed into Jesus’s body and blood. The other sacraments are baptism, confirmation, penance, holy orders, matrimony, and the anointing of the sick (O’Malley, 1993–1996).</td>
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The Eastern Orthodox Church, whose members number 4.5 million Americans (Young, 2000), tends to be composed of people from central and eastern Europe. The Orthodox Church is conservative, traditional, and liturgical. In Orthodoxy, humans are believed to be created good. The purpose of humankind is to achieve theosis, or divinization (Young, 2000). Regarding the Bible, most members of the Orthodox communion do not view scripture as inerrant, nor do they believe that it functions as the exclusive authority for Christians. They also believe in the importance of writings of the early church Fathers. One of the most distinctive beliefs held by the Orthodox is that the entire church (bishops, priests, and all the people) is infallible (Young, 2000).

In the 16th century, in an effort to reform the Roman Catholic Church, Protestantism was born. As a result of the Protestant Reformation, modern Protestants hold these beliefs in common: They reject the authority of the Pope and focus instead on the authority of the Bible and the importance of individual faith. In addition, Protestants adhere to the notion of the “priesthood of believers,” a doctrine that emphasizes individual Christians’ direct access to God without mediation by a (Roman Catholic) priest (Frame, 2003).
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<td>Islam</td>
<td>There are five major doctrines in Islam. The first is the belief in the divine unity, tawhid. The belief in angels as divinely appointed agents of God is the second doctrine. The third is a belief in prophecy as revealed especially in the Qur’an (Koran). The fourth belief is in the Last Day, when there will be a final judgment of the living and the dead. The righteous will be granted eternal bliss and unbelievers will be cast into hell. The last doctrine is the Divine Decree and Predestination. It suggests that Allah has already determined who will receive eternal salvation. Although this idea is considered mysterious, Muslims believe humans exercise both freedom and responsibility to make moral and spiritual decisions (Denny, 1993).</td>
<td>The Five Pillars of Islam contain the religion’s most sacred practices. The first is shahada, profession of faith: “There is no God but Allah, and Muhammad is his Prophet.” The second pillar is ritual prayer. Muslims are expected to undergo a ritual cleansing and then to pray five times a day at dawn, noon, midafternoon, sunset, and evening. All of the prayers must be offered facing Mecca. Friday is the holy day for Muslims, and prayer is often conducted in a mosque. The third pillar of Islam is almsgiving. Muslims are expected to give 2.5% of their income to the poor (Hedayat-Diba, 2000). The fourth pillar of Islam is fasting. During the month of Ramadan in which Muslims celebrate receiving the Qur’an, they may not eat, drink, smoke, or have sexual intercourse between sunup and sundown (Hedayat-Diba, 2000). The fifth pillar of Islam is pilgrimage. After age 16, Muslims are expected to make at least one pilgrimage to Mecca. Jihad, or “holy war,” is sometimes touted as a “sixth pillar of Islam.” Jihad, rightly understood, refers to “exertion in the way of God” (Denny, 1993, p. 648).</td>
<td>The Qur’an (Koran) is considered the speech of God to Muhammad, mediated by Gabriel, the angel of revelation (Rahman, 1993). Because Muslims believe the Qur’an came directly from God, it is considered infallible. The second source of Islam is the Sunna, or example of the Prophet, including traditions regarding what Muhammad said or did regarding various issues.</td>
<td>Some Christians participate in serious evangelical efforts in response to Jesus’s mandate to spread his Gospel. Typically, these Christians believe that Jesus Christ is the exclusive means of salvation. Prejudice is likely to be the biggest challenge for Western counselors working with Muslims. Such prejudice may result from media images, especially those associated with the 9/11 terrorist attacks in the United States in 2001. Some Americans view Muslims as fanatics, warriors, hostage takers, and terrorists (Wormser, 1994).</td>
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into mainstream Caucasian culture (Tafoya & Del Vecchio, 1996). As part of the plan, Native American children were required to attend boarding schools, to speak English, to wear Western-style clothing and hairstyles, and to give up their indigenous religious practices in favor of Christianity (Tafoya & Del Vecchio, 1996). Despite this cruel history, various contemporary Christian denominations now honor tribal customs, and some have even incorporated indigenous practices into Christian worship. The Native American church has been a positive contribution of Christianity. It has been described as “the most important pan-Indian movement in this country. It is political, cultural, spiritual, a source of pride, power, and psychological health” (Hammerschlag, 1988, p. 60).

**Working Effectively With Religious, Spiritual, and Ethnic Diversity**

As may seem apparent, it is important for counselors to become familiar with various wisdom traditions. At the same time, it is not possible to become an expert in all of these traditions. Moreover, given the variability within each tradition, assessment of individual beliefs and practices remains at the heart of the counseling process. To that end, there are a number of important considerations in working with religious, spiritual, and ethnic diversity, including addressing differences; considering self-disclosure; respecting religious, spiritual, and cultural authorities; designing culturally sensitive interventions; working with indigenous healers; acquiring necessary skills; and recognizing limits to competency.

**Addressing Differences**

Counselors who work with clients whose religious, spiritual, or ethnic backgrounds are different from their own have a responsibility to do their homework and learn about these major differences and to explore with clients how they express their religious or spiritual beliefs within their ethnic context. It is simply inappropriate to assume that clients will teach their counselors about their religion, spirituality, or culture without the counselor initiating this conversation. Entering into a counseling relationship with clients who are culturally, spiritually, or religiously different than oneself involves taking a posture of “not knowing” (Anderson & Goolishian, 1991). This posture means the counselor gives up the role of expert and, rather, approaches clients while maintaining an open curiosity about how their religious and spiritual perspectives are shaped by their sociopolitical location and their ethnic identification. For example, one might say to a Jewish client, “Tell me about how Judaism influences your daily life experience. What connections, if any, do you see between the problem you are working on in counseling and your religious beliefs?”

One dimension of both building rapport and gaining trust with clients who are different from oneself involves the skill of broaching (Day-Vines et al., 2007). Broaching is defined as “a consistent and on-going attitude of openness and a genuine commitment by the counselor to continually invite
the client to explore issues of difference related to race, ethnicity and culture” (Day-Vines et al., 2007, p. 402). Broaching difference is a means of bringing issues of different religions, spiritual perspectives, and race and ethnicity into the counseling room. For example, the counselor might say to a Buddhist Chinese American client, “I am wondering what it is like for you to work with a White female counselor who identifies as a Christian.” Through the skill of broaching, counselors take the initiative to challenge the “legacy of silence and shame” (Day-Vines et al., p. 402) and make the transition from superficial coverage of clinical issues to a more intimate counseling experience that engenders trust and makes interventions more effective.

**Self-Disclosure**

One of the issues that inevitably surfaces when working with religious or spiritual differences between oneself and one’s clients is the question of whether to disclose to clients one’s beliefs or the lack of them. Some counselors prefer to leave their personal beliefs outside of the counseling room and communicate this position regarding self-disclosure to their clients early in the counseling process. Other counselors believe that by exposing their religious or spiritual values, they are less likely to inadvertently impose them on their clients (Genia, 2000). Still other counselors tend to focus on the importance clients attach to knowing their counselor’s religious or spiritual beliefs. For example, when clients inquire of counselors whether they are Christians, counselors could respond by saying,

> It sounds like you are concerned that if my beliefs are different from yours that I might try to convince you to change them and that would not be acceptable to you. Or, maybe you are worried that I won’t take your religious or spiritual concerns seriously and that it isn’t safe to raise these topics in counseling. (Frame, 2003, p. 160)

After making a statement such as this one, the counselor could add, “You can trust me to respect your beliefs and help you explore the ways your religion and spirituality may be significant in the therapeutic work we engage in together.” These statements may or may not be sufficient for counselors to withhold information about their beliefs without alienating clients. Under these circumstances, it is often best to provide a simple self-disclosure with an assurance that the counselor will not attempt to impose his or her values on the client. Counselors can then make a commitment to clients to monitor clients’ experience with difference. For example, the counselor may say,

> Although I was raised in a Christian home, currently I don’t identify as a Christian. However, I have a basic understanding of Christianity, and I will not try to force you to change your belief system. I believe I have the skills to help you with the challenges you are facing, and I invite you to bring your religious beliefs into our sessions when you think they are relevant. Also, I will check in with you periodically to see how you think our work together is going given our religious differences.

Some variation of these approaches may create space where religious and spiritual difference can be held in tension while therapeutic work is done. And
sometimes, clients will decide they simply must have a counselor who shares their religious or spiritual perspective. When this occurs, a referral is in order.

**Taking Religious, Spiritual, and Cultural Authorities Seriously**

Everyone is influenced by people, beliefs, and institutions that shape their values and their behaviors. These “authorities” may have considerable real or perceived power over people. In the realms of religion, spirituality, and culture, sacred texts, clergy, family members, and ritual practices may be authoritative for clients. In general, counselors must approach these authorities with respect, being careful not to challenge them in ways that are threatening to clients. For example, if the Bible or Qur’an is considered the most significant directive for clients’ lives, then clients will evaluate counselors’ interventions in terms of how consistent they are with the clients’ interpretation of the Bible or the Qur’an. If clients perceive counselors to be in opposition to their religious, spiritual, or cultural authorities, they may become resistant to participating or may terminate the counseling relationship prematurely. The competent counselor will discuss religious, spiritual, and cultural authorities with clients and ask them to explore the relative significance of the various authorities in their lives and how readily they accept influence from them. Although some clients may be open to shifting the valence of influence they receive from their authorities, others may be unwilling to entertain the idea of choosing or changing one’s authorities.

Another means of working with clients’ religious and spiritual authorities is to use them in the service of the counseling enterprise (Frame, 2003). For example, counselors could invite clients who claim the Bible is their ultimate authority for living to bring in Biblical texts that seem relevant to the counseling issues at hand. In a subsequent session, counselors may inquire about clients’ interpretation of these texts and what they think the Bible is saying to them about the problem. Herein lies an opportunity for counselors to engage clients in a meaningful discussion of how they apply their sacred text to life’s dilemmas.

**Designing and Implementing Religious or Spiritual Interventions**

At times, counselors may want to use interventions that are specifically religious or spiritual in nature or to support clients’ self-discovery and advancement toward healing. First, competent counselors will want to check their own “person-of-the therapist” issues to be sure they are not imposing their values or practices on their clients. Next, they will select interventions that are in concert with clients’ belief systems and may result in clients’ growth. Some specific interventions may include (a) inviting clients to engage in meditation, (b) designing and participating in personal rituals, or (c) keeping a spiritual journal that clients may or may not elect to share with the counselor. Participating in spiritual bibliotherapy in which literature serves as the vehicle for introducing a broad spectrum of ideas allows clients to identify with or react
Integrating Spirituality and Religion Into Counseling

to themes related to their counseling issues. Moreover, such an interaction with literature often results in increased self-awareness and possible conflict resolution. Regardless of the types of interventions used, it is paramount that counselors obtain client consent for these activities and make the linkages between the spiritual or religious themes and clients’ presenting problems.

**Working With Indigenous Healers**

In various ethnic communities, indigenous healers play an important role in cultural approaches to physical, emotional, and spiritual health. At times, it may be appropriate to secure the assistance of indigenous healers, including *curanderos*, *santeros*, or medicine men, by developing a consultative relationship with them (C. C. Lee & Armstrong, 1995). Even if the counselor and healer have different approaches and perspectives, these healers have authority for clients and, as a result, may contribute to their well-being in ways in which Western counselors may not be able to do alone. Establishing boundaries around Western psychological practices and shamanic traditions is critical when establishing treatment partnerships with indigenous healers. Counselors may even choose to participate in various ceremonies or ritual acts on behalf of their clients to forge important cross-cultural connections. Finally, counselors will want to establish a referral network with traditional healers, thus potentially enhancing credibility in diverse communities (Frame, 2003).

**Acquiring the Skills for Competent Practice**

Counselors who work with clients’ religious, spiritual, and cultural differences must possess a repertoire of skills specific to these populations. First, one must be willing to engage in self-exploration to confront whatever personal history may arise that has the potential to interfere with counselors’ effectiveness. Unresolved personal issues with religion, spirituality, race, ethnicity, or other aspects of culture are certain to put counselors at risk for incompetent practice. Second, counselors must be intentional in acquiring a body of basic information about world religions and spiritual perspectives emerging from culture and pursue continuing education opportunities to continually add to their knowledge base. Third, counselors must develop the skills of broaching to initiate frank conversations with clients about difference. Fourth, counselors must be open to multiple perspectives and able to suspend their values, especially when clients’ religious or spiritual expression directly contradicts their own. Fifth, counselors must demonstrate the ability to tailor both secular and spiritually based interventions to serve clients’ welfare and growth. Sixth, counselors must actively seek supervision and consultation when moving into arenas beyond their current experience. These skills are minimal benchmarks for counselors’ competency when working with spiritual, religious, and cultural difference.

**Recognizing and Accepting the Limits of Competency**

One of the hallmarks of competent practice is being able to recognize when one is approaching one’s limits of competency. When working with clients of
diverse religious, spiritual, and cultural backgrounds, it is important to assess when lack of knowledge, skill, experience, or the presence of personal issues interferes with one’s effectiveness. When counselors find themselves working with clients whose religious or spiritual perspectives are extremely different from their own and interwoven with clients’ psychological problems, when they have attempted to learn as much as they can through outside reading and professional consultation, and when their lack of information about the religious or spiritual system appears to be a significant impediment to a client’s progress, then counselors are coming up against the limits of their competence. In addition, when such differences in religious, spiritual, or cultural background make it difficult for counselors to establish rapport and build trust, when clients question counselors’ ability to deliver services that result in meeting client goals, then one’s competency may be at risk. When counselors find themselves personally triggered by clients’ disclosures, perspectives, attitudes, or behaviors, and when counselors are not able to manage their emotional responses without spillover into the counseling process, then they should consider personal counseling, supervision, professional consultation with clergy or other spiritual leaders, and referral. Ethical practice demands self-knowledge and appropriate action.

Case Example

In the following case, I illustrate the ways in which an African American woman’s counselor responded to her client’s religious concerns and spiritual and emotional pain in the context of her ethnic and cultural milieu. Suggestions for specific interventions reveal ways to draw on the resources of the African American community and the traditions of the Black church in service of the client’s wholeness.

LaTrisha is a 32-year-old African American woman who sought counseling with Amy because she was concerned about her grandmother’s diagnosis of cancer. LaTrisha’s grandmother had undergone both chemotherapy and radiation and appeared to be losing her battle with the cancer. LaTrisha knew her grandmother was dying, and this situation put her in a crisis. Not only was she facing the loss of her grandmother, to whom she was very close, but she was also struggling with her religious views about the afterlife. LaTrisha was a member of a “Bible-believing nondenominational church” whose doctrine included the belief that “only born-again Christians will go to heaven when they die.” LaTrisha’s grandmother had never been involved in a church and had little use for religion of any kind. LaTrisha’s distress over her grandmother’s condition included both the sadness associated with losing her grandmother to cancer and a fear about her grandmother’s eternal destiny. (Frame, 2005, pp. 13–14)

In this case, psychological, theological, and cultural issues are intertwined. LaTrisha is experiencing grief, but that grief is exacerbated because of her religious belief that her grandmother will die “lost and condemned to hell.” Although spirituality is certainly at play here, it is expressed primarily as a religious issue. LaTrisha’s church doctrine and her own religious beliefs have created havoc with her emotions. Moreover, LaTrisha is a member of a Black
church in an African American community—facts that shape the sociopolitical–spiritual context of this case.

LaTrisha’s counselor, Amy, approached her with empathy, acknowledging LaTrisha’s sadness and fear about her grandmother’s impending death. For two sessions, Amy engaged LaTrisha in a conversation about her view of God, faith, and the afterlife. By so doing, Amy was able to see how integrated and solid LaTrisha’s beliefs were. Amy wondered whether LaTrisha had introjected a doctrine that she had not examined. Giving her an opportunity to think about her beliefs in a safe environment resulted in some small shifts in belief that reduced LaTrisha’s pain. For example, LaTrisha was able to adjust her views somewhat to move from the notion of absolute certainty about how God would act, to a perspective of not knowing but trusting that God is benevolent.

In addition, Amy suggested LaTrisha read some literature about varying viewpoints on the afterlife. One book in particular, *The Will of God* (Weatherhead, 1944), was particularly useful. Talking with LaTrisha about her response to the ideas expressed in the book helped LaTrisha galvanize her views. As a result, LaTrisha was more able to accept the “mystery” of God’s activity than when she initiated counseling. La Trisha revealed that reading the book helped her “realize there were so many different ways to think about God’s will.” Amy then helped LaTrisha plan a talk with her grandmother so LaTrisha would share her concerns and express her love. In this conversation, LaTrisha had the opportunity to hear her grandmother’s perspectives on life and death and the afterlife. In addition, Amy worked with LaTrisha to celebrate her relationship with her grandmother, and the two of them made a memory book of their special times together.

Drawing on the traditions of African American spirituality, Amy used music and song to help LaTrisha cope with the anticipatory grief she was experiencing. These media have been powerful vehicles for self-expression by African Americans throughout the generations (Jones, 1993). In the Song of Self exercise (Frame, Williams, & Green, 1999), LaTrisha was encouraged to construct lyrics that told a story of strength and to set her verses to music. With Amy’s support and encouragement, LaTrisha revised and expanded the song throughout the counseling process as she entered fully into her grief. Such a lamentation was consistent with both her religious and her cultural traditions.

Another intervention, the Letting Loose exercise, was adapted from Pack-Brown, Wittington-Clark, and Parker’s (1997) work with African American women. In this exercise, Amy invited LaTrisha to focus on a problem she wished to let go (her fear and worry for her grandmother). With music playing in the background, Amy asked LaTrisha, still focusing on the problem, to get up and begin to move to the music. Amy invited LaTrisha to imagine she was holding on to the problem, then gradually that she was loosening her grip and allowing the problem to float away. After the exercise was complete, Amy asked LaTrisha how it felt to turn loose the problem and to express this feeling in movement.

Spirituals may be another source of comfort for African American female clients. The lyrics of these songs tell of the ability of the soul to transcend seemingly impossible obstacles to emotional wholeness. Amy brought in a CD of these songs and listened to them with LaTrisha. The two of them discussed...
the themes of liberation present in the songs. LaTrisha was able to view death as her grandmother’s liberation from pain and disease. She also embraced her own liberation by being unleashed from some narrow beliefs that had held her captive and cut her off from her beloved grandmother.

Conclusion

In sum, one cannot underestimate the power of worldview, ethnic perspective, and cultural background in influencing how people construe their religious and spiritual realities. It is incumbent on counselors to gain knowledge about varying religious and spiritual traditions within their ethnic and cultural contexts and to be sensitive to and respectful of this type of diversity in their clients. The knowledge, skills, and dispositions discussed in this chapter are considered minimal competencies that counselors should possess to work with diverse populations. Aspirational competencies include acquiring a comprehensive understanding of major world religions and spiritual systems; becoming extremely adept at assessing the intersection of clients’ psychological problems and religious, spiritual, and cultural issues; mastering the art of designing and implementing spiritually sensitive interventions that result in measurable positive client outcomes; and possessing deep self-awareness that prevents imposition of counselor values and beliefs on clients. Moreover, aspirational competencies include the ability to seek appropriate quality supervision and consultation to better serve clients and maintaining a broad referral network and using it when necessary to enhance client welfare.

Questions for Self-Reflection or Discussion

1. What “self-of-the-therapist” issues do you think may interfere with your effectiveness in working with clients’ diverse religious, spiritual, or cultural backgrounds?
2. What fears do you have about integrating religion and spirituality into counseling?
3. What knowledge and skills do you need to acquire to make you minimally competent in this area?
4. How will you know you have attained competency working with the intersection of clients’ diverse religious, spiritual, and cultural issues and their psychological problems?

Recommended Readings


References


Integrating Spirituality and Religion Into Counseling


Counselor Self-Awareness: Exploring Attitudes, Beliefs, and Values

W. Bryce Hagedorn and Holly J. Hartwig Moorhead

How can you draw close to God when you are far from your own self?
—St. Augustine (AD 397)

Competency 3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

Competency 4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

Competency 5. The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer. (ASERVIC, 2009)

Historically, great thinkers such as Aristotle, Socrates, Confucius, and Nietzsche have noted the significance of self-awareness to understanding others, the world, and oneself. Socrates’ centuries-old mantra “know thyself” communicates the value of self-knowledge on the pursuit of a productive, satisfying life.

Among the spiritual competencies, Competencies 3, 4, and 5 highlight the importance of counselors’ continual self-exploration and self-evaluation and limit recognition when working with clients’ spiritual concerns. They also bridge counselors’ conceptual and experiential understandings of spirituality. Specifically, Competencies 1 and 2 concentrate on learning significant religious/spiritual concepts such as key definitions, similarities and differences, and clients’ belief systems. Competencies 3, 4, and 5 integrate learning and application, focusing on counselors’ personal experiences and exploration of
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religion/spirituality. In contrast, Competencies 6 through 14 emphasize how counselors practically address spiritual/religious concerns with clients. The self-awareness competencies were intended to precede the clinical application competencies. The Summit Working Group that developed the competencies believed that counselor self-awareness was necessary for competent practice. Put another way, without self-awareness, counselors will likely fail to effectively respond to clients’ spiritual/religious concerns. Therefore, this chapter is intended to help readers recognize the need to explore their personal beliefs and the impact of these beliefs on their relationships with clients. Accordingly, we address Competencies 3, 4 and 5 by (a) briefly reviewing literature regarding the necessary exploration, evaluation, and recognition of spiritual and religious issues; (b) examining the types of clients, presenting issues, and personal concerns that can present unique challenges to counselors; (c) describing self-directed activities to explore personal attitudes, beliefs, and values about spirituality and religion; and (d) providing a case example to illustrate the practical application of the identified competencies.

**Know Thyself: Self-Awareness as the Key to Competence**

*You are always the same, Unfathomable awareness, Limitless and free, Serene and unperturbed. Desire only your own awareness.*

—Ashtavakra Gita 1:17 (Byrom, 1990, p. 5)

**Competency 3.** The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

The elements of professional self-awareness and self-knowledge include maintaining personal balance and monitoring the differences between counselor and client cultural and belief systems. In fact, Coster and Schwebel (1997) identified self-awareness and self-monitoring as the most important counselor characteristics, asserting that these processes serve “the essential purpose of maintaining our bearings and avoiding self-deception” (p. 11). Without understanding the impact of one’s attitudes, beliefs, and values when working with clients, counselors not only risk providing inadequate care, but can also experience personal and professional distress, disengagement, compassion fatigue, burnout, and poor judgment (Meier, Back, & Morrison, 2001; Simpson & Starkey, 2006). Given that spiritual beliefs are part of all cultural systems, counselors without self-awareness will likely not develop the necessary empathy, attitudes, and insights to work with clients whose religious/spiritual beliefs differ from their own (Richardson & Molinaro, 1996). In these cases, it is likely that the counselor will provide incompetent care to culturally (i.e., religiously/spiritually) diverse clientele (Wilson & Weis, 1995).

Can counselors truly assist clients through their own self-exploration process if they themselves are not committed to the continual exploration of their own attitudes, beliefs, and values? Most counselors and counselor educators would say no. In fact, in exploring the key components of optimized
psychological health, Kinnier (1997) noted the need for counselors to pursue self-knowledge and self-awareness. Through regular self-exploration and introspection, counselors are encouraged to recognize their internal motivations, awareness of countertransference, and true feelings as these pertain to the therapeutic setting. Kinnier concluded that “of all the goals of psychotherapy and counseling, the goal of self-knowledge is probably the most central and universal” (p. 52). Several researchers have demonstrated the efficacy of actively fostering such skills in students through experiential exercises and even personal therapy (Meier et al., 2001; Merwin, 2002; Richardson & Molinaro, 1996), whereas others have recommended curricular changes to meet this need (Williams, Judge, Hill, & Hoffman, 1997).

Competency 3 addresses the necessity of counselor self-awareness. Whereas counselor education programs have traditionally emphasized such core conditions as unconditional positive regard, genuineness, congruence, empathy, and warmth (including respect for others), the attention given to multicultural awareness factors such as race, gender, ethnicity, sexual orientation, and spiritual and religious issues is still developing. Given that clients desire counselors “who will honor their seeking for something sacred and who can respect their whole being in its psychological and spiritual fullness—rather than belittling or minimizing their spiritual seeking, as much of traditional psychotherapy has historically done” (Cortright, 1997, pp. 13–14), the importance of Competency 3 is clear. Accordingly, in this section we offer resources for increasing spiritual/religious self-awareness and enhancing sensitivity to and acceptance of client belief systems.

Need for Spiritual Self-Awareness

Just as the counselor’s insight into her or his own psychological background is critical to ethical and therapeutic counseling, so too is awareness of her or his spiritual issues. Counselors should be able to answer questions such as “Who am I? Where did I come from? Where am I going? What does life mean? What is worth living for?” (Helminiak, 2001, p. 163), especially because these questions commonly arise with clients. Other topics addressed in counseling include such things as forgiveness, transcendence, and understanding tragedy, as well as client beliefs about sin, faith, the afterlife, morality, sacredness, leading a spiritual or religious life, altruism and high ideals, one’s relationship with God or a higher power, and the value of material possessions (Weinstein, Parker, & Archer, 2002). If counselors do not recognize the spiritual implications of these issues in their own lives, can they effectively explore such issues with clients?

Leaders in the helping field have asserted that before counselors assist clients with spiritual concerns, they must both acknowledge and be comfortable with their own spiritual beliefs, values, and journeys (Capuzzi & Gross, 2003; Fukuyama & Sevig, 1997; Sacks, 1985; Tuck, Pullen, & Wallace, 2001). Hickson, Housley, and Wages (2000) asserted that counselors must be aware of the importance of understanding their own spirituality as it relates to working with clients seeking spiritual answers. To reflect on whether counselors can
take clients where they themselves have not gone, we begin by considering how counselor value systems affect clients. Then, we investigate (a) developing self-awareness, (b) components of spiritual self-awareness, and (c) benefits of continual self-exploration of spiritual beliefs and values.

Impact of Counselor Value Systems
Self-exploration begins with an examination of one’s personal attitudes, beliefs, and values systems. McLennan, Rochow, and Arthur (2001) called on counselors to explore how their spiritual and religious attitudes and beliefs affect their values and overall professional practice. Counselors’ values (which encompass attitudes and beliefs) are integral to the therapeutic process; without acknowledgment, it is likely that these will be imposed on clients.

Values are crucial to counselors’ conceptualizations of mental health and preferred theoretical orientations (McLennan et al., 2001). Left unexplored, counselors’ spiritual beliefs and attitudes can have a negative impact on therapeutic alliances. Worse, counselors may inadvertently (a) invalidate clients’ spiritual experiences, (b) unethically undervalue client belief systems, (c) fail to recognize important client concerns, (d) fail to recognize positive spiritually focused coping skills, and (e) neglect positive influences of clients’ spiritual belief systems on therapeutic processes (Helminiak, 2001; Hinterkopf, 1994; Miller, 1995; Souza, 2002). When counselors possess insight regarding personal values, however, they more effectively assess and treat clients with or without spiritual concerns, refer when necessary, and recognize when issues are beyond their professional competence (Worthington, Kurusu, McCullough, & Sandage, 1996).

As an example of how a lack of counselor awareness affects the counseling process, W. Bryce Hagedorn has observed counseling students’ reluctance to explore clients’ spiritual histories, which has been evident by some novice counselors’ rushing through the spiritual assessment process of a psychosocial assessment. While conducting an intake session, these students use probing questions to sufficiently explore clients’ past and current physical and mental health, relationships, abuse history, drug use, and suicidal ideations. When the topic turns to clients’ spiritual and religious practices and beliefs, however, exploration levels drop dramatically. When probed as to why further assessment did not occur, these students commonly respond with “That’s too personal an area to explore during a first session” or “I wouldn’t know how to address those areas if the client had questions—I don’t even know what my beliefs are in that area.” Comments such as these speak to the importance of fostering counselors’ self-awareness of their own spiritual attitudes, beliefs, and values to help them accept and appropriately address others’ values and beliefs.

We would therefore assert that counselors can only foster clients’ exploration of spiritual and religious matters as far as they themselves have committed to their personal spiritual growth. Indeed, it has been suggested that whereas most competent counselors can emotionally support their searching clients, those counselors who possess personal spiritual values, who have sought to improve their awareness of these values, and who have explored deeper spheres of being related to spirituality and religion offer the most valuable encouragement to their clients doing the same work (Vaughan & Wittine, 1994).
Opportunities for Developing Self-Awareness

Often, counselor preparation programs stress self-awareness as an essential element of professional development (Fauth & Williams, 2005; Guiffrida, 2005; Lennie, 2007), yet many do not emphasize spiritual self-awareness. Exploration of spiritual awareness likely transpires during coursework related to spirituality, religion, or both, but many programs do not offer such courses (Williams et al., 1997) or curricular experiences and/or lack systematic means to prepare counselors to assess and treat clients seeking spiritually related answers (Briggs & Rayle, 2005; Cashwell & Young, 2004). Experienced counselors also tend to lack the necessary skills to work with clients’ spiritual and religious experiences (Genia, 2000; Hickson et al., 2000; Schulte, Skinner, & Claiborn, 2002; Zinnbauer & Pargament, 2000) and may therefore be unprepared to incorporate clients’ spiritual/religious experiences into the therapeutic process (Weinstein et al., 2002).

In response to both the lack of professional preparation in areas related to spiritual and religious self-awareness and the need to develop the skills necessary to work with clients’ spiritual/religious concerns, many authors have called for the systematic addition of spiritual components to counselor preparation programs (Briggs & Rayle, 2005; Cashwell & Young, 2004; Hagedorn & Gutierrez, 2009; Young, Wiggins-Frame, & Cashwell, 2007). We are grateful that these same authors have offered suggestions for fostering the necessary growth; the reader is encouraged to review these authors’ work.

Components of Spiritual Self-Awareness

Having identified the need for increased counselor self-awareness related to spiritual and religious attitudes, beliefs, and values, we now turn to the necessary components that facilitate such an awareness process. McLennan et al. (2001) asserted that spiritual self-awareness, as it affects the counseling relationship, entails four integrated processes.

1. During the first process, one reflects on how one’s attitudes, beliefs, and values have developed across the life span, which involves a consideration of the transition from childhood beliefs (which may have been extensions of parental spiritual/religious beliefs and practices) to adolescent beliefs (which may have resulted in a rejection of such beliefs) to adult beliefs (which are characterized by an integrated belief system).
2. In the second process, one explores personal biases, fears, doubts, and prejudices, possibly through an involvement with an organized spiritual experience or existential inquiry with colleagues, clergy, or spiritual mentors.
3. During the third process, one explores the assimilation of spirituality/religion into the counseling process itself by examining connections among mind, body, and spirit.
4. In the final process, one engages in a continual assessment of comfort levels while exploring spiritual/religious matters with clients, particularly when client beliefs differ markedly from the counselor’s.
In addition to these four processes, Chappelle (2000) offered additional paths to self-awareness, including (a) gathering spiritual/religious information directly from clients (e.g., allow the client to be the expert in his or her spiritual/religious practice), (b) learning about specific spiritual/religious beliefs by studying religious materials, and (c) exposing oneself to specific experiences with spiritual/religious groups and obtaining necessary supervision and consultation from those familiar with such belief systems. To conclude, these suggestions by McLennan et al. (2001) and Chappelle are processes, not events: They are ongoing, developmental practices for increasing the self-awareness of competent counselors.

**Benefits of Continual Self-Exploration**
Counselors who continually explore their spiritual/religious attitudes, beliefs, and values will more likely

- Fully understand and empathize with their spiritual/religious clients;
- Contextualize their interventions so that they are in harmony with the client’s belief system;
- Competently use spiritual and religious resources in the client’s life; and
- Recognize cultural blind spots that cause them to unknowingly show disrespect or a lack of sensitivity to the client’s spiritual/religious values (Richards & Potts, 1995, p. 169).

To add to this list of reasons for continued counselor self-exploration, counselors should also be aware of their biases so that they can circumvent them when necessary, while at the same time clarifying their values to identify those client issues with which they cannot effectively work (Bishop, 1992).

Counselors who avoid ongoing introspection may unwittingly ignore or invalidate clients’ spiritual experiences, impose their belief systems onto clients, or both. For example, a counselor may have a valid reason to reveal her feelings about a couple cohabitating in lieu of marriage to challenge her client’s choices as they relate to the relationship; however, this would likely be inappropriate if she presented her theological perspective on the matter (unless the client was specifically seeking such feedback). Without continual self-evaluation and supervision, counselors may impose their own attitudes, beliefs, and values; fail to connect with spiritual and religious clients; or both.

**Self-Exploration Activity 1 (Global Self-Reflection)**
A method of understanding one’s spiritual/religious attitudes, beliefs, and values is through an exploration of one’s personal journey. The following questions are adapted from Fukuyama and Sevig (1997), Bishop (1992), and Vaughan and Wittine (1994) and can be used in various ways (e.g., contemplative meditation, journaling, dyadic or small-group sharing, and classroom discussion) to delve into the formation and evolution of personal religious
and spiritual beliefs. Exploring each question may take considerable time depending on the depth of reflection. Readers who contemplate these questions should be better able to understand how their beliefs and value systems relate to their personal spiritual and religious practice (Bishop, 1992). Those who find the exercises overly invasive or feel resentful or apathetic toward their spiritual selves should, at the very least, refer clients with spiritual issues and, at best, seek additional personal growth in these areas.

1. What were the specific religious/spiritual beliefs and values of my parents (or my family of origin)? (A family tree or a religious/spiritual genogram may be constructed to track the development of religious/spiritual beliefs and values.)

2. What religious/spiritual beliefs and values was I taught as a child? Who influenced these beliefs and values outside of my immediate family?

3. Were my religious/spiritual values and beliefs common to my peers or were they unique to my experience?

4. How have my religious/spiritual beliefs and values changed as I have moved through developmental life stages (i.e., adolescence, young adulthood, midlife, and old age)? How has my practice of these beliefs and values changed? How has my perception of these beliefs and values changed?
   a. Did I assimilate values and beliefs from those with which I was raised into my current beliefs and values?
   b. What factors caused me to accept or reject the religious/spiritual values of my family or peer group?

5. Where and when were some of the turning points in the development of my religious/spiritual beliefs and values?

6. Where am I now on my religious/spiritual journey?
   a. Am I active in organized religion? Why or why not?
   b. Do I see a distinction between religion and spirituality? Why or why not?
   c. How does religion help or restrict my spirituality?
   d. What meaning does this period of my life have in the context of my life as a whole?
   e. What are my current struggles and challenges as they relate to my religious/spiritual beliefs and values? What is the likely outcome, and will I grow as a result?

7. What are the religious/spiritual issues with which I will have the most difficulty working as a counselor?

8. How will I increase my capacity to work with such issues?

Creativity and art may also express one’s spiritual/religious history. For example, a picture may be created to symbolize the response to any of the preceding questions. Pictorial or musical collages, poems, or interpretive dance representing different periods of spiritual development may be created. Whatever method, we encourage you to share journeys in safe, supportive environments with others.
Know Thy Client: Self-Awareness as the Key to Effective Practice

_Self-awareness, self-illumination, and self-rapture,
These three are the fruits of Mind;
Sow the seeds, ripen the fruit,
Refine the fluid, and the essence emerges.
If you look for fruit, these are the fruit you should seek._

—Milarepa (1052–1135)

**Competency 4.** The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

As Competency 4 suggests, it is important for counselors to increase spiritual/religious self-awareness to enhance their understanding and acceptance of diverse client belief systems and provide competent services. Moreover, such awareness is needed to assess the influence that such beliefs and values have on clients. As we demonstrate in this chapter, the counseling research has validated the essential nature of this process: Counselors’ self-awareness and ability to address both their own and their clients’ spiritual/religious issues will affect the counseling relationship.

In the past, counselors have been ambivalent, confused, and even hostile toward clients’ spiritual and religious values. For many years, significant differences existed between counselors’ and clients’ spiritual and religious beliefs and involvements, with counselors generally participating less in religious practices than their clients (Bergin, 1991). Additionally, clients have valued the incorporation of spiritual and religious matters into counseling more than their counselors (Bergin & Jensen, 1990). Perhaps these tendencies have contributed to religious clients’ fears that secular counselors would undermine their values (Worthington & Scott, 1983). Consequently, some have warned that counselors may intentionally or unintentionally attempt to instill more secular values into their clients (Tjelveit, 1986). In response, Bergin (1991) urged counselors’ tolerance of their clients’ religious beliefs by saying,

> It is important to recognize that many clients are not treated within a congenial values framework because so many counselors do not understand or sympathize with the cultural content of their clients’ religious world views but instead deny their importance and coerce clients into alien values and conceptual frameworks. (p. 399)

In response to some counselors’ insensitivity toward clients’ spiritual and religious concerns and beliefs, Ingersoll (1994) suggested three practical steps that counselors can take to better understand the impact of religion, spirituality, or both on clients’ lives: (a) Actively acknowledge and affirm the importance of spirituality in clients’ lives; (b) join with clients by integrating their terminology and imagery into therapy; and (c) with clients’ approval, willingly consult spiritual leaders of clients’ belief systems. These same ideals
were upheld in the Association for Spiritual, Ethical and Religious Values in Counseling’s spiritual competencies, recently validated by Robertson (2008).

Although some counselors use these principles and practices, not all counselors develop self-awareness or effectively address spiritual and religious issues with clients. In this section, we examine the impact of counselor self-awareness (and the lack thereof) of spiritual and religious issues on clients and counseling processes and offer practical exercises for counselors to help foster spiritual self-awareness to enhance both the counseling relationship and the therapeutic outcome.

**Importance of Spiritual Awareness in Counseling**

It is noteworthy that spirituality is an essential component of the wellness approach to conceptualizing and addressing clients’ concerns (Myers, 1992). Within this approach, wellness is achieved by balancing human functioning among intellectual, emotional, physical, social, and occupational life dimensions, all of which exist around the central concept of spirituality (Myers, Sweeney, & Witmer, 2000). Indeed, McLennan et al. (2001) asserted that counselors’ ignorance of the impact of religion and spirituality on the overall development of clients’ lives invalidates crucial aspects of individual identity. Moreover, others have suggested that spiritual health should not be viewed distinctly from other wellness dimensions; rather, spirituality is a component of the other wellness dimensions (Chandler, Holden, & Kolander, 1992). Thus, thoughtful and competent counselors will consider how spirituality affects all dimensions of clients’ lives.

Clearly, spirituality is central to human functioning in the theoretical and conceptual models found within the counseling literature. This is not just a research perspective, however, because most people identify religion/spirituality as essential elements of their lives. In fact, a survey by the Pew Forum (2008) of more than 35,000 people in the United States found that 56% of people identified religion as being very important in their lives. Therefore, counselors will inevitably work with clients for whom spirituality/religion are significant factors and need to anticipate and competently respond to these issues (Gonsiorek, Richards, Pargament, & McMinn, 2009). In fact, many clients desire an opportunity to discuss spiritual/religious issues with their counselors. For example, Lindgren and Coursey (1995) found that 67% of clients wanted more opportunities to discuss spirituality in treatment. Similarly, Weld and Eriksen (2007) found that 82% of self-identified Christian clients desired spiritual interventions (such as prayer) as a part of counseling. In light of the central nature of spirituality to human well-being and many clients’ expectations that counseling will address spirituality/religion, what are the effects of addressing (or not addressing) spirituality/religion within counseling relationships?

**Impact of Addressing Spirituality or Religion**

Evidence has demonstrated many benefits of addressing clients’ spiritual and religious beliefs and concerns. Such results have been observed in (a) favorable treatment outcomes for numerous clinical issues and (b) counselors’ adherence to ethical counseling practice. We explore both here.
Various researchers have observed favorable treatment outcomes when counselors address spirituality/religion in the counseling relationship. These outcomes include positive coping with sexual abuse (Murray-Swank & Pargament, 2005), resolution of eating disorders (F. Smith, Hardman, Richards, & Fischer, 2003), and treatment of substance abuse (Piedmont, 2004). Moreover, a meta-analysis of 31 outcome studies that used spiritual treatment interventions with clients who experienced myriad psychological problems (conducted over approximately 20 years) demonstrated that spiritual or religious treatments generally produced effective results in areas as diverse as depression, anxiety, and stress without different outcomes based on factors such as client gender or age (T. Smith, Bartz, & Richards, 2007).

Addressing spiritual/religious matters appropriately in counseling relationships also helps counselors to practice ethically. Contrary to the old adage “There’s no such thing as too much of a good thing,” too much, or the wrong kind, of attention to spiritual and religious issues can harm counseling relationships (Gonsiorek et al., 2009). Gonsiorek et al. (2009) warned that unethical practice often results from counselors who carelessly transition from providing services that are sensitive to clients’ spiritual and religious issues to offering primarily religious services that are more appropriately addressed by a religious leader. This issue certainly warrants significant consideration of how spiritual and religious interventions may be used competently to enhance, rather than hinder, counseling relationships.

**Impact of Not Addressing Spirituality or Religion**

It is important to understand that negative results may occur when counselors fail to competently address spiritual/religious issues as part of counseling. These results may occur as a result of (a) client fearfuliness, (b) counselors’ failure to meet client expectations, and (c) the risk of unethical practice. Scholars have warned that clients may become fearful of counselors and the counseling process if they believe that their spiritual or religious values and beliefs will be disrespected or challenged (Worthington & Scott, 1983). Certainly, the possibility of this negative reaction has the potential to undermine trust and respect, both of which are foundational to effective counseling relationships. Counselors therefore need to be ready to address their clients’ fears.

Clearly, some counselors miss opportunities to address religious or spiritual matters and fail to meet their clients’ expectations. Lindgren and Coursey (1995) found that among the 67% of clients who wanted more opportunities to discuss spirituality in treatment, only 33% actually discussed spiritual concerns in counseling. Moreover, they found that most clients indicated discomfort with discussing spiritual issues with counselors because they believed that their counselors would not understand their beliefs or that the counselors had different religious/spiritual backgrounds. The researchers warned that counselors may damage counseling relationships by not addressing their clients’ religious/spiritual concerns and that counselors should refer their clients to appropriate community spiritual and religious resources when warranted.

Finally, counselors who fail to appropriately recognize and respond to clients’ spiritual or religious concerns may be engaging in unethical practice,
which can be a result of (a) failing to render effective treatment, (b) engaging in ethical violations, and (c) proselytizing instead of responding appropriately to client concerns (Gonsiorek et al., 2009; Gubi, 2009; Lindgren & Coursey, 1995; T. Smith et al., 2007). Clearly, avoiding the exploration of clients’ spiritual and religious concerns is a practice itself to avoid.

**Appropriately Addressing Spirituality in Counseling**

Having explored the potential impacts of addressing and not addressing clients’ spirituality/religion, it is important to discuss the fact that positive client benefits may only be accrued when the counselor appropriately integrates spirituality/religion into the counseling process. The counseling literature offers many examples of the beneficial and ethical incorporation of spiritual interventions into the counseling process. For example, Gubi (2009) conducted a qualitative study of 19 mainstream British counselors who used prayer as a spiritual intervention in their clinical work. Gubi noted that the counselors were vigilant (a) about how prayer was used and (b) about the potential ethical issues when certain conditions existed. Such ethical considerations included the presence of client psychopathology, prayer serving as avoidance or defense, prayer used to enhance the counselor’s power, prayer that could not be challenged, and prayer differences between clients and counselors. In another qualitative study, Johnson, Hayes, and Wade (2007) noted that counselors should do the following to address spiritual matters in counseling: (a) professionally espouse a pluralistic approach to spirituality even if personal beliefs are more exclusive, (b) intentionally assess spiritual problems; (c) demonstrate openness to spiritual issues in the counseling process, and (d) acknowledge beneficial treatment outcomes that may result from addressing spiritual or religious matters.

As might be expected because it relates to the appropriate use of such interventions, counselors’ self-reported competency using spiritual or religious interventions has been noted to be associated with their clinical training with religious clients and training in spiritual and religious interventions (Walker, Gorsuch, & Tan, 2005). Finally, Zinnbauer and Pargament (2000) determined that those counselors best suited to work effectively and ethically with clients’ diverse spiritual and religious beliefs and issues are those who (a) are informed about various spiritual and religious issues and (b) are consistently aware of personal perceptions of spiritual and religious issues. We now turn to some practical ways to enhance counselors’ spiritual and religious self-awareness to foster such competency.

**Self-Exploration Activity 2 (Focused Self-Reflection)**

During most counselor education training programs, students regularly give and receive feedback about such things as their skills and their personal impact on others through activities such as formal or peer supervision, video or audio reviews of counseling performances, or journaling their feelings, experiences, and reactions to counseling roles. Most of these activities are designed to increase students’ perspectives and hone their professional skill in
self-monitoring, self-evaluating, and identifying alternative courses of personal and professional action.

Unfortunately, on matriculation from their graduate programs, we have observed counselors moving into professional environments with limited opportunities to (a) receive specific, evaluative, in-depth feedback on their performance and (b) engage in intentional and reflective assessment. Consequently, many counselors become accustomed to evaluating their effectiveness via impersonal criteria (e.g., meeting deadlines, finishing reports, attending required supervision sessions or case staffings, focusing on general treatment requirements) and receive little, if any, external perspective on their skills and performance. Therefore, both students and practicing counselors may benefit from integrating the following feedback activities into their professional practices to continue the self-awareness process.

**Tape Review**

With your client’s written consent, create audio or video recordings of your clinical sessions and review these recordings alone or with a peer consultant or supervisor. Focus specifically on (a) your contributions to the sessions; (b) your impact on your client, the counseling process, or both; and (c) the degree of exploration of spiritual or religious issues you engaged in with your client. Next, consider the following questions regarding your clients:

1. How did my personal beliefs manifest in session?
2. How did my client respond to the way my beliefs presented in session?
3. Was my client’s reaction positive, negative, or something else?
4. What areas of self-awareness do I need to develop as a result of evaluating my performance?

As it relates to your spiritual/religious competency in general, consider these questions adapted from Richards (2009):

1. Am I able to create spiritually safe and affirming therapeutic environments for clients?
2. Am I able to conduct effective spiritual and religious assessments of clients?
3. Am I able to use or encourage spiritual and religious interventions, if indicated, to help my clients access resources of their faith and spirituality during treatment?
4. Am I able to effectively consult and collaborate with and, when needed, refer to clergy and other pastoral professionals?

Use the information from your tape review to develop a specific and achievable action plan to further develop areas of self-awareness. You might consider working with an appropriate supervisor, pursuing additional education and experiences, or engaging in other activities described in this chapter to foster an enhanced understanding of spiritual and religious issues.
Journaling

For this exercise, choose from your work with one or two clients whose issues are of a spiritual/religious nature. Before meeting your client for session, journal your feelings and thoughts related to the upcoming session. Consider the following questions:

1. What issues will I address with my client?
2. How does my client conceptualize problems and possible solutions in relation to his or her spiritual or religious beliefs?
3. How comfortable am I exploring my client’s spiritual or religious beliefs?

After your session, journal your reactions and observations about your session and consider:

1. How did I affect the client?
2. How did I affect the counseling process?
3. How did my actions encourage or hinder the degree of exploration of spiritual or religious issues during this session?
4. What did I do (or not do) that helped my client process spiritual or religious issues?
5. Was my client’s reaction to this session positive, negative, or something else?
6. What areas of self-awareness do I need to develop as a result of evaluating my performance?

Review your pre- and postsession journal entries before meeting with your client for subsequent sessions. You might share all or parts of your journal with an appropriate supervisor or peer consultant. Use the insights you gain from reflecting on your journal to develop a specific and achievable action plan to further develop self-awareness to help you better identify and respond to your client’s spiritual and religious beliefs.

As you intentionally progress in enhancing self-awareness of your spiritual/religious beliefs and understand the impact that your beliefs have on clients and the counseling process, you will move toward recognizing the limits of your own understandings and perspectives and develop the necessary skills to effectively consult and refer. That is, it is in the development of self- and other-awareness that a counselor begins to recognize and honor her or his limitations.

Know Thy Limits: Knowing How and When to Consult or Refer

Competency 5. The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with spiritual and religious resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.
The point of Competency 5 and this section is to bring together all the self-awareness gleaned from Competency 3, pair it with the other-awareness cultivated by Competency 4, and prepare counselors for when self and other do not sufficiently mesh. As we begin the last part of our discussion, we should note that it is those competent counselors who are aware of their personal attitudes, beliefs, and values about spirituality/religion and have examined their impact on clients and counseling processes who will also recognize (a) the limits of personal knowledge and understanding of clients’ concerns and (b) how and when to consult or refer clients to others better equipped to work with them. Therefore, in this last section, we explore two distinct processes: recognizing professional limitations and building a consultation and referral list.

**Recognizing Limits: We Are Not Called to Counsel Everyone**

Be careful about placing limits on humans: Such attempts have resulted in tremendous accomplishments. For example, in early 2009, Sarah Doherty climbed the 19,340-foot Mount Kilimanjaro in Tanzania, the tallest mountain in Africa, with one leg (Blain, 2009). Or consider that in 2001, Erik Weihenmayer, a blind man, reached the summit of the world’s highest peak, 29,035-foot Mount Everest in Nepal, which has claimed more than 200 skilled climbers’ lives (Gurubacharya, 2001). These feats illustrate the tenacious human spirit, both a noble and a troublesome characteristic. Whereas both climbers reached beyond the limits imposed by accidents experienced in adolescence, they were both aware of these limits and only successfully reached their goals with the aid of trusted others.

If only counselors would heed the implied lesson: Admit their tendency to ignore personal and professional limits and accept others’ help. Attending to personal limits includes things such as time (e.g., there are only 24 hours in each day and at least 12 should be spent on things like rest and rejuvenation), age (e.g., my 42-year-old body no longer responds to the “no pain, no gain” exercise mentality enjoyed in my youth), and income (e.g., do your expenses match your income, even when your income increases or decreases?).

Professional limitations are just as easy to ignore. Every semester, W. Bryce Hagedorn poses this question to counseling students at the beginning and end of their graduate programs: Which clients will you be unable to counsel? Most responses include people who abuse or molest others, have racist viewpoints, and hold strong moralistic or religious perspectives. When further asked to consider whether they could effectively counsel a couple wanting to divorce, a teenager desiring to abort her baby, an African American child sharing the disciplinary actions of his father, a young man exploring his sexual orientation, or a Jewish client questioning her faith, most students readily indicate they could effectively counsel all of these clients. At the beginning of their graduate education, most students do not know what they do not know: Each of the aforementioned clients present their own set of challenges that most students do not recognize, particularly as these relate to spiritual/religious beliefs. Counselors’ unique backgrounds, beliefs, and baggage help and hinder
their connections to clients, and for many counselors, this is especially true of their spiritual/religious beliefs.

As we have noted in this chapter, recognizing one’s professional limitations involves several considerations. The first consideration is whether you can work at all with clients who have spiritual/religious concerns. You may have concerns about spirituality, maybe as a result of a past experience or an ambiguous personal belief system or perhaps because you do not see the relevancy of spirituality in your clients’ presenting issues. Perhaps you share many counselors’ view of clients’ religiosity as a liability rather than an asset, even experiencing visceral countertransference reactions (Genia, 2000). Acknowledging any reluctance toward spiritual/religious concerns is an important form of recognizing professional limitations. In noting that reluctance, growth toward comfort and competence is necessary, particularly given how intertwined people’s physical, emotional, relational, and spiritual selves are—a point made consistently throughout this chapter and this book.

The next area to consider in recognizing limitations involves the assessment of clients’ spectrum of spiritual concerns. For example, some clients’ concerns are specific to their current spiritual beliefs and practices (e.g., “How can God allow me to experience so much pain in this situation?”). Elsewhere, presenting concerns are influenced by clients’ spiritual/religious beliefs and practices (e.g., “Should I have a sexual relationship with my girlfriend?”). Moreover, clients may be challenged by their own or others’ spiritual beliefs and practices (e.g., a client’s abusive parent misquotes religious texts to justify physical beatings). Each of these concerns would warrant attention to one’s professional limits.

When encountering clients’ spiritual/religious concerns, it is important that counselors avoid crossing professional boundaries by adopting spiritual/religious leadership roles with clients and thus interfering with therapeutic processes (Genia, 2000). Ethical codes instruct counselors to provide services for which they have appropriate education, training, and experience (Chappelle, 2000). Just as it would be impractical to request a tooth extraction from an auto mechanic, it is imprudent to expect spiritual direction from someone without relevant training.

Another consideration of limitations occurs when counselors respond to their clients’ requests for spiritual interventions: Counselors need to determine whether their approach will explicitly or implicitly integrate spirituality or religion (Tan, 1996). Explicit approaches may be used by counselors who are well versed in particular spiritual/religious practices, be it reading specific religious texts, implementing chakra-based interventions, or including prayer or meditation in sessions. In more implicit approaches, counselors sensitively and respectfully attend to clients’ spiritual/religious worldviews (Genia, 2000) by listening for themes and patterns in communication and working within clients’ frameworks without directly endorsing one religious/spiritual perspective. Most counselors should be able to implement implicit approaches as an extension of their basic competence in multiculturalism (i.e., just as a counselor does not have to be Hispanic to work with Hispanic clients but needs to understand their worldview, a counselor does not have to be Islamic to work with Islamic clients but needs
to understand their worldview). Decisions to seek consultation about or refer clients can evolve from how counselors recognize limits of integrating spirituality and religion. If a client asks for an explicit approach with which the counselor is not adept, consultation or referral would be warranted. If a client’s spirituality is important but not the direct focus of counseling, however, a counselor may ethically continue to work with the client using implicit approaches.

Another limitation to consider is whether counselors should disclose their spiritual/religious beliefs to clients. This decision should be based on one’s helping philosophy (some theories avoid all self-disclosure, whereas others encourage transparency), the nature of the relationship (timing, duration, location, importance placed on veracity, etc.), and clients’ therapeutic goals (e.g., need for autonomy; Genia, 2000). Similar to other counselor and client similarities and differences (such as relationship status, parenthood, sexual orientation, age), counselors’ disclosures of their spiritual/religious beliefs have particular implications. For example, consider the scenario in which a gay male client asked his counselor to self-disclose his religious orientation and beliefs at the midpoint of the counseling relationship. The counselor had several important considerations to ponder in this situation. First, what impact might the counselor’s self-disclosure have on the client’s perceptions of how the counselor’s religious affiliation might limit the services offered? That is, what issues might the counselor be able to listen to? Second, what information is appropriate to self-disclose relative to the strength and duration of the counseling relationship? Because the client’s request occurred after significant rapport had been established in the counseling relationship, and given that the question came after an exploration of the client’s spiritual practices, the counselor chose to reveal that he was an evangelical Christian. Although the client had been experiencing feelings of acceptance and respect from the counselor, the disclosure resulted in the client retreating from the relationship and questioning whether the counselor would accept him. The counselor and client were able to process the disclosure and the client’s corresponding reactions, however, and over time the client experienced the counselor’s continued acceptance and respect. The relationship ultimately developed in newer and deeper realms for both client and counselor.

However, suppose a client’s request for self-disclosure occurs at the beginning of the counseling relationship. In this case, timing likely would affect the counselor’s decision to self-disclose. The counselor then has a choice to make: He or she can either directly disclose the information or process the client’s reasons for asking. We encourage counselors, whether they choose to self-disclose or not, to process such requests to understand the answers that clients are seeking. More often than not, the question behind clients’ disclosure requests is “Can you understand me?”

Having explored areas of concern related to recognizing professional limitations, we now turn to several steps offered by Chappelle (2000) and Tan (2003) that can aid counselors in maintaining awareness of their professional limits and sustaining appropriate boundaries. First, counselors should uphold their mental and spiritual health by maintaining professional relationships with community spiritual/religious leaders who can provide invaluable cooperation,
consultation, and referrals. Second, counselors need to recognize the limits of their professional role by maintaining clear boundaries for interventions; that is, counselors should not perform functions that are more appropriately executed by spiritual leaders. For example, absolving clients of sins is appropriate for clergy but not for counselors. Third, counselors must respect their clients’ spiritual/religious leaders. Whereas a counselor may not agree with a leader’s particular spiritual practice or advice, it would likely be overstepping one’s boundaries to impose this viewpoint. Fourth, counselors must make every attempt to avoid multiple relationships. If a counselor leads ongoing meditative experiences for her Hindu congregation, she should avoid counseling members of that same group. Clearly articulating roles and responsibilities is a good way to avoid multiple relationships. Finally, counselors should provide only those services that pertain to clients’ presenting concerns. For example, a spiritual intervention may not be congruent for a couple seeking marital therapy.

Finally, Tan (2003) and Moore-Thomas and Day-Vines (2008) suggested additional ways for counselors to increase knowledge and recognize limits. Counselors can read spiritual materials, attend classes on world religions and the integration of counseling and spirituality, and seek consultation and supervision when faced with unfamiliar spiritual practices or when implementing spiritual interventions. In addition, they can visit diverse worship services, visit centers’ Web sites and gather information, or watch religious services and ceremonies online.

Case Example

Many times, both clients and counselors do not reach out for help until personal reserves are exhausted. Consider the following scenario:

A couple presents to work on “communication issues.” During the initial session, the counselor learns that the husband is from Pakistan and a devout Muslim. The wife is from Kansas and was raised Presbyterian, but converted to her husband’s faith to marry. During an initial supervision session, the female counselor was cautioned to consider how her own faith and upbringing might affect her work with the couple. She initially responded that she did not anticipate a problem because she was very good at demonstrating acceptance toward people different from herself and had considerable success connecting with challenging clients; however, as quickly became apparent, this couple was unlike others she had counseled. Each week, the supervisor inquired about how work with the couple was progressing, and the counselor neglected to bring anything significant to discuss. It was not until the counselor sought out the supervisor after a particularly challenging session that she admitted needing assistance. She shared that she had resisted asking for help because she wanted to prove to herself and her supervisor that she was equipped to work with the couple. The counselor reported that the husband had been discrediting her every suggestion from the beginning (which really irritated the counselor) and that the wife was seeking more independence in the marriage (which invigorated the counselor). Although she had done
some research on Islam (the Muslim faith), the counselor was ill equipped to counsel within the paradigm that the couple presented. After she and the supervisor consulted with a colleague familiar with Muslim culture and met with a school counselor working at an Islamic private school, the counselor was able to develop the necessary skills and tools to reengage the couple and work toward their treatment goals.

As noted earlier, some counselors may tend to consult with or refer clients to faith-based practitioners only when other interventions have failed. Additional reasons that counselors tend to refer clients to faith-based practitioners include (a) those times when they are faced with clients’ issues dealing with loss, meaning of life, and impending death; (b) when they have a strong belief system (e.g., a career counselor with a strong religious belief system may be more likely to refer clients to her rabbi for spiritual guidance than a marriage and family counselor with no such belief system); (c) when they have specific training in spiritual/religious issues (e.g., a mental health counselor who received her degree from a faith-based university may either feel more competent addressing her clients’ religious concerns or be more apt to refer clients than counselors without such training); and (d) when institutional cultures foster or discourage such referrals (e.g., a public school counselor may be less apt to refer student families to their clergy members than a counselor working at a counseling center focused on mind–body–spirit connections; Galek, Flannelly, Koenig, & Fogg, 2007; Walker et al., 2005). Therefore, it is incumbent on counselors to recognize how their belief systems, training, and professional atmospheres will affect the ethical treatment of their clients’ spiritual concerns.

After becoming aware of the need for and the influences on making appropriate referrals, counselors must recognize the necessary precursors to the consultation and referral processes. Counselors can take several consultative or referral-based approaches with clients who present (a) concerns intertwined with spiritual/religious beliefs, (b) spiritual/religious needs during counseling processes (or when an impasse occurs), or (c) psychopathology entangled with spiritual/religious beliefs (Koenig, 2008). According to Genia (2000) and Koenig (2008), discussions about referral and consultation should occur after the initial session and after the administration of any assessment, such as a psychosocial evaluation. Conferring with clients, decisions about best courses of action should be explored. For example, will the goals for counseling be best attained by a counselor or by a spiritual/religious leader?

Koenig (2008) and Genia (2000) suggested several considerations for seeking consultation, making referrals, or both. First, if clients’ psychopathology is too severe for clergy-based interventions, this should be discussed with them to both increase their autonomy and to aid in the selection of the most appropriate level of care. Similarly, discussions about consultation with, or referral to, religiously oriented counselors (or clergy members with counseling skills) would be suitable if clients’ presenting concerns are intimately connected to or based on spirituality and if the current counselor’s unfamiliarity with such issues would impede goal attainment. Clients’ contentment with nonreligiously based therapy is another area to explore: If the counselor can
sufficiently validate clients’ spiritual beliefs and practices, then the therapeutic relationship can move forward. Finally, secular counselors may choose to collaborate with competent religiously oriented counselors and spiritual leaders to best serve their clients. If conjoint therapy is to be effective, Köning suggested, clinicians should clearly articulate their roles, determine the compatibility of their helping philosophies, and assess the client’s readiness for such interventions.

At this point, we should differentiate spiritual direction from spiritual counseling. When referring clients for spiritual direction, Tan (2003) suggested that counselors adequately prepare their clients by explaining that whereas counseling tends to focus on helping alleviate problems or initiate change, spiritual direction focuses more on addressing specific spiritual concerns. Second, counselors should clarify the focus of each form of assistance: Counselors attempt to empathically connect with their clients’ inner worlds and offer personally relevant and timely insights, whereas spiritual directors generally connect with the focal point of their faith (e.g., God) to offer insights relevant to those clients from a specific faith tradition. Finally, counselors should articulate that counseling services tend to follow a more formal structure (e.g., keeping client records) than does spiritual direction. Informed of these differences, clients can make informed decisions as to how they can best be helped.

Having covered the necessary precursors and conditions of consultation and referrals, the final step is to actually seek the consult or make the referral. Faiver, O’Brien, and McNally (1998) noted two necessary elements for consultation to be effective. First, competent professionals must be identified who can best meet clients’ specific needs. Second, clients must perceive that these professionals are competent and qualified to ensure that they follow through on the referral. Faiver et al. (1998) highlighted the importance of having consultants and referral sources who are (a) seasoned members of their spiritual/religious practice; (b) well-known to parishioners or followers as available and benevolent; and (c) knowledgeable and respectful of counselors and the counseling process. Basic knowledge of counseling-related issues, such as depression and anxiety, interpersonal dynamics, and psychotherapeutic techniques, are bonuses. Consultative or referral sources who have experienced their own counseling or who have participated in counseling-related coursework are particularly valuable connections.

**Self-Exploration Activity 3 (Developing Resources)**

To create a personal consultation and referral source list, we offer the following guidelines as adapted from Faiver et al. (1998):

1. Ask colleagues where they have referred clients and with whom they consulted.

2. Contact members of various faith communities; clergy are often excited to connect with counselors who are interested and able to work with their congregants.
3. Connect with the governing councils of local churches, synagogues, and temples (or groups that fulfill this role in communities) as valuable information sources.

4. Call local and state crisis hotlines for recommendations.

5. Finally (and this might be a good first step), ask your clients whether they have had positive experiences with faith-based helpers. Referrals may be closer than you think.

Finally, we suggest that you call local centers of worship and inquire how they typically handle attendees’ counseling concerns (i.e., onsite or through referrals to mental health professionals). Similarly, calling faith-based community centers (e.g., Jewish, Catholic, and Islamic communities often have such centers) or religious/spiritual bookstores can yield information about referral networking opportunities. Before making referrals, you should ideally meet face to face to introduce yourself and ascertain whether the person meets the aforementioned criteria of a good consultation or referral source. Such meetings are invaluable opportunities to share common visions, cross-refer potential clients, establish mental and spiritual wellness programs and illness prevention strategies, and even develop deep friendships.

**Conclusion**

Throughout this chapter, we have examined Competencies 3, 4, and 5, which require counselors to develop and maintain awareness of their own spiritual/religious attitudes, beliefs, and values; understand how these affect clients and the counseling process; and identify and appropriately act on the limits of these personal beliefs. It is very important for counselors to recognize that these competencies are minimal competencies rather than aspirational competencies. In other words, these competencies are minimum expectations of counselor behavior when working with spiritual/religious matters in counseling. Counselors who appropriately pursue professional development beyond these basic requirements will proactively seek out opportunities to develop their awareness and understanding of spirituality/religion, both personally and professionally. Additionally, they will critically evaluate their professional skills related to spiritually competent counseling and develop awareness and skills before they encounter clients or professional situations that require them to be spiritually competent.

A helpful way to reflect on personal spiritual competence is to periodically critically assess the degree of your self-awareness in each competency represented in the continuum we have referenced throughout this chapter, remembering that maintaining competence is not a one-time achievement. Instead, spiritual competency is a developmental and dynamic process. We must regularly assess ourselves, hone our awareness, and adjust our perspectives on the basis of new experiences and information gained. To end our discussion on a practical note, we encourage you to thoughtfully consider the degree of awareness you currently have in each of the competency areas discussed in this chapter and think about what areas of awareness you will intentionally develop.
Once an area of growth is identified, develop a realistic plan to enhance your spiritual awareness. Complete the self-reflection exercises provided in this chapter, keeping in mind that Competencies 3, 4, and 5 require proactive behavior on the part of competent counselors. You might also make a list of books and readings to further help you develop spiritual self-awareness.

Finally, reach out for support from trusted supervisors and colleagues to encourage you in your journey. Ecclesiastes 4:9–12 (New Living Translation) of the Jewish Torah and Christian Bible summarizes the need to know your limits and to seek strength in competent others:

Two people are better off than one, for they can help each other succeed. If one person falls, the other can reach out and help. But someone who falls alone is in real trouble. Likewise, two people lying close together can keep each other warm. But how can one be warm alone? A person standing alone can be attacked and defeated, but two can stand back-to-back and conquer. Three are even better, for a triple-braided cord is not easily broken.

Counselors who intentionally develop their spiritual competency benefit both personally and professionally and ultimately serve clients optimally. Indeed, we have benefited from our own spiritual development and journeys, which are vital aspects of our personal and professional lives. We wish you much success and growth in your spiritual journey.

**Recommended Readings**


**References**


chapter 5

Human and Spiritual Development and Transformation

Ryan D. Foster and Janice Miner Holden

To be converted, to be regenerated, to receive grace, to experience religion, to gain an assurance, are so many phases which denote the process, gradual or sudden, by which a self hitherto divided, . . . becomes unified.
—James (1902, p. 160)

Competency 6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development. (ASERVIC, 2009)

In this chapter, we discuss developmental models of spirituality. Competency 6 requires that counselors not only be familiar with models of spiritual development but also apply these models to their work with clients (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009). Therefore, we describe first several models of spiritual development and then several models of spiritual transformation. To illustrate application of these models to clinical settings, we provide a case study. We end the chapter with a summary and our conclusions regarding the role of models of spiritual development and transformation in counseling.

The notions of spiritual development and transformation are based on the assumption that “human consciousness advances inexorably toward higher levels of integration” (McAuley, 2009–2010, p. 7), characterized by increased knowing and enhancement of such qualities as connectedness, inclusivity, benevolence, and peace. Spiritual development has been considered part of the trajectory of normal human development (Oser, Scarlett, & Bucher, 2006). Jung (1968) considered it a vital part of individuation, the process by which an individual integrates the conscious and unconscious aspects of the psyche. Benson (2004) described spiritual development as “a core developmental

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process that deserves equal standing in the pantheon of universal developmental processes” (p. 50). According to the Pew Forum on Religion and Public Life (2008), 83% of U.S. adults are religiously affiliated; for most or all people, that affiliation presumably includes a spiritual component. Moreover, 54% of 6th- to 12th-grade student respondents in a 1999–2000 national survey indicated that “being religious or spiritual” was “quite important” or “extremely important” to them (Benson, Roehlkepartain, & Rude, 2003). Even young children’s spirituality has become a recent focus of specialization within the scholarship of human development (Hart & Pearce, 2003). Therefore, counselors need a full understanding of spiritual development as part of human development to facilitate rather than hinder their clients’ growth (Irwin, 2006).

Overview of Spiritual Development Models

In this section, we briefly describe several models that address spiritual development across the life span. These models include stages of faith (Fowler, 1981), religious judgment (Oser & Gmünder, 1991), development of growth (Geenia, 1990, 1995), transpersonal development (Washburn, 1995), and integral psychology (Wilber, 2000). In each of these models, the theorist or theorists conceptualized people as moving in order through a sequence of stages. In the following descriptions, the chronological ages related to each stage are normative rather than inevitable. That is, an individual is most likely to operate at the stage corresponding to a particular chronological age span but may very well remain in a stage beyond—even well beyond—the typical age span or, more rarely, may advance to a stage earlier than is typical for his or her age.

Stages of Faith

James Fowler (1981) developed his stages of faith model on the basis of the notion that faith development is an innate part of human development. His model is grounded in cognitive development theory. Drawing on the works of Paul Tillich (1957), Reinhold Niebuhr (1960), and Wilfred Smith (1979), Fowler defined faith as “loyalty to a transcendent center of value and power” (p. 14) and “the force field of life” (p. 4). Ultimately, faith is an individual’s path to making meaning. Fowler based his model on qualitative interviews with more than 350 participants ranging in age from 3.5 years old to 84 years old. Participants reported their religious affiliations as Protestant (45%), Catholic (36.5%), Jewish (11.2%), Orthodox (3.6%), and other (3.6%). As a result of these interviews, Fowler outlined seven stages that begin at age 3 and run through adulthood into old age.

Before Stage 1, children experience undifferentiated or primal faith. Primary caregivers are essential during this time period; it is from primary caregivers that children develop a fundamental sense of trust. In ideal conditions, children gain hope, love, and courage from secure forms of trust. Failure to develop trust, according to Fowler (1981), leads to narcissism or isolation.

Stage 1 of Fowler’s model is intuitive–projective faith. This stage includes children from 3 to 7 years old. In Stage 1, children’s internal worlds are dominated by fantasy, imagination, and emotion. Children express their faith
primarily through imitation of behaviors they have observed in or stories they have heard from adults. In addition, children in this stage operate egocentrically. Moreover, children in the intuitive–projective stage understand their faith through their own egocentric experiences of imagination and feelings.

Stage 2 is mythic–literal faith. Children in this stage, who are typically of elementary school age, see moral truths that adults may teach them through stories or lessons as unbendable rules. Children integrate the customs, values, and beliefs of their culture as literal guidelines by which to live. Children begin to see the world through other people’s perspectives. Narrative and stories become the lens through which children view and understand faith and meaning. Most, but not all, people develop past this stage.

Stage 3 is synthetic–conventional faith. Most people in Stage 3 are adolescents. People in this stage often seek to belong to a group and find their meaning through group identification. Examples of such groups are religious institutions, spiritual traditions, families, and ethnic groups. The purpose of faith is to develop a common belief system through which a person forms an identity. This stage is conformist in nature, and people at this stage are highly sensitive to the opinions and expectations of authority.

Stage 4 is individuative–reflective faith and includes primarily people in late adolescence to early adulthood. For people to progress from Stage 3 to Stage 4, they must transition their view of authority from an external person, group, or institution to an internal authority. Here lies an internal struggle between composing a new sense of self-identity and integrating the individually important beliefs of group identification. People in this stage view themselves as responsible for self-defining meaning, faith, and beliefs. This self-definition is limited by dichotomous thinking, however, as people understand their belief to be only one way or the other.

Stage 5 is conjunctive faith. The average age of people beginning this stage is 30. Individuals in this stage see beyond the dichotomous thinking of Stage 4 and discover that two or more truths can exist at the same time. Adults in this stage have developed their own faith and meaning without filtering it through authority. They see their own limitations and yet expose these limitations to others while acknowledging the risk of failure. People in this stage create their own language to define faith and meaning.

Finally, Stage 6 is universalizing faith. Adults rarely reach this stage. People in this stage view themselves, others, and the world from a universal perspective of transcendence and cosmic unity. These individuals are able to know at a deep and encompassing sensory–emotional–intuitive level universal love, compassion, and faith, but also mortality and the limitations of human existence.

Researchers have carried out at least 37 studies in attempts to provide further evidence for the stages of faith model (Streib, 2003). Cross-cultural studies have provided inconsistent support for the stages of faith model in non-Western cultures. Critics have noted, however, that Fowler’s (1981) faith development interview method is difficult to use in many cross-cultural contexts because of its length and depth; interviews typically average 2 hours in length. Notwithstanding its cross-cultural limitations, later in this chapter we suggest clinical applications of this model.
Religious Judgment

Similar to Fowler’s (1981) work, Fritz Oser and Paul Gmünder’s (1991) religious judgment model is based on a cognitive approach to spiritual development. Oser and Gmünder’s central focus is on religious judgment as a way of “coping with contingency” (p. 34) situations. Contingency situations in this theory are circumstances that provoke one to speculate about one’s “relationship to an ultimate being or reality” (Oser et al., 2006, p. 961), labeled the Ultimate in this model. Contingency situations are inherently existential and ambiguous and cannot be reasoned through typical cognitive or logic structures. The depth of ambiguity calls for people to process through religious or spiritual reasoning. Furthermore, religious judgment is an irreducible “mother-structure” (Oser & Gmünder, 1991, p. 51), a deep and expansive domain of reasoning. Oser and Gmünder developed religious judgment on the basis of qualitative interviews that began with a dilemma similar to Kohlberg’s (1974), called the “Paul dilemma.” Participants then answered questions based on a semistructured interview. The researchers transcribed, coded, and categorically analyzed the interviews for emerging themes. Although Oser and Gmünder provided a wealth of information relative to their processes of coding and analyses, they unfortunately did not provide detailed demographics of their sample. They found religious judgment to consist of five stages.

Stage 1 is orientation of religious heteronomy. In this stage, children view the Ultimate—defined by the individual child’s belief system as God, Buddha, or other forms of the sacred—as a dynamic, external, all-powerful force in the world that guides everything. Conversely, children view humans as purely reactionary to the Ultimate’s actions.

Stage 2 is orientation of do et des. Do et des translates from Latin as “I give and you give.” In this stage, people still view the Ultimate as all powerful. However, they see that they can influence the Ultimate through prayer, good behavior, and negotiation.

Stage 3 is orientation of ego autonomy and one-sided responsibility. People in Stage 3 may or may not accept the Ultimate as a real external force in the world, and they view themselves as independent from the Ultimate. They see themselves as responsible, free to make decisions, and self-determining. If the Ultimate is accepted as real, people decide that it functions as an “independent sphere of influence” (Oser & Gmünder, 1991, p. 73). Therefore, both the individual and the Ultimate have their own individual freedom and capacity for decision making.

Stage 4 is orientation of mediated autonomy. The central struggle in this stage is immanence versus transcendence. People view the Ultimate as transcendent and at the same time understand the Ultimate as immanent in the world. Whereas people are free to make decisions about their own actions, they operate within a universe that the Ultimate created and for which the Ultimate laid the cosmic groundwork along with a predetermined plan. The Ultimate is represented metaphorically in what people consider the sacred and also in values such as compassion and love.
Stage 5 is orientation of unconditional religiosity. In this stage, individuals view themselves as forever intertwined with the Ultimate through transcendence. People see themselves as unconditionally free to create plans for their lives and, in essence, are self-deterministic. Whereas in Stages 3 and 4 this freedom was enacted in relationship to the Ultimate, however, it is now enacted intersubjectively: Freedom to act is in continual relationship with other people. Therefore, the Ultimate can best be experienced through relationship with others, suggesting a responsibility to communicate love, compassion, and care for others.

Although religious judgment is the theory’s formal name, spiritual judgment or spiritual reasoning are also appropriate, in that definitions of the Ultimate are left to the individual and are not solely formally religious in nature (Oser et al., 2006). Moreover, development in this model refers to contextual adaptation; adults who are reasoning from a Stage 1 orientation are likely not developmentally adaptive. Adults can present from a variety of stage orientations, however, from the first through the last. We discuss developmental adaptation further later in the chapter when we present clinical applications of this model.

**Development of Growth**

Arguing that religious and spiritual development models at the time seemed to ignore the contributions of psychodynamic theory, Vicky Genia (1990, 1995) based her development of growth model on the integration of psychoanalytic developmental psychology and object relations theory with existing models of moral, cognitive, and psychosocial development. Thus, her model is based in theory and not in empirical research. At the heart of her model is the notion that adult clients’ spiritual outlooks could range from unhealthy to healthy. For adults, Genia considered Stages 1 and 2 developmentally unhealthy and rigid. For counseling to be most beneficial to clients, Genia argued, counselors must effectively identify the developmental stage of clients who present with spiritual concerns.

Stage 1 is egocentric faith. Young children primarily operate from an egocentric religious perspective. Consequently, individuals at this stage operate spiritually on the basis of need satisfaction (Genia, 1990, p. 87). Their thinking reflects “splitting”: bouncing between perspectives of God as “all good” or as “all bad.” Adults who operate developmentally from this stage do so because they experienced severe childhood trauma that led to mistrust of themselves, of others, and of God or the sacred. According to Genia (1995), adults in Stage 1 reexperience their past interpersonal wounds through spirituality and religion, especially through their relationship with God.

Stage 2 is dogmatic faith. In this stage, adults look to religion or spirituality for the rules and laws of behavior and relationship with God. For these individuals, absolute right and wrong are indicated by religious scripture or other spiritual texts. Adults in this stage never question authority and find significance in belonging to a religious group. The central psychodynamic struggle is oedipal in nature, in which these individuals base their self-images on others’ judgments of their worth.
Stage 3 is *transitional faith*. This stage typically starts in adolescence but may start in adulthood. Individuals in the transitional faith stage begin to question their preexisting belief systems and those of their cultural or religious identity. They may experiment with new spiritual beliefs, even with several different spiritual affiliations, both traditional and nontraditional.

Stage 4 is *reconstructed faith*. Individuals at this stage commit to a spiritual belief system of their choosing after processing and integrating the new beliefs of Stage 3. They look to this new belief system for meaning and purpose. Although individuals in the reconstructed faith stage adhere closely to their spiritual doctrines, they are also able to contextualize the rules and laws espoused by these orientations. In addition, whereas individuals accept others’ diverse spiritual outlooks, they rarely synthesize diverse values from other belief systems into their own.

Stage 5 is *transcendent faith*. According to Genia (1990), individuals in this stage are more flexible, able to adapt to diverse circumstances by applying universal moral principles, and open to novel spiritual experiences and ideas. As in other spiritual development models, most adults do not reach transcendent faith. Individuals in this stage have a mature spiritual outlook, one that involves a “transcendent relationship” (p. 93) with the sacred. Additionally, these individuals behave in ways fully consistent with their spiritual beliefs. They are committed to their spiritual doctrine as a foundation but are also open to considering other value systems and revising their own. Individuals in this stage deeply concern themselves with universal human struggles and take action to move toward *lieben und arbeiten*—contributing to the world through love and work.

Genia (1995) outlined comprehensive implications for counseling adult clients at each of her stages and in detailed case studies. Later in this chapter, we discuss clinical applications of the development of growth model. We also provide a case study in which we apply Genia’s model.

**Transpersonal Development**

According to Michael Washburn (1995), the core theoretical assumption of transpersonal theory is that “human development aims ultimately at a spiritual fulfillment” (p. 1). Washburn conceptualized development as the lifelong interplay between two structures of the psyche, largely on the basis of a psychodynamic perspective. One structure, the Dynamic Ground, or Ground, is the spiritual aspect: the unconscious, nonrational, continuous source of energy and creativity. It includes everything from instincts to emotions to archetypes—innate themes and patterns universal among all humans that range from the most biologically based to the most transcendent. The other structure, ego, is the personal aspect: the conscious, controlling, willful, reflexively self-aware organizer of experience and action. The ego vacillates between two extremes of functioning: receptive—in greater contact with the Ground—and active—in lesser contact with the Ground. Washburn asserted that over the course of development, these two structures evolve through three sequential positions with regard to each other: the preegoic, egoic, and transegoic stages.
Birth marks the onset of the preegoic stage, which lasts throughout prelatent childhood (Washburn, 1995). At first, the ego is embedded in the Ground as a kind of seed, almost completely in receptive mode. Shortly after birth, the ego begins to become increasingly active and to take form. To do so—because it operates fundamentally different from the Ground—the ego must increasingly separate itself from and repress the Ground. Around the beginning of latency, if development has gone well, the ego has emerged separate from the Ground, which it has almost completely repressed. The achievement of this separation marks the beginning of the second, egoic phase.

During the egoic phase, the ego is primarily in active mode, elaborating and extending itself, with the Ground relegated deep into unconsciousness (Washburn, 1995). Most people remain in the egoic phase for the rest of their lives. For some people, however, usually around midlife, with a highly developed ego that no longer needs to repress the Ground to maintain and defend egoic integrity, the ego may begin to relax repression and receptively reestablish connection with the Ground. This development, if it occurs, marks the onset of the transegoic stage.

Washburn (1995) characterized this reestablishment of connection as a kind of regression—one that occurs in the ultimate service of transcendence. It typically begins with a period of profound emotional and functional difficulty that can eventually culminate in spiritual awakening. If the transegoic stage progresses, the ego increasingly masters the ability to be both active and receptive—sometimes simultaneously—drawing from, and being increasingly empowered by, the dynamism of the Ground. The individual who is able to achieve this integration of opposites exemplifies the most advanced developmental potential.

Thus, Washburn’s (1995) model is a triphasic one that he characterized as a spiral. At the base of the spiral is the preegoic stage in which the ego is overpowered by the Ground. At the outermost curve is the egoic stage in which the ego’s power is enhanced through separation from the Ground. At the top is the transegoic stage, in which the ego, fully formed, retains its egoic power and is further empowered by its integration with the qualitatively different Ground.

**Integral Psychology**

Ken Wilber (2000), a contemporary philosopher, has developed a model of human development that integrates Western theory and research with Eastern perspectives on the nature of consciousness. He conceptualized everything in the universe as Spirit at some level of increasing self-realization: from matter, to life, to mind, to soul, to Spirit. In humans, this unfolding realization manifests in three broad levels of development: prepersonal, personal, and transpersonal. At the **prepersonal** level, from birth to around age 7, the child is in the process of developing a coherent and cohesive sense of self with which to navigate life. At the **personal** level, from age 7 to at least around age 21, the person is consolidating and elaborating his or her sense of self. At the **transpersonal** level, after around age 21, if ever, the person transcends a sense of him- or herself as separate and realizes that his or her identity includes all of humanity, nature, and the nonmaterial domain.
Wilber (2000) conveyed that he arbitrarily subdivided these three levels into nine stages—three in each level—plus a 10th nondual condition that, because of its ultimate nature, is not a stage per se. Each stage represents a fuller realization of Spirit that manifests as a unique set of resources with which the person experiences and perceives the *kosmos* (Wilber’s spelling)—the material and nonmaterial entirety of the universe. At the prepersonal, prerational level, starting at birth, most people first develop a sense of themselves as a separate physical entity (Stage 1), then as a separate emotional entity (Stage 2), then as a separate mental entity (Stage 3). At the personal, rational level, people learn social roles along with the various social rules (Stage 4), come to question the source of and evaluate the appropriateness of those roles and rules (Stage 5), and confront questions about existence (Stage 6). At the transpersonal, transrational level, people experience, commune with, and identify with all material forms (Stage 7), all nonmaterial forms—spiritual domains and entities (Stage 8)—and the emptiness that precedes and is the source of all material and nonmaterial forms (Stage 9). Ultimately, people realize nonduality, discovering and experiencing form and emptiness to be “not-two.”

Although all people at all times have access to the temporary states of consciousness that characterize each stage, most people have developed their trait or habit of consciousness around Stages 4 or 5, with very few at either extreme: developmentally delayed people at Stage 1 or fully spiritually realized people in nondual consciousness. With each subsequent stage, people assume a qualitatively unique worldview accompanied by new resources, new challenges, particular forms of psychopathology, and particularly helpful modes of psychotherapy (Wilber, 2000).

**Overview of Spiritual Transformation Models**

The preceding models of spiritual development address people’s metamorphosis over the entire life span. Technically, proceeding to a subsequent stage of development results in a qualitatively new and different way of functioning, a “transformation of consciousness” (Wilber, Engler, & Brown, 1986). The professional literature also contains another category of models, however, that we have elsewhere termed *models of spiritual transformation* (Holden & Foster, 2010). As we see it, these latter models address more closely the process of movement within and between later, adult developmental stages. We found four models of spiritual transformation in the professional literature and compared them with a model suggested by near-death experiences (NDEs). In this section, we summarize our review of those five models.

**Religious Conversion**

Lewis Rambo (1993) used a synthesis of the behavioral sciences literature and informal interviews with religious converts to develop his model. The only stated demographics of his interviewees were that they included Christian converts to Judaism, Jewish converts to Christianity, and Chinese nonreligious converts to Christianity. David Gordon’s (1984) and Chana Ullman’s (1989) research findings have supported some aspects of Rambo’s model.
Rambo (1993) defined *religious conversion* as the process of changing how one identifies with and engages in religious belief systems. He found that converts usually but not always moved sequentially through seven stages:

1. A confluence of contextual, environmental factors such as access to and method of conversion;
2. A crisis originating from external circumstances, such as a history of trauma, an unanticipated transpersonal experience, or some type of profound loss, or from internal circumstances, such as a search for greater stability, for answers to existential questions, or for greater meaning;
3. A quest for resolution of the crisis;
4. An encounter with a person or institution that claims to provide a resolution;
5. Interaction with the person or institution;
6. Commitment to a new perspective on and approach to life; and
7. Consequences of the commitment, both positive—including a greater sense of self-control and fulfillment, wholeness, connectedness, and peace—and negative, including disrupted relationships with intimates and acquaintances.

Thus, Rambo conceptualized religious conversion as a gradual, intentional process provoked by identifiable factors and ultimately resulting in developmental progress.

**Quantum Change**

William Miller and Janet C’de Baca (1994) used results from 55 volunteers’ assessment instruments and interviews to develop their model of quantum change. Miller and C’de Baca (2001) defined this change as “a vivid, surprising, benevolent, and enduring personal transformation” (p. 5).

Miller and C’de Baca (2001) found five factors that cause or contribute to quantum change: (a) conscious internal or external stress leading to a breaking point; (b) unconscious buildup of conflict or discontent leading to a conscious breakthrough and breaking point; (c) personal maturation, that is, the pursuit of greater self-actualization; (d) personal characteristics, such as an attribute of deep intuitiveness; and (e) sacred encounter, such as praying, being prayed for, or experiencing a spiritual entity. In the process and aftermath of quantum change, people might have distressing phenomena—such as decreased peace or joy, increased feelings of isolation, and degraded relationships—or progressive phenomena in the realms of feelings, priorities, actions, relationships, spirituality, and sense of self. Thus, Miller and C’de Baca conceptualized quantum change as a sudden event that a person may or may not have intentionally sought but with identifiable causal or contributing factors and resulting in distress, progress, or both.

**Consciousness Transformation**

Marilyn Schlitz, Cassandra Vieten, and Tina Amorok (2008) used focus groups with 900 participants and intensive interviews with 50 to develop their model,
and Vieten, Adam Cohen, and Schlitz (2008) conducted an online survey to develop theirs. In Schlitz et al.’s (2008) definition, **consciousness transformation** is “a profound shift in your experience of consciousness, resulting in long-lasting changes in the way you understand and relate to yourself, others, and the world” (p. 20).

Schlitz et al. (2008) found that consciousness transformation is a purposeful undertaking “frequently triggered by intense suffering or crisis” (p. 34) or by noetic experiences—those involving transpersonal, that is, transcendent and transrational, knowing. The result of consciousness transformation is feelings and actions reflecting greater love, kindness, compassion, altruism, and connectedness, as well as an enhanced commitment to “a more just, sustainable, and peaceful world for all” (p. 9). They asserted that people do not always realize their potential for consciousness transformation and are more likely to do so if they desire and are open to change and if they are able to self-reflect and metacognize. Thus, consciousness transformation involves an intentional pursuit after a sudden event or gradual process with direct causal or contributing factors and resulting in developmental progress.

**Spiritual Transformation**

Kenneth Pargament (2006) used theories from the psychology of religion and spirituality to develop his model. By his definition, **spiritual transformation** is “a fundamental change in the place of the sacred or the character of the sacred in the life of the individual” (p. 18). He characterized “the sacred” as an individual’s self-defined, theistic or nontheistic symbol of divinity.

According to Pargament’s (2006) model, a person searches for that which is sacred to him- or herself in response to significant life changes and transpersonal experiences. The result can be such distressing phenomena as “feelings of spiritual emptiness” (p. 19) or understanding God as a malevolent and punishing force in the universe. He also cited a study of spiritual transformation in people with HIV (Ironson, Kremer, & Ironson, 2006) to indicate possible progressive results in the areas of beliefs, attitudes and feelings, behaviors, cognitions, and worldview. Thus, Pargament’s spiritual transformation involves a person responding to some identifiable precursor by undertaking a purposeful, gradual alteration in the meaning or role of the sacred in one’s life, resulting in either regressive or progressive change.

**Near-Death Experiences**

Several of the originators of the preceding models identified NDEs as a precursor or trigger of change. A recent comprehensive, critical review of scholarly literature on NDEs through 2005 (Holden, Greyson, & James, 2009), however, including results of more than 30 studies of more than 1,700 near-death experiencers (NDErs) in the United States, three European countries, Australia, India, and China, reveals features that the originators of the preceding models both did and did not include.

NDEs are profound psychological events with transcendental and mystical elements, typically occurring to individuals close to death or in situations of intense physical or emotional danger. These elements include ineffability, a
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sense that the experience transcends personal ego, and an experience of union with a divine or higher principle (Greyson, 2000, p. 316). Of all people who come close to or resuscitate from the first moments of physical death, 17% to 35% later report an NDE (Zingrone & Alvarado, 2009). Although most NDEs are dominated by pleasurable feelings, some are dominated by distressing feelings (Bush, 2009). NDErs usually remember the experience as absolutely real or hyperreal (Noyes, Fenwick, Holden, & Christian, 2009), and unlike memory of most experiences, memory of NDEs appears not to degrade over time (Zingrone & Alvarado, 2009). Researchers have found no demographic that predicts, even under seemingly identical physical circumstances, who will or will not have an NDE (Holden, Long, & MacLurg, 2009). Likewise, no purely physiologically or psychologically based explanatory model accounts adequately for all that is currently known about NDEs (Greyson, Kelly, & Kelly, 2009).

Aftereffects of NDEs include changes in NDErs’ biological, psychological, social, and spiritual feelings and functioning. Immediately on returning to normal waking consciousness after an NDE, one third to more than one half of NDErs report feeling fundamentally, even physiologically, transformed (Ring, 1992; Ring & Valarino, 1998; Schwaninger, Eisenberg, Schechtman, & Weiss, 2002; van Lommel, van Wees, Meyers, & Elfferich, 2001). Unsought changes continue for decades—for example, increases or decreases in phenomena such as paranormal experiences and electromagnetic aftereffects (Nouri & Holden, 2008) that occur even despite the NDEr’s intention and action. Particularly because of one unsought change—a compelling urge to pursue spiritual knowledge and experiences—NDErs typically also seek and manifest additional change (Noyes et al., 2009). Often, changes can be regressive—most temporary, such as the pain of reconstructing one’s social network, and others lasting, such as chronic longing for the peace, love, and joy of the NDE (Stout, Jacquin, & Atwater, 2006). In addition, changes are almost always progressive, including enhanced valuing of and connectedness to self, others, and the divine.

Thus, NDEs contribute additional features to the collective profile compiled from the four models described earlier. According to that profile, spiritually related transformation is a predominantly sought-for and expected process that can be predicted, at least retrospectively; although a trigger may be unsought and unexpected, it is the aftermath that results in transformation. NDEs represent, however, a phenomenon whereby an unpredictable and unsought experience is itself transformative and also followed by long-term unsought transformation.

Clinical Applications of Spiritual Development and Transformation Models

The preceding discussion of models of spiritual development and transformation can be applied to counseling in a number of ways, of which we enumerate a few. Clients differ in their levels of spiritual development. Understanding a client’s level of spiritual development might help a counselor—and client—
understand or anticipate, and possibly facilitate, the client’s developmental direction. Any features of spiritual transformation a client might bring to counseling—sudden or gradual, sought or unsought, expected or unexpected, regressive or progressive—are normal to the extent that the combination is featured in at least one model of spiritual transformation. The counseling process can certainly serve as a client’s intentional process for spiritual development and transformation. The issue of a client’s spiritual development and transformation may arise as an unsought and unexpected aspect of the counseling process.

In this section, we present a case involving a client whose concerns were rooted in spirituality. Then we discuss the client’s spiritual development from the perspective of each model in this chapter. Finally, we conclude with reflections on the case presented.

**Case Example**

This case is culled from Janice Miner Holden’s work with a client who was struggling with transitioning from her old belief system, based on adherence to a religious institution, to a new, developing belief system based on self-defined values and spirituality. This case was published previously in the journal *Counseling and Values* (see Holden, 2000).

Rachel was a female in her late 30s who presented initially for marriage counseling. Rachel discovered 1 year before counseling with Holden that her husband of almost 20 years had had sexual relations with more than 100 women without her knowledge. Shocked, Rachel eventually attempted suicide and was subsequently hospitalized and stabilized. She came to feel profoundly unhappy in the marriage, however, having lost trust in her husband and, in the age of HIV, fearing for her very life. Considering the sexual nature of her husband’s behavior, she sought counseling because of Holden’s expertise in sex therapy. After a few individual and one conjoint session, she chose to stop marriage counseling and matriculated to individual counseling.

During individual counseling, Rachel discussed her prior religious affiliation with a conservative Christian church in which she and her husband had been heavily involved. Whereas on discovering her husband’s infidelity she had discontinued attendance at that church, she continued to hold the church’s beliefs as her own. These beliefs included the conviction that to leave the marriage was to defy God’s will. Additionally, she believed that through prayer, God could change not only her emotional distress but also her husband’s habitual unfaithfulness. Her relationship with God came only through the hierarchy of authority in her former church.

As counseling progressed, Rachel increasingly questioned her convictions. She found Bible passages addressing how someone like her husband, through the “hardness of his heart,” might reject or defy spiritual influences to change. Rachel would vacillate between, on one hand, this questioning and searching and, on the other, a fear that with it she was defying God, alienating herself from Him, and incurring His disapproval and possible wrath.

One day in counseling, Rachel characterized her original beliefs and current fears as her “old brain” and her emerging, fledgling beliefs as her “new
brain.” Her new brain understood God to be loving and supportive of her own and others’ well-being. She viewed herself as ultimately responsible for her own decisions, yet maintained a positive, two-way relationship with her sense of God. Her sense of self became less about judgment and blame and more about love and acceptance.

Eventually, Rachel decided to seek a divorce from her husband. Because of both a newfound sense of stability and financial limitations, she terminated counseling. Several weeks later, on a Sunday afternoon, she phoned Holden. She described an incident from earlier that day that left her in amazement.

Because she was still on her former church’s mailing list, she had received notice that a speaker whom she had previously seen make a presentation was going to be presenting again at the church. The church’s stance was that the speaker had “spiritual gifts of prophecy.” After internal debate based on reluctance to go to her former church from which her old brain had developed, she decided on awakening that Sunday to go to the presentation.

To her relief, her reappearance at the church after a more than 2-year absence went well. Then, in the middle of the speaker’s presentation, he suddenly stopped and asked whether anyone in the audience was named Rachel. Reluctantly, Rachel raised her hand. The speaker asked to speak with her after his presentation.

Subsequently, Rachel and the speaker had a private conversation in which he stated he was getting a message to pray for her brain—which he did not entirely understand because he could tell from sitting opposite her that nothing was wrong with her physical brain. Nevertheless, he said, “I’m getting a message to pray for your brain, and especially that you should relieve yourself of self-condemnation” (Holden, 2000, p. 146). Bewildered, Rachel received this message as direct communication from God in which God championed the cause of her developing “new brain.” This message was especially powerful because it was delivered in the same church in which her old brain and self-condemnation had originated and taken such deep root. Rachel was immediately relieved of her self-doubt and felt reassured in her newfound relationship with God and developing sense of self.

We now discuss Rachel’s spiritual development of her “old brain” and “new brain” according to the models presented in this chapter.

Models of Spiritual Development

Stages of Faith

Rachel’s old brain was represented by the synthetic–conventional stage of Fowler’s (1981) stages of faith model. She based her identity on the church to which she belonged. Rachel also based her sense of self on the views of authority, especially those of the church and, ultimately, God. She felt judged, leading her to self-condemnation.

However, Rachel’s development of her new brain resulted in growth toward the individuative–reflective stage. To successfully transition from synthetic–conventional to individuative–reflective, Fowler (1981) argued that one must change from placing authority externally to developing a sense of internal self-authority. Rachel was in the middle of this transition while in counseling.
Although Fowler did not address the possible role of transpersonal experiences in faith development, Rachel’s transition to the individuative–reflective stage was complete as a result of her transpersonal experience at her former church with the speaker. She created a healthier self-image and also accepted her responsibility for decision making.

**Religious Judgment**
According to religious judgment theory (Oser & Gmünder, 1991), Rachel’s old brain coped with contingency through a *do et des* orientation. She viewed God and the beliefs of the church as an all-powerful, ultimate authority. Although she did not view herself as solely reactionary to God’s actions, she saw prayer as the only way she could influence God to improve her struggles in life.

Subsequently, Rachel’s new brain transitioned to the orientation of ego autonomy and one-sided responsibility. Again, Oser and Gmünder (1991) did not refer to a possible role of transpersonal experiences in the development of religious judgment. In Rachel’s case, however, it contributed to her development: She continued to accept God as an influential external force in the world and on her, but she also viewed herself as an independent, responsible, and self-determining force who was free to make her own choices.

**Development of Growth**
The spiritual development of Rachel’s old brain was at Stage 2, dogmatic faith, according to Genia’s (1990, 1995) development of growth model. Rachel allowed the values and beliefs of her religion and church to outline the rules and laws on which she based her life. According to these beliefs, divorce was absolutely wrong, and this belief caused Rachel emotional distress. Her attendance at her church provided her with significance; at the same time, her identification with her church as the ultimate authority led her to an oedipal struggle whereby she based her self-worth on not only those at the church but also her husband.

During Rachel’s struggle between her old and new brains, she was in Stage 3, transitional faith. She questioned the belief systems of her former church and began to see the potential for different spiritual perspectives, represented by her new brain.

Finally, Rachel’s new brain represented her transition to Stage 4, reconstructed faith. Once again, Genia did not refer to the role of transpersonal experiences in development of growth. Nevertheless, whereas Rachel experienced a process of deep reflection in the transition stage, her transpersonal experience securely established her new belief system, in which she found redeveloped purpose and meaning.

**Transpersonal Development**
According to Washburn’s (1995) transpersonal development model, Rachel’s old brain was in the egoic phase: The creative, nonrational Ground was repressed and disconnected from the ego. Rachel’s ego was primary as she controlled her daily experiences on the basis of external religious constructs. Her traumatic emotional crisis drove her to begin reconnecting her ego with the Ground, an inner source of wisdom that was not bound by the ego’s...
rational conformity. In essence, her old brain was representative of total ego control, whereas her new brain represented the beginning of reintegration with the Ground.

The message from the speaker at the church came from his creative, nonrational Ground. The church’s endorsement of his authority provided Rachel with a kind of paradoxical permission to value the Ground—not just the rational, rule-bound ego—as a legitimate psychospiritual source. In this way, she was supported in her venture into the transition to the transegoic.

**Integral Psychology**

From an integral perspective (Wilber, 2000), Rachel’s functioning at the start of counseling—her old brain—reflected Stage 4: She lived in conformity with the rules and roles of her church. For awhile, those rules and roles provided her a sense of psychosociospiritual security that enhanced her sense of well-being, but then she encountered a problem in which she began to experience that security as a restriction that now threatened her physical and emotional well-being. Her struggle to question and evaluate those rules and roles, thus emerging into Stage 5—her new brain—reflected the dialectic of change whereby one resists disidentification with a way of functioning that is a necessary step toward identification with another.

The message the speaker at Rachel’s church gave her was an example of a Stage 7 experience, arising from his communing with a spiritual entity: Rachel conceptualized that entity as God. Although there was no rational way this stranger could know about Rachel’s old brain–new brain struggle, her more well-developed self could discerningly make sense of and use the experience affirmingly.

**Models of Spiritual Transformation**

**Religious Conversion**

Rachel clearly exemplified the process Rambo (1993) described. Within (a) her Western Judeo-Christian context, she experienced (b) a crisis originating from external circumstances and (c) a quest for resolution of the crisis; she (d) encountered at least two people, first her counselor, who offered a process that might lead to resolution, and then her church speaker, who affirmed that resolution; (e) through interaction with those people she developed an increasingly firm (f) commitment to a new perspective on and approach to life and (g) experienced consequences of that commitment, both positive—including a greater sense of self-control and self-fulfillment, wholeness, and peace—and negative—including the disrupted relationship of divorce. Thus, she exemplified Rambo’s conceptualization of religious conversion as a gradual, intentional process provoked by identifiable factors and resulting ultimately in developmental progress.

**Quantum Change**

In a somewhat more limited way, Rachel also exemplified Miller and C’de Baca’s (2001) model. Although their model does not address the more gradual process of counseling, from the perspective of their model, Rachel experienced (a) a conscious stress leading to a breaking point and (b) a sacred
encounter—in this case, being prayed for at the behest of a spiritual entity. In Rachel’s case, in the aftermath of that experience, she felt profoundly affirmed and progressed in the realms of feelings, priorities, actions, relationships, spirituality, and sense of self. Thus, Rachel exemplified Miller and C’de Baca’s conceptualization of quantum change as a sudden event that she had not intentionally sought but that had identifiable causal or contributing factors and resulted in progress.

Consciousness Transformation
Rachel also exemplified Schlitz et al.’s (2008) conceptualization of a purposeful undertaking “triggered by intense suffering or crisis” (p. 34), resulting in feelings and actions reflecting greater love, kindness, and compassion toward herself and, to a lesser degree, altruism, connectedness, and “a more just, sustainable, and peaceful world for all” (p. 9). Rachel’s potential to transform was enhanced by her desire for and openness to change and her ability to self-reflect and metacognize. In Rachel’s case, her noetic experience did not serve as an impetus for further transformation, underscoring the important role of intentionality; her intention was to use the experience as confirmation of her recent transformation rather than as an impetus for further transformation. Thus, Rachel exemplified Schlitz et al.’s conceptualization of an intentional pursuit after the sudden event of discovering her husband’s unfaithfulness and her gradual process of reconciling herself to it, resulting in developmental progress.

Near-Death Experience
In Rachel’s case, she did not have a discrete experience that fit the profile of an NDE. We invite the reader to imagine a second case in which a client seeks counseling in the aftermath of a transpersonal experience such as an NDE, a paranormal experience, an after-death communication, a mystical experience, or the like, and to conceptualize such a case from the perspective of the models we described in this chapter.

Reflections on Rachel’s Case
A theme that recurred among the various models of spiritual development was Rachel’s movement from conventional functioning to self-reflective functioning. Each of the models defined this movement as developmental progress. Together, these models provide powerful endorsement of the idea of preferred direction of client change that can be supported within the counseling relationship.

Whereas the two transpersonal models—Washburn’s (1995) and Wilber’s (2000)—addressed more explicitly the topic of transpersonal experiences such as Rachel’s encounter with the speaker at her former church, even those two theorists, to the best of our knowledge, have addressed individuals’ personal experiences of transcendence rather than experiences “by proxy” such as Rachel’s. Because of the impact of her experience in solidifying her developmental progress, we consider it clinically significant. It is because of occurrences such as this that counselors need to understand more broadly the characteristics of transpersonal phenomena rather than only the letter of even the most inclusive model.
These models of transformation provide depth to an understanding of Rachel’s case. They specify the important role of her dilemma as catalyst for, and placed the counselor and counseling process in their roles as facilitators of, her transformation.

Regarding Rachel’s experience with her church speaker that served to solidify her identification with her newly realized self-reflective spirituality, here the models of transformation somewhat picked up where the models of development left off. Several of the transformation models addressed the role of phenomena such as sacred encounter and noetic experience in spiritual transformation.

**Conclusion**

The professional literature contains several models of spiritual development and transformation. Each model differs from—even contradicts—every other model in some way. For example, Washburn’s (1995) spiral formulation is fundamentally different from most other models’ linear formulation, and Wilber’s (2000) model includes a more extensive taxonomy of transpersonal experiences and stages of development than any other model. At the same time, each model resembles every other model in some way, and in some cases, models provide complementary aspects.

The models of spiritual development address the life span and might be characterized as providing counselors with context or the macro view for conceptualizing clients. The models of spiritual transformation address the situational process and might be characterized as providing counselors with content or the micro view for conceptualizing clients. Together, they normalize the process of spiritual metamorphosis in its many forms—sudden or gradual, sought or unsought, expected or unexpected—and help to define what constitutes regression and progress in the process of metamorphosis. Together, they can help counselor, and in some cases also client, understand client experience and movement as it relates to spirituality.

The spiritual competency relevant to this chapter is “The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.” In our view, this competency is vital and also, as stated, incomplete in two important and related ways. The first way is that it does not include the counselor relating the models to one’s own guiding theory of counseling. The second is that it does not include the counselor comparing or contrasting, evaluating, and prioritizing the truth value of each model. It implies that the relativistic process of describing and applying various models is an endpoint of competency. We believe, to use Yvonne Kason’s (2009) expression, an even “farther shore” of competency exists.

Our view is based on Mary Brabeck and Elizabeth Welfel’s (1985) application of Patricia King and Karen Kitchener’s (2004) reflective judgment model to counselors’ process of identifying a guiding theory of counseling. Brabeck and Welfel found that counselors move sequentially through three broad phases: an absolutistic phase of unreflective and exclusive alignment
with one theory because of allegiance to some book or person authority; a relativistic phase of reflectively perceiving the value in multiple theories and holding them, even with their contradictory claims, as equally valid; and a reflective judgment phase of alignment with one’s assessment of a “current best” theory based on a critical and ongoing evaluation of the evidence for various theories. Although, among students, only those at the doctoral level have demonstrated the later reflective judgment phase (Brabeck & Welfel, 1985), that phase appears to represent the greatest level of critical thinking and internal consistency along with ongoing self-correction as new evidence emerges. Thus, it is to this level that we believe counselors do best to aspire.

In this context, Competency 6 stops, so to speak, at the second, relativistic phase. We endorse an addition to the goal of describing and applying various models of spiritual development and transformation: that the most competent counselor also compares and contrasts the models; critically and comparatively evaluates them for their relative evidentiary value; identifies the model, or variation on a model, with the seemingly greatest evidentiary value; and integrates that model into one’s comprehensive and internally consistent approach to counseling—one’s guiding theory of counseling. In this way, the counselor emerges with a critically examined view of, and approach to, client spirituality that is an integrated aspect of one’s comprehensive and internally consistent view of, and approach to, clients overall.

We believe the understanding, application, evaluation, and integration of a model of spiritual development and transformation into one’s approach to counseling is likely to be one of the most challenging, fascinating, and rewarding processes a counselor can undertake on the path to developing competency. It is a hero’s journey of mind, soul, and spirit.

Questions for Self-Reflection or Discussion

1. Considering the models of spiritual development discussed in this chapter, at which stage or level do you conceptualize your own development in each of the models? What may be some strengths of your own personal spiritual development and what may be your “growing edge” with regard to your spiritual development?

2. Reflect on your guiding theory of counseling. With which model of spiritual development does your theory of counseling most closely align?

3. How might your own spiritual development help you as a counselor with your clients? How might your spiritual development hinder you as a counselor?

4. Think about the clients you have now or the clients you have had in the past, both those whose concerns explicitly involved elements of spirituality or religion and those for whom spirituality or religion may have played a more implicit or indirect role. How would you conceptualize those clients from the model of spiritual development that matches most closely with your guiding theory of counseling?
Recommended Readings


References


Competency 7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

Competency 8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client’s spiritual and/or religious perspectives and that are acceptable to the client.

Competency 9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant. (ASERVIC, 2009)

In this chapter, we address effective communication related to spirituality and religion within counseling. Competencies 7, 8, and 9 focus on the importance of clinical communication that is accepting, individualized, and thematic. To this end, we examine foundational perspectives on communication, followed by more detailed explorations of the three competencies. We conclude the chapter with a case study that elucidates the content and skills embedded in Competencies 7, 8, and 9.

Religion, Spirituality, and Communication

The human need to construct, understand, and express spiritual meaning has been evident throughout history (Tanyi, 2002). From the ancient Egyptian
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temples to the mounds of New Grange and the boulders at Stonehenge, the importance for humans of connecting with something greater than themselves is apparent. Beyond what appears to be an innate drive toward spiritual connection and expression, benefits to psychological well-being for individuals holding spiritual orientation to life have been well documented. Specifically, the confirmed relationship among spirituality, religion, and mental health is evident from the positive relationships among spirituality and existential meaning making, moral development (J. S. Young, Cashwell, & Woolington, 1998), forgiveness, and life adjustment (Pargament, Smith, Koenig, & Perez, 1998), among others.

Although many counselors and counselor educators have agreed that integrating spirituality and religion into counseling, when appropriate, is a desirable and necessary part of holistically addressing client needs (Allen & Coy, 2004; Bowen-Reid & Harrell, 2002; Duffey, Lamadue, & Woods, 2001; Myers, Sweeney, & Witmer; 2000), how to communicate with clients about spirituality remains less clear (Curry, 2009). Many counselors feel ineffective when addressing clients’ spiritual concerns (Graham, Furr, Flowers, & Burke, 2001). A lack of confidence is likely a primary barrier for many clinicians who might otherwise be open to integrating spirituality and religion into their work. In light of evidence that most U.S. citizens identify with religion and spiritual organizations and practices (U.S. Census Bureau, 2008), it is not only appropriate but necessary for counselors to explore their clients’ spiritual and religious concerns. Central to this exploration is understanding how to communicate about religious and spiritual concerns in a manner that serves a client’s clinical progress without imposing the counselor’s own religious, spiritual, or cultural heritage onto the client (Walker, Gorsuch, & Tan, 2004).

**Communication Defined**

Given that effective communication is a clinical necessity, counselors must learn to recognize how client communication about spirituality and religion manifests throughout the counseling process. First, a definition of what constitutes communication is warranted. According to Fisher and Ellis (1990), communication is “the process of people exchanging messages, which are formulated according to principles of a code, in a context” (p. 87). Within counseling, *communication* includes all that is verbalized, all nonverbal expressions and physical manifestations in the voice, and body posture. To place this definition within a counseling framework, communication theorists (Watzlawick, Beavin, & Jackson, 1967) presented a model of communication grounded in systems theory. The model describes five core dimensions of communication that relate directly to counseling work.

1. *It is impossible not to communicate.* When people are together, they are behaving. Because it is impossible not to behave, it is impossible not to communicate. If you say to a client, “Tell me about your spiritual beliefs,” her or his response will be revealing.

2. *Communication has both content and relational meaning.* Imagine the client statement, “God is dead.” Such a statement might be heard at a content level (“I don’t believe in the concept of God.”), and it
might also be heard at the relational level (based on paralinguistics) of “Anyone who believes otherwise is naive” (implying authority). At the same time, the statement might have a different relational meaning if it is said as “God is dead?” Here the communicator is uncertain, questioning or asking you for your thoughts.

3. *Communicators punctuate sequences of behavior.* People involved in communication understand communication behaviors as a series of beginnings and endings, of causes and effects. For example, the person hearing the phrase “God is dead” might respond, “He is indeed,” showing agreement and deference. With only a change in tone, however, the same response might be sarcastic or challenging the original statement.

4. *Communication involves both digital and analog code.* Digital code is when words and meaning are arbitrarily linked (the word *cat* has no particular connection to the animal, but the word *buzz* is similar to the sound it describes). Analog communication occurs when the symbol resembles the object it represents. For example, tears might express sadness and clenched fists might express frustration or anger. In terms of spirituality, understanding a client’s words about the Divine (digital code) and his or her reactions to an experience of the Divine (displays of awe, reverence, or tears) are distinct and important elements of communication.

5. *Communication can be either symmetrical or complementary.* Symmetrical communication occurs when a client speaks with frustration and you respond with frustration (the same type of communication). Complementary communication occurs when a client speaks with frustration and you respond empathically (i.e., with a different type of communication response). In terms of spirituality, awareness of the similarity or difference in views between yourself and a client is an indicator of whether symmetrical or complementary communication is most likely to occur. If a client says enthusiastically, “I am a Christian,” are you more likely to respond “Me too!” or “What does that mean for you?” The latter statement, spoken with a soft and slow tone, likely helps the client move into a discourse about beliefs, practices, and experiences that is far deeper than the initial statement.

This latter point is particularly important. A singularly important aspect of communication is the ability to deepen the client’s exploration of her or his spirituality (Duffey et al., 2001). Accordingly, the depth of communication can be a powerful liberator, freeing the message giver through the shared connection and transparency with another. Put another way, because one’s spirituality is so deeply personal (i.e., the “core” of the individual), many clients may experience therapeutic gain simply from the counselor’s genuine interest in what the client is saying and the counselor’s use of skills to help the client deepen her or his exploration. A competent counselor knows that effective clinical communication facilitates client disclosure about spirituality, thereby promoting insight and meaningful exploration of spiritual concerns.
Effective communication about a client’s religious and spiritual reality should affirm the client’s understandings of the systemic contexts in which they exist, promote the client’s psychological developmental, and support the client’s personal spirituality.

**Barriers to Effective Communication About Spirituality and Religion**

Historical barriers to the integration of spirituality in counseling include the separation of religion and education, which in turn means that many counseling programs did not train preservice counselors to address issues of spirituality (Allen & Coy, 2004; Hall, Dixon, & Mauzey, 2004; Powers, 2005; Walker et al., 2004). Unfortunately, in an effort to limit educators’ endorsing a particular religious affiliation or life paradigm, a predominant exclusion of spirituality and religion ensued in academia. This exclusion exemplifies the confluence of religion and spirituality that is often confusing to clients and counselors alike even today (as discussed in Chapter 3). With the current focus on client uniqueness (such as individual culture) in counselor education, however, a renewed interest in the client’s personal values and beliefs, including spirituality, appears to be occurring (Allen & Coy, 2004; Powers, 2005; Turner, Center, & Kiser, 2004).

Although the transition to an emphasis on spirituality in counseling practice is welcome, it is coupled with confusion about how to integrate spirituality in meaningful ways. Indeed, in spite of the critical need to effectively communicate with clients regarding issues of spiritual concern, many counselors may first need to consider how their communication in the counseling session actually prohibits client disclosure of spiritual issues and relevant exploration of spiritual concerns. In particular, roadblocks to communication—which may instill in the client a sense that the counselor is not accepting of or sensitive to spirituality—may arise when the counselor

1. Miscommunicates about the spiritual or religious content in sessions,
2. Is inconsistent or incongruent in communicating,
3. Struggles with limitations and complexities inherent in language, and
4. Communicates judgment or nonapproval of client statements.

**Responding With Acceptance and Sensitivity**

To avoid barriers to client disclosures about religion or spirituality, counselors should strive to be consistent in how they communicate about their openness to examine client spirituality in counseling; from the outset of counseling, paperwork completed by a client, including the informed consent protocol, should address a counselor’s willingness to examine spiritual issues in counseling (Morrison et al., 2009; Steen et al., 2006). Relatedly, counselors may include questions about spiritual concerns, religious orientation, and spiritual practices as part of a psychosocial history. Letting the client know you are open to hearing about
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spiritual beliefs, be they similar to or dissimilar from your own, communicates your valuing of spiritual work in counseling.

Just as there are logistical and procedural ways to infuse spirituality in the counseling process, there also are symbolic ways. The most salient symbol used in counseling is language. Language, however, has inherent limitations. Even when two people speak the same language, the meanings they assign to words may be different, indicating cultural preferences, social categorization, transmission of knowledge, hidden notions of power, values, individual characteristics (i.e., development), and functions (Leontovich, 2005; Wanitzek, 2002). To accurately understand a person’s use of language, one must understand how language is used, including symbolism, colloquialism, metaphor, simile, rhetorical patterns, and the like. Language is not always used in the same way or with the same intent. Language is functionally different across culture, time, and context (Schneider, 2006; Thatcher, 2004).

Accordingly, talking about spirituality can be challenging because the counselor’s interpretation of the client’s message is filtered through the counselor’s paradigm. For example, the word *saved* may have a different meaning for counselor and client even in the context of discussing spirituality. Beyond using verbal language to discuss spirituality in counseling, counselors may want to use expressive mediums, including writing or journaling, sculpture, use of sacred text, body movement and dance, pictures, music, and expressive arts such as collages as an outlet for the client to illuminate spiritual concerns, beliefs, values, and practices (Curry, 2009; Schneider, 2006; Williams, 2002). Although any of these mediums may provide useful information for the counselor and client, it is vital to first assess the client’s willingness to work in a particular medium.

Counselors are ethically bound to deliver counseling services that reflect ongoing unconditional positive regard, empathy, genuine concern, and caring (M. E. Young, 2008). It is unethical to attempt to influence a client’s religious beliefs through conversion or to promote one particular spiritual orientation (American Counseling Association [ACA], 2005, Principle A.4.b). In a groundbreaking case involving a counselor who refused to counsel a lesbian client on relationship issues because of the perceived violation of the counselor’s religious freedom, the higher court did not support the counselor’s right to refuse to counsel the client and offer a referral. Hermann and Herlihy (2006) stated clearly that counselors are not to discriminate against clients on the basis of “age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status or any bias proscribed by law” (ACA, 2005, Principle C.5.) These authors make it clear that the courts found that responsibility to counsel clients with a wide variety of mental diseases and values is a requirement of the role. As Remley and Herlihy (2005) stated, if “a counselor’s values are so strong that he or she could not counsel clients who held differing beliefs, we would be concerned that the counselor is not well suited for the counseling profession” (p. 20).

**Matching Spiritual and Religious Concepts**

Competency 8 makes it clear that an important component of providing effective counsel around religious and spiritual concerns is the counselor’s flexibility in
matching the client’s spiritual conceptualizations. In other words, counselors should use language, terms, concepts, and frames of reference that are familiar and meaningful to the client. For example, if a client uses the term *God*, the counselor should match this word *God* as well, rather than use more neutral terms such as *Higher Power* or *Universal Connection* (Allen & Coy, 2004). The central issue embedded in this competency is the counselor’s ability to use a shared conceptual language to explore a client’s spiritual concern. Coles (1991) found that children create images of God taken from their direct experience of caregivers (e.g., children in Jamaica draw God with dreadlocks). Similarly, individuals formulate spiritual concepts over their lifetime and from their own experience. These formulations are highly varied and personal. For example, two clients might use the word *God* in their narrative, but for one the image of God might be a beneficent parent and for the other it might be a judging and wrathful condemner. Consider also a counselor who commonly refers to a feminine God when talking to a conservative Christian client. The point here is not that the counselor should abandon her or his belief system; rather, it is that the therapeutic relationship may be damaged when the counselor uses language that is outside of the client’s framework. To join with and explore from inside the client’s worldview, therefore, is the challenge this competency addresses.

Joining with a client’s spiritual and religious conceptualizations does not denote your personal agreement with them. Instead, much like understanding a client’s thoughts or feelings, responding from a client’s spiritual perspective is a means to move deeper into the client’s struggles and strengths. As scholar of religion Huston Smith (1991) has discussed, the internal experience of the divine appears to be a potential for all humans. Whether this experience is called *Atman, Brahman, Buddha Consciousness, the Great Spirit, Jesus, Yahweh, Allah,* or some other term, the human mind possesses the archetypal ability to create the psychological experience of God. Similarly, the experience of heaven, angels, hell, demons, the Devil, and other spiritual figures are psychological realities for many individuals. Insight into an individual’s experience of these figures offers powerful insight into his or her personal psychology.

Consider, for example, a client who experienced long-term sexual abuse as a child. She was also raised in a highly religious family; her father was a Pentecostal minister. As a result of the chronic sexual abuse she developed dissociative identity disorder. One of her parts she called Sky. Sky was her conceptualization of the godlike agape love. When she talked about Sky, her counselor would adopt her language when asking Sky questions, trusting that this part of her held wisdom that would guide her. Throughout her counseling, when the client was particularly afraid, her counselor would at times encourage her to call on Sky’s wisdom. Sometimes she could do this; other times, she would say that Sky was just sitting quietly or unable to talk with her. Although her counselor considered this part to be her divine connection (which the counselor would personally call *God*), using the term *God*, given that the client was struggling with her Judeo-Christian heritage, would have been therapeutically counterproductive.
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Listening for Spiritual Themes

Often, clients will not directly broach the topic of their spiritual lives. This is particularly true given the historical taboo in the United States against openly discussing religion and spirituality in everyday discourse. Instead, clients may be uncertain of their feelings about spirituality and religion or lack the skills to express these thoughts and feelings directly. To truly hear clients’ concerns about spirituality, counselors must listen “between the lines” to receive both direct and indirect client messages about spirituality and religion. Numerous therapeutic themes might indicate a client is struggling, exploring, or finding relief in spirituality. The unique motifs of spiritual expression are ubiquitous, so the themes identified in the next section are neither exhaustive nor comprehensive. Rather, they are offered to prompt the reader to reflect on how clients may indirectly reveal spiritual issues and the importance of listening closely for these issues, particularly when the client is not directly identifying these issues.

Common Spiritual Themes

The Sacred

The sacred refers to a client’s assignment of value to an object or event as spiritually meaningful and entitled to reverence. According to Rican (2004), the sacred may be a key feature of spirituality, although it is difficult to define and may at times be articulated through metaphor. Often, this theme may emerge as clients describe finding a sacredness in life’s simplicity, specifically as a client describes finding joy and meaning in small events or minor life moments. A valuable therapeutic intervention may simply be assisting clients in finding beauty and divinity in what is around them. This theme may emerge in counseling as a client is taking pleasure in describing a moment or event as divinely inspired. One client made the following observation in counseling:

After such a terrible winter, I couldn’t wait for spring. I mean, everything went wrong for me in December and January! But when I saw the first leaves starting to grow on the trees this week, I knew there was still a God.

For this client, the emergence of spring leaves was a symbol of the sacred, and the client is reassured that the God of her understanding is at work in spite of the challenges she faced in the preceding months.

Belief in a Just Universe

Clients struggling to deal with racism, sexism, or other oppressive forces may have a belief in a just universe. For example, Bowen-Reid and Harrell (2002) found that spirituality moderated the psychological effects of stress caused by racism and social injustice. The reason for this relationship may be twofold. First, people experiencing oppression may feel hopeful that the injustices suffered in this life will be healed and sufferers will receive a reward in an afterlife. This notion is supported in Viktor Frankl’s (1984) Holocaust account, in which he reported that concentration camp prisoners survived extreme physical torture through a connection with each other and a belief
in a purpose or meaning. He described suffering as tolerable as long as each person held in preservation “a vestige of spiritual freedom” (p. 86) that allowed individuals to choose how they interpreted their own suffering. Second, spiritual means of coping with oppression embody the hope that those who commit acts of oppression will change and that forgiveness and healing are possible. This quote from African American writer bell hooks (McLeod, 1998, p. 4) is an example of this theme: “For me, forgiveness and compassion are always linked: how do we hold people accountable for wrongdoing and yet at the same time remain in touch with their humanity enough to believe in their capacity to be transformed?”

**Death or Other Loss**

Clients experiencing a recent or unresolved bereavement may be struggling to make meaning of death or other loss. Many types of loss, including the diagnosis of an illness, unemployment, divorce, home foreclosure, and devastation from a natural disaster, can facilitate spiritual concerns. Thurman (2003) stated of the human spirit, “The human spirit is so involved in the endless cycle of birth, of living and dying, that in some sense each man is an authority, a key interpreter of the meaning of the totality of the experience” (p. 29). After a major loss, people commonly feel abandoned by, or angry at, God. Following is an example of a client, Marquis, who experienced this theme of spiritual concern in the form of a disconnection from God and humanity after Hurricane Katrina:

> After the levees breached and the water came in, I felt more alone than ever. My granny kept praying and saying, “It’s gonna be okay. You’ll see.” And I was thinking “What’s gonna be okay? This ain’t okay! And what you praying for? Who you think is listening?” I mean, there ain’t a need to pray if no one’s listening. As far as I could tell, we were alone. But what really ticks me off about the whole thing is that when we needed help the most, no one was there. And I really mean no one.

The client, Marquis, is dealing with his anger about feeling abandoned by God during the aftermath and devastation of the storm. He exhibits frustration with the faith shown by his grandmother, which is in sharp contrast to his feelings of being cut off from the care of God.

**Personal Spiritual Practices**

Personal spiritual practices reflecting a client’s spiritual orientation may be noticed when he or she speaks about routine practices such as prayer, reading sacred scriptures, meditation, walking a labyrinth, repetition of a mantra, deep breathing, yoga, tai chi, development of a medicine wheel for spiritual visioning, and more. Additional possibilities might include an ethical commitment to a vegetarian lifestyle or preservation of, and unity with, the earth and nature (Rican, 2004). Clients who articulate a connection to these or other activities might be engaging in them as a spiritual practice (Miller, Clark, & Choate, 2008). To understand the client more fully, a counselor should ask the client to describe the personal meaning and benefit of these practices. For
example, one vegetarian described his commitment to vegetarianism by stating, “To me it’s about karma. If something dies or suffers for me, sooner or later I will have to reconcile for that through my karma.” In this statement, he underscores that he chose vegetarianism to avoid the negative spiritual consequences he associates with the karmic effects of his actions.

Divergence From Religious Community

Divergence from religious community may manifest when a client has identified conflicts between religion or faith and personal insights or beliefs, as illustrated in the following illustration. Melissa came to see a counselor, Sam, regarding family issues. During a session, Melissa mentioned that one major point of conflict in her family was that her brother, Jack, came out last year at a family gathering during the holidays. She stated that her parents are devoutly Catholic and believe homosexuality is a sin. Melissa struggled, however, between the Catholic values asserted by her parents and what she calls “a kind, loving God, who accepts everyone as he or she is.” She states that she does not believe homosexuality is a sin. Sensing that this is an important spiritual concern for Melissa, Sam asks her, “How do you make sense of your Catholic upbringing and your current beliefs about God?” As demonstrated in this case, the counselor hears the internal conflict and focuses on the spiritual dissonance rather than on the family conflict, although both may be salient.

Finding Meaning and Purpose

According to Cushman (1990), the need to find meaning and purpose is a direct result of infrastructure breakdown in the culture caused by the emphasis on consumerism. This breakdown has resulted in individual loss of meaning in regard to connections with family and community as well as a sense of spiritual disconnection. As a result, people seek to find purpose in material goods, power positions, and status symbols to offset feelings of emptiness. It is inevitable, however, that these are not fulfilling in the long term. A Hindu idiom offers that trying to extinguish the drive for riches with money is like trying to quench a fire by pouring butter over it.

Clients may engage in spiritual exploration when seeking answers to current social and cultural problems such as violence (Tanyi, 2002), economic crisis, job dissatisfaction, or relationship difficulties as they seek an authentic connection with other people, their higher power, and the natural world. According to McGaa (1990), the experience of alienation from nature caused by modern life is actually an illusion because we are all connected members of the earth in Native American visioning. From this perspective, clients may find healing from alienation through intentional connection with the earth, realizing they are in fact part of nature. Similarly, Taoist philosophy stresses adherence to practices of mysticism. In the Taoist tradition, this practice means “the virtue of performing no action that is contrary to nature” (Oldstone-Moore, 2003, p. 14). Listening for expressions of conflict between the desire for spiritual experiences and disillusionment with modern culture is a door for counselors to explore spiritual and religious meaning making.
Struggles for Forgiveness

Clients may struggle for forgiveness with people, with their higher power, or with themselves. Developing self-compassion may be a subtheme of this counseling issue. In particular, identifying the human condition of suffering as a source of connection and transcendence may move a client toward self-compassion, empathy, and forgiveness.

On a practical level, it is important to help individuals move through the process of forgiveness when they are capable of it. Fred Luskin (2003) developed a nine-step process for forgiveness. Facilitating client movement through these steps requires finesse and skilled communication from the counselor. The steps follow:

**Step 1.** Know exactly how you feel about what happened to you and be able to articulate what about the situation is not OK. Tell a few trusted people about your experience, not everyone you meet.

**Step 2.** Make a commitment to yourself to do what is necessary to feel better. Forgiveness is for you and not for anyone else.

**Step 3.** Accept that forgiveness does not necessarily mean reconciliation with the person who upset you, nor does it mean condoning his or her actions. Rather, forgiveness involves blaming others less, taking the experience less personally, and changing your narrative around the grievance.

**Step 4.** Recognize that your primary distress is coming from the hurt feelings, thoughts, and physical upset you are suffering right now, not what offended you or hurt you in the past.

**Step 5.** Practice a simple stress management technique to soothe your body’s fight-or-flight response when upset feelings come. For example, a simple relaxed breathing technique may suffice.

**Step 6.** Give up expecting things from other people, or from your life, that they do not choose to give you. Recognize the unenforceable rules you have created for how you or other people must behave. Remind yourself that you can hope for health, love, friendship, and prosperity and work hard to get them, but you cannot force them to happen.

**Step 7.** Instead of mentally replaying the experience that hurt you, seek out new ways to get what you want—now.

**Step 8.** Understand that a life well lived is your best revenge. Instead of focusing on your wounded feelings, and thereby giving the person who caused you pain power over you, learn to look for the love, beauty, and kindness all around you.

**Step 9.** Amend your grievance story to remind you of the heroic choice to forgive. You must be able to tell others that you were hurt, that you survived, and that you are now OK (Luskin, 2003).

An example of this theme came from a client whose employment was terminated without an identified cause. The client, Li, stated, “I can spend
my energy hating him [my boss], or I can spend my energy forgiving him. It is difficult to forgive him, but I know I will be rewarded for forgiveness and not for hate.” In some cases, clients may not recognize their struggles as essentially spiritual until a counselor helps them identify these themes as such. Once identified, the client may find permission to further explore his or her spiritual and religious issues.

One caveat about communication about forgiveness work involves the tendency of some clients to engage in pseudo-forgiveness (Enright, 2001). Pseudo-forgiveness (or false forgiveness) may occur, for example, when a person wants to forgive another quickly to demonstrate moral superiority or to avoid conflict or loss. Such a quick fix does not typically stand the test of time. It is important for the counselor to distinguish between pseudo-forgiveness and genuine and lasting forgiveness work.

**Four Approaches to Communicating About the Sacred**

Incorporating the spiritual or religious realm into counseling requires an examination of clients’ spiritual or religious beliefs and values with an attempt to understand the idiosyncrasies of their values and belief system (Bishop, 1992; Miller, 2003). Zinnbauer and Pargament (2000) discussed four approaches or stances counselors may take toward client discussion of spirituality: (a) rejectionist, (b) exclusivist, (c) constructivist, and (d) pluralist. Ethically, the rejectionist and exclusivist approaches are problematic.

**Rejectionist Approach**

In this approach, the counselor denies the salience of spirituality and religion. Clients with religious or spiritual views may be misdiagnosed with mental illness or disturbance. From this perspective, a counselor responds to client statements of a spiritual or religious nature with either a hostile or a dismissive tone or simply ignores such statements. As might be expected, such an approach disenfranchises clients who are religiously or spiritually committed. Moreover, such a stance may inhibit the client from exploring her or his spirituality, may occasion premature termination, and may reduce the likelihood of the client returning to counseling at a later point. Finally, the rejectionist approach broadens the unfortunate divide between mental health professionals and clergy members.

**Exclusivist Approach**

This perspective operates when the counselor believes his or her religious and spiritual worldview constitutes the one true reality regarding religion and spirituality. This approach is rigid in its view of a singular truth, and accordingly the counselor works to change client perspectives to be in agreement with his or her own. Counselors who work from this approach easily demonstrate intolerance for religious beliefs differing from their own and thereby impose their beliefs and values on the client. Such an approach is countertherapeutic and unethical.
**Constructivist Approach**

Considered an approach that is well suited for incorporating spiritual and religious themes into the counseling process, the constructivist perspective embraces the position that individuals create their own spiritual and religious truths. The counselor respects the client’s constructed belief system, and the counselor’s personal values and beliefs are less important. Instead, the counselor is interested in the role of the client’s beliefs in his or her worldview and how these beliefs affect the client’s daily life. Criticisms of this approach include the potential for unconditional acceptance of client viewpoint that might blur the lines between mental illness and religious belief.

**Pluralist Approach**

The foundation of the pluralist perspective is that spiritual and religious beliefs are varied and personal, and the fact that counselors’ and clients’ perspectives may diverge simply indicates the pluralistic society in which we live. The counselor has personal views, yet respects and encourages the client to examine his or her own perspective. The counselor may discuss his or her perspectives in the counseling process but must maintain a high degree of self-awareness to avoid imposing beliefs and values on the client.

**Factors Shaping Spiritual Communications**

Consideration of the intricate connection between an individual’s spiritual and religious beliefs and other cultural dimensions of an individual’s life is critical to competent assessment and intervention. Because personal identity constructs all affect an individual’s worldview, it becomes a counselor’s ethical responsibility to consider how these dimensions influence the communication process. Cultural experiences shape men’s and women’s identities, define their behavior, and affect how they interact with the world (Davenport & Yurich, 1991). Although the cultural dimensions that may be salient are virtually endless, we focus here on gender, age, race, and family as integral parts of the developmental process related to communication that may be important to consider.

**Gender**

Gender has been referred to as a primary influence on spiritual development (Miller et al., 2008). Explicit and subtle gender-specific messages have invasive effects on spiritual identity development and the establishment of religious values and traditions (Passalacqua & Cervantes, 2008; Robinson-Wood, 2009). Attending closely to how men and women express their spiritual and religious life and responding empathically and sensitively is vital. Gender and gender socialization can be relevant dimensions of the counseling process because people’s gender experiences influence their assignment of the meaning of life events, affect religious and spiritual connectedness, and are fundamental to the evaluation and healing of a diverse population of individuals.

The relationship among women, spirituality, and religion is deeply rooted in history. Women have long been welcome in service roles in most organized
religious communities, yet some religious groups have not admitted women
to the ministry on an equal footing with men and some bar women from
any service role. Gender bias has created a spiritual and religious obstacle for
women throughout history. In other cases, sacred texts have been misused to
justify oppression and abuse of women in the name of religion. The woman-
ist scholars of our day, however, have pointed to spirituality as the source of
hope, salvation, transformation, and the inspiration for work toward gender
equality and justice (Townes, 2003). A more formal exploration of women’s
issues in spirituality and religion is provided in Chapter 13.

Men, however, are often socialized in a way that could inhibit the devel-
opment of spiritual and religious identity. Because of their socialization, for
example, some men may struggle with the spiritual concept of surrender, a
concept that is central, in particular, in addictions counseling (see Chapter
11). Recognizing and responding to this socialization with sensitivity and
compassion is essential.

Age

Researchers have suggested that individuals commonly examine their spiritual
and religious positions in adulthood (Miller et al., 2008; Tisdell, 2003). This
is not to suggest that individuals do not have significant spiritual or religious
beliefs or values in childhood or adolescence, but instead supports the idea that
the emergence of spiritual and religious beliefs is a developmental process, as
discussed in Chapter 5. Life focal points shift over time as individuals consider
faith, parenting, career, death, and dying. It is common practice for older adults
to rely on spiritual and religious faith as a coping mechanism for challenges
related to aging including physical illness, grief related to the loss of friends
and family, and consideration of one’s own death (Bullock, 2002; Matthews,
McCullough, Larson, Koenig, & Swyers, 1998; Meisenhelder & Chandler,
2002). It is also not uncommon, for example, for individuals facing their own
mortality to struggle with end-of-life issues, including careful examination of
significant people, places, and things in life (Baker, 2003). Recognizing these
developmental phenomena informs counselor–client communication.

Race and Ethnicity

Race and ethnicity interact with spiritual and religious beliefs and values to
affect an individual’s perspective and shape how life experiences are viewed
(Schoen, 2005). Indeed, according to Essed (2002), it is possible for marginal-
ized groups to “transcend the limits” of the socialized meanings of everyday life
that include domination by majority groups, oppression, and racism through
the construction of individual practices and meanings (p. 187). Mattis (2002)
found, for example, that spirituality and religion helped African American women
to (a) integrate reality, (b) gain insight and muster courage, (c) confront and
transcend limitations, (d) identify and grapple with existential questions, (e)
recognize purpose in life and life events, (f) define character and act within
moral principles, (g) acclimate to and achieve growth, and (h) trust in the
viability of transcendent sources of knowledge and communication. In other
words, participants’ religious and spiritual orientations had great importance
for their paradigm, perspective on life events, and the strategies they pursued
for coping with life (Brown, 2003; Hayes, 2003). Accordingly, it is essential
for a counselor to listen for these themes in client narratives.

Beyond understanding how race and ethnicity intersect with religious
and spiritual beliefs, counselors should also consider how best to integrate
spirituality in culturally relevant ways. We encourage counselors to develop
multiple resources and strategies for spiritual discussion with clients, includ-
ing the use of spiritual poetry, bibliotherapy, meaningful music (such as Black
gospel and blues; Kirk-Duggan, 1997), storying, and narrative therapy. For
clients with elaborate church connections, such networks can represent valuable
resources. Counselors should consider consulting with religious leaders for
information, calling on the network for support during a crisis, or involving
ministers within the therapeutic process.

**Family**

Consideration of the impact of family dynamics is critical for counselors deal-
ing with spiritual and religious issues. Because spiritual and religious beliefs
and values are frequently products of the influence of the family systems,
exploring the family context for an individual client’s belief system may be
quite revealing. It has been suggested that an individual creates the context
of all beliefs and values as a result of life experience within the family (Swartz-
Kulstad & Martin, 1999). One aspect to explore with clients is the extent
to which their spiritual and religious beliefs and values remain extrinsic (i.e.,
given by family but not personally examined). In such cases, and when the
client is open to such exploration, a further examination of these beliefs and
values can support spiritual and religious development as the client begins to
internalize and “own” his or her spirituality. This process of moving from an
external to an internal belief system is characteristic of spiritual maturity, as
highlighted in Chapter 5.

Conversely, family traditions may also represent a system of beliefs with
negative associations about sexuality, divorce, remarriage, and family planning.
Commonly, clients struggle with individuating from such familial beliefs. In
such cases, counselors must be prepared to deal with clients’ experiences of
guilt, shame, confusion, and low self-esteem that often accompany this process.

**Sexuality**

Everyone has a sexual nature. Sexuality intersects and interacts with other
aspects of culture, including spirituality and religion. The need to explore
one’s sexual identity is common within the therapeutic process. The relation-
ship that exists between sexuality and spiritual or religious beliefs can be a
powerful force, particularly for individuals who struggle because their feelings,
thoughts, values, or desires conflict with the views of their family or church.
For many clients, beliefs that the body is inherently bad and sex is immoral
have become powerful introjects that began as religious messages. Listening
for these beliefs and gently exploring their source is important.
Moreover, the teachings of some religious communities deem homosexuality to be morally wrong (Lease & Shulman, 2003). As such, many individuals find themselves discarding their religious faith to gain self-acceptance for their sexual orientation or, conversely, repressing or disowning their sexual orientation because of the belief that this is necessary to live their life according to God’s will (Barret & Barzan, 1996; Buchanan, Dzelme, Harris, & Hecker, 2001). Therefore, it is no surprise that many gay men and lesbian women have found their experiences with traditional Western religion to be impractical and often impossible (Ritter & O’Neil, 2001). How gay men and lesbians navigate these two aspects of their identity (sexuality and spirituality) becomes salient in the counseling process when either of the two has been compromised or disowned in service to the other (Barret & Barzan, 1996).

In sum, effective integration of spirituality in counseling includes avoiding barriers to communication, identifying client spiritual themes and following them, and using culturally relevant practice that is acceptable to the client. The following case example illustrates the concepts covered in this chapter. A discussion of the case and considerations for counseling practice are also provided.

The Case of Shola

Shola, a female client, was referred to Brenda, a marriage and family counselor in Chicago, after a difficult divorce. In her first session, Shola described her life as “a constant journey.” When asked to elaborate, she discussed the dramatic changes in her life beginning very early. Shola was born on a Native American reservation in the Southwest during the late 1960s, and after her mother divorced her father in the late 1970s, her mother, Shola, and her little sister moved to Chicago to be near extended family. She described her father as “an absent alcoholic” and stated that after leaving the reservation she never saw him again and had only heard from him a few times in her life. Her mother secured a job in Chicago at a telephone company and found an apartment where she, Shola, and Shola’s sister lived for the next 10 years. Shola described school as challenging and stated that she dropped out at age 17 (as a high school freshman). She worked as a waitress and later earned her GED. In her early 20s, she met Mark, a marine, and she married him within a year. She described Mark as “handsome and charming” at first, but he later became controlling, possessive, and physically abusive. She left Mark after 15 years of marriage and after having three children together. Currently, she is a single mom and the manager of a fast food restaurant. When talking about the divorce, she became tearful and stated that the physical violence she suffered during her marriage was a small matter compared with the “soul wounding.”

In the second session, Brenda revisited with Shola what she had meant by “soul wounding.” Shola disclosed that she felt spiritually injured and in need of spiritual healing as much as emotional healing. When invited to explore that issue, Shola admitted that she was unsure what she needed to repair her spirit. She disclosed that when her family of origin moved to Chicago, they attended a Catholic church, which felt foreign and formal to Shola. Shola felt that her mother had begun attending Catholic church to fit in with Whites.
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and as a deliberate attempt to “leave the ‘rez’ behind us.” Shola had practiced Catholicism for years and yet found little comfort from her religious practice (prayer, attending church, Bible study group) during her divorce. When Brenda questioned Shola about spiritual practices she had experienced as a child on the reservation, Shola appeared agitated. She described leaving before she “fully became a spiritual being.” By leaving the reservation early in life, she believed that she had missed an opportunity to develop spiritually and that this was an ongoing void in her life. Brenda confessed to Shola that she knew very little about Native American spiritual practice and asked what sorts of things she missed as a result of the move. Shola described missing the chance to participate in a womanhood and purification ceremony in adolescence and missing milestones such as experiencing the medicine wheel, which is sacred and symbolic of spiritual development and journey, combining colors and directions within cyclical patterns.

Although Brenda did not fully understand these concepts (her own spiritual upbringing and practice was primarily Judeo-Christian), she was determined to research and learn about these topics. Although Brenda did work with Shola in examining the issues of domestic violence, the divorce, and family-of-origin issues around her father’s absence, the counselor continued to provide time and attention in the counseling sessions to address Shola’s spiritual concerns. Moreover, she contacted the American Indian Center of Chicago to ascertain whether there were groups in the local area and to receive further education. She also addressed this issue in supervision and explained that she felt the best approach for the client was to integrate spirituality into the counseling process; her supervisor worked with her to establish contacts with the Native community who could serve as consultants. Finally, Brenda referred Shola to a well-respected, credentialed, native spiritual healer who facilitated medicine lodge spiritual workshops.

Over the next few months, Brenda and Shola discussed how Shola’s return to native spiritual practice affected her perspective on her life journey. Shola became involved in reading spiritual works and even brought a poem into counseling that she felt described her lived experience. Together, Brenda and Shola learned more about Shola’s heritage. In one of their final sessions, Brenda asked Shola how revisiting her Native spiritual beliefs had changed her view of her years as a practicing Catholic. Shola indicated that she had integrated the two by stating,

I realize now that I never left my native spirit . . . it’s always been a part of me. I don’t have to choose one or the other, Catholic or Native, I get to have all of the pieces of me together. I can heal my soul in many ways.

In their last session together, Shola shared a Christian psalm of hope with Brenda followed by a native prayer of thanks for the blessings received in counseling.

Reflections on Shola

The case study demonstrates multiple concepts from this chapter. To begin with, the client had to integrate the culture she left on the reservation, in-
Communicating About Spirituality in Counseling

In her first session, the client expressed many concerns (domestic violence, family-of-origin problems, divorce, single parenthood), and the counselor also heard the spiritual longing and followed up on this in the second session and in subsequent sessions. The approach was multifaceted, and Shola had many pressing needs to address in counseling. Spirituality was but one focus, but it was vital nonetheless. Although the counselor followed up on all of the client’s problems, she gave as much attention to spirituality as to other client concerns because the client’s view of the problem and spiritual references indicated that it was appropriate to do so. By continuing to research and learn about the client’s spiritual frame of reference, the counselor was able to assist the client in using spirituality to begin the process of healing.

Conclusion

Communicating effectively about spiritual and religious perceptions requires “a multidimensional frame of reference that is inclusive, holistic, and integrative” (Passalacqua & Cervantes, 2008, p. 235). The spiritual competencies addressed in this chapter are minimal standards. Readers are encouraged to engage in an ongoing examination of self-awareness, of personal beliefs, and of biases, as well as in ongoing education about spiritual perspectives differing from one’s own. The tendency to avoid addressing spiritual or religious issues and to sidestep discussion of these topics has been the prevailing historical approach of mental health practitioners (Curry, 2009; Passalacqua & Cervantes, 2008). In recent years, the importance of religion and spirituality as an aspect of client culture has been recognized. Nevertheless, assumptions based on a monocultural perspective minimize a client’s individual and shared reality and could cause harm, thus becoming an ethical matter for counseling professionals (Robinson-Wood, 2009; Swartz-Kulstad & Martin, 1999). A client’s contextual life experiences, including his or her religious and spiritual histories, may contribute to the solution of difficulties. For other clients, these same values can be a part of the problem. Given the complexity of individual beliefs and psychological difficulty, competent practice as explored in this chapter necessitates open communication with clients about their experience of the spiritual and religious dimensions of their lives and helping clients make meaning of these experiences. As such, the spiritual and religious perspectives of counselees warrant careful attention and deep respect.

Questions for Self-Reflection or Discussion

1. What barriers to discussing spirituality and religion may exist for clients and for counselors?
2. At what point in the counseling process is it appropriate to communicate about spirituality, religion, or both?
3. What indication might a counselor receive that it is important to a client to address spiritual or religious concerns in counseling?
4. When is it appropriate to refer a client because of differing religious or spiritual beliefs?

5. What unique client characteristics may affect an individual’s spiritual expressions?

6. Consider first the client or situation that you think would most tax your ability to integrate spirituality or religion into counseling. Within the context of this client, consider the four approaches to the sacred discussed by Zinnbauer and Pargament (2000).

Suggested Readings


References


Competency 10. During the intake and assessment processes, the professional counselor strives to understand a client’s spiritual and/or religious perspective by gathering information from the client and/or other sources. (ASERVIC, 2009)

The purpose of this chapter is to provide the reader with information related to the appropriate and ethical integration of spiritual assessment into the counseling process. Reasons for spiritual assessment are explored, as are the potential benefits of spiritual assessment. We review the various methods of assessment, including qualitative and quantitative methods. We discuss specific challenges faced by counselors in assessing spirituality and describe specific assessment techniques. We provide practical examples for applying spiritual assessment concepts and skills throughout the chapter, as well as a case example, recommended readings, and questions for self-reflection.

Counselors need to be completely conscious of their purpose or rationale for assessing client spirituality. Spirituality can be assessed to understand the client’s worldview and context, encourage client self-exploration (Kelly, 1995), assist in diagnosis, investigate religion and spirituality as client resources, uncover religious and spiritual problems, and determine what interventions may be appropriate (Frame, 2003). Identifying the purpose for assessing spirituality clearly relates to these competencies and provides guidance for counselors working in this area.
Reasons for Assessment

All of the spiritual competencies for addressing spiritual and religious issues in counseling that relate to work between the counselor and the client rely on the counselor to understand the client’s spiritual or religious perspective (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009). Before the counselor can effectively and ethically use spiritual or religious concepts with a client or use the client’s spiritual or religious perspective in diagnosis and treatment, he or she must become familiar with how the client relates to spirituality and religion and what impact spirituality and religion have had on the client’s life. The assessment process provides the counselor with the opportunity to learn about the client, the client’s issues, and the world in which the client faces and must resolve these issues. Spirituality or religion may be an important part of any of these areas of assessment.

The counselor and client simultaneously perform assessment. While the counselor performs a professional assessment of the client, the client’s systems, and the issues that motivated the client to seek or accept counseling, the client informally assesses the counselor. The client might contemplate, “How much can I safely say to this person?” “What does this person want to know?” and “How will this person judge me?” In group and family counseling, assessment extends further, to each client assessing the other clients’ behaviors. The clients might wonder, “Who are these people?” “How do I compare with them?” and “What aspects of me might they accept and reject?” The choices the counselor makes during the initial assessment phase of counseling can influence the client’s level of safety with disclosure and the counselor’s level of accuracy and completeness of client conceptualization.

Gains of Spiritual Assessment

Before we expand on how spirituality is assessed (i.e., methods), it may be helpful to identify why assessment of the client’s spiritual or religious perspective is essential. We start by looking at what the counselor gains by assessing the client’s deeply personal and subjective truths. Our hope is that by understanding the motive for sacred exploration, counselors can better appreciate its part in the therapeutic process, thus increasing their sensitivity to what the client achieves by revealing such a personal part of his or her inner world.

From the client’s viewpoint, assessment can increase self-awareness and be a powerful vehicle for increased decision making, action planning, and fostering self-transcendence (Kelly, 1995). From a counselor’s perspective, spiritual assessment is a valuable tool for establishing a positive working alliance (Pargament, 2007), making an accurate diagnosis, and identifying effective treatment interventions (Richards & Bergin, 1997). In not assessing the client’s spiritual domain, counselors are neglecting a fundamental part of human consciousness. Much like a doctor who fails to check a patient’s blood pressure during a routine physical exam, counselors must inquire about a client’s spiritual or religious beliefs, practices, and experiences to fully understand the client as a psychospiritual being.

Clinical and empirical rationales and our own personal experience of what the counselor and, inadvertently, the client gain by conducting spiritual assessments may be summarized in five general categories.
Assessing the Spiritual and Religious Domain

1. **Context and worldview.** Clients enter counseling with a vast array of spiritual and religious belief systems, which calls for counselors to fully understand the client’s worldview and avoid being blinded by, for example, one-dimensional aspects such as religious affiliation or belief or nonbelief in a divine spirit. Through the assessment process, counselors can go beyond surface understanding and uncover the complex meanings that clients attribute to their spiritual or religious world.

2. **Spiritual or religious issues.** Determining whether the client’s spiritual or religious orientation is at the root of or has an impact on the presenting problem is a key function of spiritual assessment. In relating therapeutic issues to the spiritual domain, the counselor can identify how such elements of the spirit as the client’s conscience, beliefs, values, spiritual experiences, meaning, responsibility, and practices contribute to the ways in which the client experiences the problem.

3. **Strengths and resources.** A client’s spiritual or religious belief system can be a safeguard that promotes coping and fosters therapeutic change. Spiritual or religious communities and practices, for example, can serve as rich sources of support and healing for clients.

4. **Interventions.** Often linked to treatment planning, some interventions rely on existing therapeutic models (e.g., cognitive perspectives that use religious readings to challenge a client’s dysfunctional thinking patterns), and others use spiritual or religious strategies such as prayer, meditation, and forgiveness (Kelly, 1995). Closely tied to their recognition of spiritual resources, counselors should identify treatment interventions that are in alignment with the client’s beliefs, values, and meaning structure.

5. **Self-exploration.** Many clients come into counseling unsure about their spiritual personhood and how these beliefs play a role in their daily lives. By assessing their spiritual history, beliefs, values, and practices clients can see, holistically, how they perceive themselves in relation to the sacred (Frame, 2003).

**Methods of Assessment**

Counselors can use a variety of methods to learn about clients’ spiritual and religious perspectives. Some theorists have conceptualized the process of spiritual assessment within a two-step framework (Pargament, 2007). For example, Richards, Bartz, and O’Grady (2009) have referred to the initial encounter with the client as a Level 1 assessment, which may include intake questions and forms, observations, and direct interviews. The more in-depth, follow-up assessment can be referred to as Level 2 assessment and can include both formal and informal qualitative and quantitative assessments. Most assessment information is gained directly from clients, but other sources can provide important information. In the following sections, we describe techniques for gathering spiritual assessment information directly from clients and indirectly
from other sources. We begin with qualitative assessment techniques and then turn our attention to quantitative assessment techniques.

**Qualitative Assessment Techniques**

From the outset of the counseling process, the competent counselor is assessing various attributes of the client. The following techniques highlight some of the ways in which counselors can qualitatively assess the religious and spiritual aspects of the client’s life and how these aspects may be related to the client’s presenting problem, either as a resource or as part of the problem.

**Intake**

Merriam-Webster (2007) defined *intake* as “a taking in,” “the amount taken in,” or “something taken in.” This definition is particularly salient because the counselor is literally taking in client information for the first time while developing a new and possibly fragile relationship with the client. Because intake is the initial interaction between the counselor and the client, the importance of appropriately introducing spirituality into this process cannot be understated. Pargament (2007) instructed the counselor to conceptualize the initial integration of spirituality as part of a holistic assessment process. The counselor sets the stage for discussing spirituality by demonstrating openness to learning about the client’s spirituality and openness to sharing through mutual disclosure. Instead of focusing just on the client’s presenting issue or the client’s spiritual and religious perspectives, the counselor explores the whole client, including physical, emotional, spiritual, and environmental dimensions. Exploration can be facilitated through discussion and with the qualitative and quantitative assessment techniques described in this chapter.

Usually, intake consists of direct assessment activities. By gathering information directly from the client, the counselor can build the counseling relationship while learning about the client. The more common direct techniques include using intake forms completed by the client, observing the client, and interviewing the client. Graphing techniques, including genograms and ecomaps, can be used in the intake interview, but they are often used after the counselor has obtained basic information from the client and begun to explore the client’s presenting issue. Expressive techniques, including sandtray, music, and various art forms, are also used more commonly after the intake is complete, but they can be used during intake if the counselor is having difficulty obtaining information using verbal methods. Standardized assessment instruments can be used either in intake or after intake. These direct assessment techniques are described in the following sections.

**Intake forms.** As noted in Chapter 1, counselors can use intake forms to obtain basic assessment information about the client’s religious and spiritual beliefs and practice history, including denomination or faith of origin, current denomination or faith, role of faith in the client’s life, religious conflicts and support, or other important issues (Richards & Bergin, 1997). The spiritual and religious intake form provides the counselor with insight into the client’s spiritual domain and allows the client to set boundaries concerning the integration of spirituality and religion in counseling (Faiver, Ingersoll,
Assessing the Spiritual and Religious Domain

O’Brien, & McNally, 2001). Some questions are designed to gather specific information about the client’s spiritual and religious perspective, and other questions may gauge the client’s willingness to give the counselor permission to consult with a religious leader or the client’s interest in trying spiritual or religious interventions. Figure 7.1 provides sample questions that might be used at intake to assess religion and spirituality.

The question format serves an important function. Simple “yes,” “no,” “somewhat,” or “maybe” options keep the form brief and allow the client to complete it quickly. Alternatively, Likert-type scales also allow for brief responses. For example, one good intake question might be “How important is spirituality and/or religion in your life?” with a seven-point response format ranging from not at all important to very important. Questions that leave space for an explanation provide counselors with some basic understanding of the client’s spiritual and religious perspective. Including a disclaimer that clients can skip the remainder of the form if they do not want to discuss religious or spiritual issues in counseling is also important and is typically a clear indication of how much of the client’s spiritual or religious domain can or should be integrated in counseling.

Observations

On first seeing a client, the counselor begins observing the client’s appearance, behaviors, and word choices. Some aspects of client appearance, behavior, and word choice can provide the counselor with information about the client’s spiritual and religious perspectives. The counselor can then use this information to begin a discussion with the client about the client’s spiritual and religious beliefs and overall values.

The initial form of observation is usually an assessment of the client’s appearance. Some people display their spiritual beliefs and personal values through their dress, makeup, hairstyle, jewelry, or grooming. Wedding and engagement rings, cross and star pendants, bindis, Masonic rings, novelty t-shirts, uncut or shaved hair, head coverings, WWJD wristbands, flag pins, colored ribbons, tattoos, and an imaginatively endless assortment of other ways in which people choose to present themselves can imply personal or spiritual beliefs and values. Through observation of the client’s initial appearance and changes in the client’s appearance throughout counseling, the counselor can obtain clues about the client’s spiritual and religious beliefs and overall values. Also, the counselor can acknowledge aspects of the client’s appearance to note openness to the client’s spiritual, religious, and values perspectives.

Beyond observing appearance, counselors often gain spiritual and religious assessment information by observing the client’s behaviors and word choices. Gestures, such as the client’s making the sign of the cross, folding his or her hands with an uplifted gaze, or touching a spiritual symbol that he or she wears or carries, and invocations of a Higher Power in speech can indicate the client’s integration of faith with the issue being discussed. The counselor can acknowledge these behaviors and words to indicate openness to discussing how the client’s beliefs inform the client regarding the presenting issue and how the client uses spirituality and religion to cope with the issue.
**Figure 7.1  Sample Intake Questions**

The following questions relate to your spiritual and/or religious beliefs and experiences. You may skip to the remainder of the form if you do not want to complete this section.

1. Do you have a belief in God, a higher power, universal spirit, or other? _____ Yes _____ No _____ Somewhat

2. Would you like to discuss this belief/absence of belief with the counselor? _____ Yes _____ No _____ Maybe

3. Are you currently affiliated with any religious denomination and/or spiritual practice? _____ Yes _____ No _____ Somewhat

4. How would you describe your religious or spiritual beliefs and practice history? ____________________________________________

   __________________________________________________________

5. What role has religion and/or spirituality played in your life?

   __________________________________________________________

   __________________________________________________________

6. Has religions and/or spirituality contributed to any stressors in your life? ____________________________________________

   __________________________________________________________

7. Have you experienced any changes in religious affiliation since childhood? _____ Yes _____ No _____ Somewhat

8. Are there any spiritual and/or religious resources that you feel are a source of strength? _____ Yes _____ No _____ Somewhat

9. If so, what resources have you found most helpful?________________________

   __________________________________________________________

   __________________________________________________________

10. Have religious and/or spiritual influences currently or historically contributed to any stressors in your life? _____ Yes _____ No _____ Maybe

11. Are you interested in giving the counselor permission to consult with religious/spiritual leader(s)? _____ Yes _____ No _____ Maybe

12. Are you interested in trying new spiritual or religious interventions? _____ Yes _____ No _____ Maybe
The counselor can also direct the client in spiritual self-observation as a way to explore the client’s connection to and use of spirituality. For example, if a client comes to counseling to gain a sense of balance in life and a greater connection with faith, the counselor could investigate how the client spends time each day and approaches stressful situations. If the client describes a daily activity such as walks on a nature trail, the counselor may choose to explore the client’s experience of these walks to determine whether they serve as a meditative activity that provides spiritual connection. The counselor might ask the client to describe the experience of walking on the nature trail, focusing on the client’s inner state during the walks. Through this exploration, the client might recognize the spiritual quality of the nature walks, and the counselor might gain a clearer view of the client’s connection with spirituality. After the client has connected the nature walks with spirituality, the counselor might direct the client to consider other activities that have a spiritual quality. For example, work may be connected with service to God and humanity, and caring for family may be connected with purposefulness in life. Through spiritual self-observation, both the client and the counselor can recognize that the client incorporates spirituality in everyday life, even though the client’s earlier conceptualization of spiritual activity was limited to sporadic direct church activity. This process of self-observation and exploration can lead to increased spiritual awareness by the client and a greater understanding of ways in which the client integrates spirituality in life. Assessment of the client’s spiritual domain through self-observation informs both the counselor and the client and provides the client with an effective initial intervention.

Direct Interview

Direct interviews are the primary method by which Level 1 assessment most often occurs with the client. During a direct interview, the counselor will ask the client specific questions related to the spiritual or religious domain. If the level to which the client wants to integrate spirituality and religion into counseling is unclear from the intake, these questions can initially be more implicit. For example, the following questions will provide additional information:

- When have you felt most alive?
- What would you like for your legacy to be?
- What sustains you during difficult times?
- For what are you grateful?
- What do you hold sacred?

Such implicit questions may provide additional context for the role of spirituality and religion in the client’s life. We should note that these early questions are all strengths based. Only after a stronger therapeutic relationship emerges might the counselor want to probe less comfortable aspects of the client’s spiritual journey with the following types of implicit questions:

- What causes you the greatest suffering?
- What have you discovered about yourself that you find most disturbing?
- What are your deepest regrets?
Once it is clear that the client is comfortable talking about religion and spirituality, more explicit questions can be used. These questions can be predetermined or formed on the basis of client needs and responses during the interview. Both Seligman (2004) and Pargament (2007) detailed specific questions or statements that may be useful for the counselor to include in this interview, including

- “Do you see yourself as a religious or spiritual person? If so, in what way?"
- “Are you affiliated with a religious or spiritual denomination or community? If so, which one?”
- “Has your problem affected you religiously or spiritually? If so, in what way?” (Pargament, 2007, p. 211).

Such basic questions can elicit information that will help the counselor determine what type of follow-up assessment is appropriate, based on the client’s severity of symptoms.

These basic questions can provide valuable information for counselors and lead to more in-depth, Level 2 assessment. A basic spiritual history that can be elicited during Level 1 may be used as a transition to Level 2 assessment. Additionally, counselors can use the initial responses to tailor to the client’s preferences the appropriate follow-up assessment, such as genograms, eco-maps, and other forms of gathering information about the client’s spiritual or religious domain.

**Spiritual Genogram**

Counselors use genograms for a variety of purposes, including the assessment of the spiritual domain in a family system (Frame, 2000; Hodge, 2001, 2005). Genograms provide the counselor and the client with a pictorial representation of the client’s family. Through the genogram, patterns in the family emerge, and the client and counselor gain a clearer understanding of confusing relationships. The counselor who thinks a systemic family view of a client’s spiritual domain would be beneficial should consider genogram development during assessment. The basic genogram can be developed during intake, and information can be added as the client provides more information during the course of extended assessment and counseling.

A standard genogram contains a description of the two generations preceding the client, the client’s generation, and any following generations (McGoldrick & Gerson, 1985). The counselor and client can choose a different depth for the genogram on the basis of such factors as the client’s knowledge of family history and the relevance of family to the client’s spiritual domain and to clinical issues. For example, a client who is having difficulty relating to children or grandchildren might work with the counselor to create a spiritual genogram that extends back only to the client’s parents and continues down to the client’s grandchildren and great-grandchildren. The counselor and client can then explore the genogram for changing values, beliefs, and practices that might relate to the client’s relationship difficulties.
Genograms can be as simple, complex, or creative as needed to assess the family system. Typically, men are depicted using squares, and women are depicted using circles (McGoldrick & Gerson, 1985). A double circle or square represents the client. A solid horizontal line indicates a marriage, slashes in the horizontal line indicate a divorce, and a dashed horizontal line indicates a union that is not a marriage. Vertical lines lead to subsequent generations of family members. Multiple lines represent exceptionally close relationships, jagged lines indicate strained relationships, and broken lines indicate a split in the relationship. In contrast to the traditional genogram format, some counselors have adopted a free-format self-created genogram style to allow clients to depict their families in the way they conceptualize them (Connolly, 2005). These self-created genograms can be especially useful for clients who define their families on the basis of relationships that may not be biological or officially recognized by law or for clients who are creative in expressing themselves and reject proscribed graphical formats. Genograms can follow the traditional or self-created format, or they can be a merging of the two formats.

A genogram can contain ages, dates, careers, achievements, disorders, notations about substance use, and other snippets of family history. A spiritual genogram focuses primarily on the spiritual domain of the family but can contain other information the counselor and client think is important to assessment and treatment. Religious affiliations can be color coded, and designs, such as doves, stars, crosses, water, a book or scroll, or other shapes meaningful to the client, can be used to depict experiences or beliefs (Hodge, 2005). The client and counselor can work together to determine the aspects of spirituality that need to be depicted in the genogram for the client to recognize patterns and sources of issues in the family and for the counselor to understand the client’s and the client’s family’s spiritual and religious perspectives.

**Spiritual Ecomap**

Instead of describing a multigenerational view of a family, the spiritual ecomap graphically describes the spiritual domain of the immediate family (Hodge, 2000, 2005). The counselor can use interviewing techniques to cocreate a spiritual ecomap of the family with the client while taking a spiritual history. Although learning about the client’s spiritual and religious history and perspectives through an interview without creating an ecomap might provide the counselor with an equivalent level of information, creation of the ecomap results in a document that can be used throughout the counseling process to identify any changes in the spiritual domain. These changes can include improved relationships or strengthened connections to institutions or practices. Using an ecomap provides a structure for the counselor to obtain ongoing knowledge about the family’s spiritual perspectives in a way that respects the individual’s or family’s spiritual traditions.

Creation of an ecomap begins with the counselor creating a genogram-style representation of the immediate family in the middle of a page (Hodge, 2000, 2005). The counselor draws a circle around the family. Outside the family circle, the counselor draws additional circles representing components (or systems) of the family’s spiritual domain. Solid lines connect systems with the
family members who relate most to those systems and to the family circle if the entire family unit is affected by the system. Heavier lines indicate stronger relationships than lighter lines. Similar to the genogram, jagged lines indicate strained relationships, and broken lines indicate severed or disconnected relationships. Hodge suggested that counselors include each of the following systems that are relevant to the family’s spiritual domain:

- Rituals and practices
- God/transcendence
- Faith communities
- Spiritual leaders
- Parents’ spiritual traditions
- Any other identified spiritual systems
- Transpersonal beings (e.g., saints, angels, people who have died, and good or evil spirits).

The counselor explores each of the spiritual systems through open-ended questions that invite descriptions of meaning and intensity of relationships. Descriptive notes are added to the ecomap as needed to clarify meaning and relationships.

**Sandtray Therapy**

Sandtray therapy is an expressive and projective technique that can be used to foster disclosure, exploration, awareness, insight, catharsis, and change (Armstrong, 2008). The use of sandtray as an assessment technique can be especially useful with children, adolescents, and adults who have difficulty using words to describe their issues, values, and worlds. By choosing miniatures and arranging them in the sand, clients can develop three-dimensional graphical representations of their worlds and use these representations to structure their thoughts. The process of creating graphical representations of their worlds can help provide clients with the structure and words they need to be able to express their thoughts and feelings verbally. Clients who have difficulty talking about themselves before creating a sandtray scene often become fluent in their verbal descriptions after placing their worlds in the sand. Through the use of miniatures and the sand, clients can develop metaphors that help them both describe and better understand complex personal concepts and relationships. Sandtray therapy can serve as a mechanism for counselors to gather information about their clients’ spiritual and religious perspectives and how these perspectives intersect client issues.

**Music Techniques**

Music may provide some clients with a means for expressing spiritual and religious themes that are important to them. Duffey (2005) described a music chronology process, through which clients compile lists of musical selections that have had importance to them or that are associated with specific life events. Together, the client and counselor listen to the musical selections, discuss the client’s experience of reviewing the music and reliving memories
through the music, explore the themes in the music, and develop alternate perspectives from those that the original musical selections provided. Duffey presented the music chronology as a flexible intervention technique, but the development of the chronology can also serve as an assessment technique. By having clients share important music, the counselor can hear what clients hold sacred in their lives.

A variation on the development of a complete music chronology for the purpose of assessment might be to focus only on the issues or events for which clients are seeking counseling and to ask the clients whether there are any songs that convey their experiences of these issues or events. For a client who is facing a terminal illness, the counselor could ask, “What music describes how you want to be remembered?” or “What music would you like to be played at your memorial service?” The resulting musical selections may yield information about the client’s perceived meaning and purpose in life, the client’s values and relationships with others, and spiritual or religious beliefs about transcendence, a higher power, and an afterlife.

**Sentence Completion**

Sentence stems are typically very general and allow for a wide range of responses. Although sentence completion tests have high face validity, they are vulnerable to faking (Cohen & Swerdlik, 1999). Clients who want to appear more spiritual can anticipate what the counselor would consider a positive spiritual answer. However, spiritually based sentence completion assessments can spur deep consideration by many clients and provide the counselor with insight into the client’s spiritual domain.

For example, the Oshodi Sentence Completion Index (Oshodi, 1999) is a 20-item stem test designed to assess need for achievement in people of African descent. Six sentence stems are identified as prompts for attitudes toward spirituality. These stems are “I depend,” “My skin color,” “Reality to me,” “In this world,” “With my human spirit,” and “When good or bad things happen to me, I attribute them to” (p. 218). Although Oshodi classified responses to other sentence stems in his test as indicating attitudes toward aspiration, obstacles, risk taking, persistence, and communality, many of these other stems could elicit information about the client’s spiritual domain. For example, these stems could return information about values and spiritually based coping resources: “I emulate or imitate,” “I would like to be seen as,” “When I feel weak,” “During misfortune,” and “School, work, and pleasure are” (p. 218). In describing the interpretation of client responses to these sentence stems, Oshodi gave examples of enhancing responses and stumbling responses. Some enhancing responses are “When I feel weak, I pray to be strong” (p. 222) and “With my human spirit, I will overcome any difficult task that comes my way” (p. 228). Some stumbling responses are “When I feel weak, I worry” (p. 222) and “With my human spirit, I am limited” (p. 228). The Oshodi Sentence Completion Index stems provide counselors with a structure to assess the spiritual domain with African and African American clients in a manner that respects African influences on spirituality.
Quantitative Assessment of Spirituality

Over the past 20 years, quantitative measures of spirituality have become more plentiful, reliable, and useful in the counseling process. Quantitative assessment methods differ from qualitative methods in that they tend to have more focused functions. That is, such assessments measure more specific aspects of clients’ spiritual and religious experience. The upside of such assessments is that they provide a standardized assessment. The downside is that such assessments are preset and cannot easily be adapted to specific client issues. That is, counselors should be aware of the specific constructs measured by the instrument they choose and how results may be helpful to a specific client. In this section of the chapter, we explain the uses and limitations of quantitative instruments. Additionally, we list five instruments, give basic information regarding these instruments, address psychometric properties where applicable, and present thoughts for use with clients.

Results of formal inventories should never be presented as the “correct” answers or as a perfectly accurate representation of the client. The client should be asked to make the ultimate determination about whether the results accurately reflect his or her personal experiences. The counselor has a duty to explain how and what has been measured, and the results should be presented in a nonjudgmental way. The client should understand how the scores are represented and never be left to figure out the scores on his or her own.

The instruments we have selected for the purposes of this chapter can be categorized into three areas, those that measure spiritual constructs, those that measure religious constructs, and those that measure both spiritual and religious concepts. In the next section, we have chosen to discuss the Spiritual Assessment Scale (SAS; Howden, 1992) as a specific measure of spirituality because of its solid theoretical base, strong psychometric properties, and practicality. We also describe the Spiritual Health Inventory (SHI; Veach & Chappel, 1992) here because it approaches spirituality in a manner consistent with 12-step programs for people recovering from addictions.

Spiritual Assessment Scale

Howden (1992) reviewed the literature from nursing, philosophy, psychology, sociology, and theology in an attempt to develop a measurement for spiritual wellness. Through this literature review, she identified four general themes of spiritual wellness that are consistent with Westgate’s (1996) spiritual wellness themes. The SAS, a 28-item Likert-type scale that measures four attributes of spirituality, was developed and tested. These attributes or subscales include unifying interconnectedness, purpose and meaning in life, innerness, and transcendence. Items are rated on a scale ranging from 1 (strongly disagree) to 6 (strongly agree), and all statements are positively worded.

Evidence of reliability for this instrument has been reported as a Cronbach’s alpha coefficient of .92 (Howden, 1992). The alpha coefficient for unifying interconnectedness was .91; for purpose and meaning in life, .91; for innerness, .79; and for transcendence, .71 (the lowest). Howden (1992) reported evidence of content, factorial, and criterion validity. Stanard, Sandhu, and Painter (2000) reported high face validity for this instrument.
In addition to avoiding religious language, the SAS is based on a well-conceptualized model, theory, and factor analysis (Stanard et al., 2000). Because the scales can be scored and used individually as well as collectively, a counselor can work with the client to gain more insight into each of these attributes or spiritual wellness as a holistic concept. The information gained can be useful for the counselor attempting to understand the spiritual orientation of the client and for treatment planning and intervention purposes. The assessment would be applicable to Eastern religions as well.

**Spiritual Health Inventory**

Based on four factors of spirituality, the SHI (Veach & Chappel, 1992) is an 18-item self-report instrument that assesses personal experience, spiritual well-being, sense of harmony, and personal helplessness. The assessment is grounded in the belief that spirituality includes biological, psychological, social, and spiritual dimensions. The SHI highlights the spiritual aspects of these dimensions and is meant to be used along with other assessments of these dimensions (Stanard et al., 2000; Veach & Chappel, 1992). Answers range from *strongly disagree* to *strongly agree*, and some are reverse scored.

Reliability for this instrument is reported as high for the first three scales; however, the coefficients are not given (Veach & Chappel, 1992). The personal helplessness scale reports only moderate internal consistency, and authors have stated that additional items provide clarification (Stanard et al., 2000). Construct validity has been established, but further studies are needed. The SHI has the advantage of brevity (Kelly, 1995) and has frequently been used for research purposes (Stanard et al., 2000). In addition, the instrument’s questions and themes are consistent with 12-step conceptualizations of spirituality and may be helpful when working with clients who abuse substances. The counselor should note that Judeo-Christian language is incorporated and that this instrument may not be appropriate for all clients.

**Quantitative Assessment of Religion**

Some quantitative assessment instruments are designed to focus primarily on the client’s religious system. These instruments can be particularly useful in determining the contribution—positive, negative, or neutral—to the client’s presenting issue. Counselors can use the Brief Religious Coping Scale (Brief RCOPES; Pargament, Smith, & Koenig, 1996) to determine how a client’s religious system helps him or her cope with adverse events.

Pargament (1997) argued that the goal of religion itself involves coping and proposed a theory of religious coping that involves two basic assumptions: First, stressful life events occur for every individual, and second, individuals choose from multiple methods of coping, including their religion (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001). Pargament, Smith, Koenig, and Perez (1998) posited that religious coping involves both positive and negative aspects and that positive religious coping—such as seeking spiritual support, expressing spiritual contentedness, benevolent reframing of stressful events, and congregational support—were associated with low rates of depression. Pargament et al. (1998) found that negative religious coping, such as
negative reframing, spiritual discontent, and religious conflict, were related to negative mental health outcomes. This is the theoretical foundation for the Brief RCOPE.

The Brief RCOPE is a 14-item instrument designed to measure religious coping and includes two subscales, Positive Religious Coping and Negative Religious Coping. Answers are given on the basis of a four-point Likert-type scale with responses ranging from not at all to a great deal (Pargament et al., 1998) and total possible scores ranging from 7 to 28 for both subscales. Internal consistencies are reported as .90 for the Positive Coping scale and .81 for the Negative Coping scale, with seven questions on each scale. Results of a confirmatory factor analysis indicated that a two-factor solution is a good fit. Additionally, clear differences between the two factors and acceptable goodness-of-fit indices have been reported.

This instrument has been used for both research and work with clients. It has the advantage of being easy to complete and includes a negative and positive coping scale to help identify any red flags that could emerge. Because the scale has primarily Judeo-Christian language, the authors have begun work on additional instruments, including the Jewish Religious Coping Scale (Rosmarin, Pargament, Krumrei, & Flannelly, 2009) and the Hindu Religious Coping Scale (Tarakeshwar, Pargament, & Mahoney, 2003).

Quantitative Assessment of Both Spirituality and Religion

Because religion is the outward expression of spirituality for many individuals, quantitative measures frequently cover both constructs, which can be useful for the counselor who is attempting to gain greater understanding of the impact of both spirituality and religion on the client’s worldview. We have included the Spiritual Well-Being Scale (SWBS; Ellison, 1983) because of its history of use in counseling.

Ellison (1983) defined spiritual well-being as a continuous, dynamic reflection of one’s spiritual health and maturity (Stanard et al., 2000). Positive spiritual well-being is demonstrated by a set of beliefs and values that result in inner hopefulness regarding the ultimate meaning and purpose in life and a connection with others and the universe (Paloutizan & Ellison, 1982). Within Ellison’s model, spiritual well-being includes both religious and existential well-being (Stanard et al., 2000). Religious well-being is related to the concept of God, and existential well-being involves a sense of life purpose and life satisfaction independent of religion (Stanard et al., 2000). According to Paloutizan and Ellison (1982), lack of strong spiritual well-being may be indicative of spiritual distress, a condition often connected to physical and mental distress (Middleton, 2000; Waite, Hawks, & Gast, 1999).

The SWBS (Ellison, 1983) is a 20-item Likert-type scale with answers ranging from strongly agree to strongly disagree. The instrument is based on Ellison’s two-part conceptualization of spiritual well-being, described earlier. The Religious Well-Being subscale measures the client’s relationship with God or concept of God, and the Existential Well-Being scale addresses the client’s sense of life satisfaction and purpose apart from religion (Frame, 2003). These scales are combined into one spiritual well-being factor.
Evidence of reliability for this instrument has been reported as test–re-test reliability with correlation coefficients of .93 for the overall scale and .96 and .86 for the Religious Well-Being and Existential Well-Being scales, respectively (Stanard et al., 2000). The Spiritual Well-Being, Religious Well-Being, and Existential Well-Being scales were negatively correlated with the UCLA Loneliness Scale and positively correlated with the Purpose in Life Test, Intrinsic Religious Orientation, and self-esteem to provide evidence of construct validity (Frame, 2003).

The SWBS has been well researched, despite the lack of norms and ceiling effect, and can be useful in determining clients’ perception of God’s love, concerns for their welfare, and divine comfort and support (Richards et al., 2009). It also has the advantages of brevity, being grounded in theory, and being easy to read and score. The acceptance of the concept of God as inherent to spiritual well-being, however, can limit the instrument’s usefulness for diverse populations (Stanard et al., 2000).

**Hybrid Assessments**

Spiritual assessments sometimes include both qualitative and quantitative elements. These hybrid assessments can provide a counselor with unique insights into the client’s spiritual perspective. One such assessment is the Index of Core Spiritual Experiences (INSPIRIT; Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991). INSPIRIT evaluates two factors, a specific spiritual event and a personal relationship with a powerful spiritual force. This instrument originally had 11 items, but after factor analysis, several items were dropped, leaving seven current items. The items are worded as questions, with the seventh and final question including 13 parts scored on a 4-point Likert scale. Item 7 also includes an open-ended question for additional, unlisted spiritual experiences (Kass et al., 1991).

Reliability for this instrument includes a Cronbach’s alpha reliability coefficient score of .90. To establish concurrent validity, the INSPIRIT was compared with the Intrinsic scale of the Religious Orientation Inventory, and a correlation of .69 (p < .0001) was found. In addition, the INSPIRIT discriminated between different populations on degree of core spiritual experiences in both analysis of covariance and multiple regression analysis (Stanard et al., 2000).

Sources have cited the INSPIRIT as both a promising instrument and a quick, helpful tool for counselors (Kelly, 1995; Stanard et al., 2000). This instrument does use language consistent with a Judeo-Christian faith and may be most appropriate for clients who identify with that faith system. Counselors may find that when used appropriately, the information gained in a short amount of time can be useful for holistic understanding of the client, treatment planning, case conceptualization, and selection of intervention.

**Indirect Assessment**

Having noted a variety of direct methods for evaluating a client’s spiritual world, we now turn to indirect approaches. A comprehensive, holistic spiritual assessment allows the counselor to consider an individual’s unique belief
system from many dimensions. Indirect methods investigate the client from all perspectives and involve biological, familial, cultural, somatic, and political histories that serve to augment the direct interview (Faiver et al., 2001). These methods may include talking to significant others about client spiritual beliefs and behaviors or reviewing current and historical records (e.g., counseling, school, police, medical, military). Indirect sources identify important patterns and themes that the client may be unaware of or reluctant to discuss (Juhnke, 1995). Moreover, spiritual leaders are not atypically the first resource called on in times of crisis (Miller & Thoresen, 1999).

Clinical consultation with these individuals can be a rich source of information regarding the client’s spiritual world, and counselors should work to maintain open collaboration with the spiritual community (Aten & Worthington, 2009). For example, when an individual is unable to articulate spiritual beliefs, resources, or experiences (e.g., children, individuals with chronic illnesses, or those in crisis), counselors may use indirect assessment methods to gain insight into strengths, resources, and possible therapeutic interventions. Medical or other mental health professionals, especially when working in a multidisciplinary setting, can be a valuable source of information regarding the client’s spiritual history. When working with mandated or imprisoned clients, counselors may wish to speak with probation officers, legal professionals, or other program representatives to find out about participation in religious organizations or spiritual self-help groups such as Alcoholics Anonymous. Although indirect assessments can provide valuable information, such information must be gathered within an ethical framework, including client consent. The following case example demonstrates the importance of a thorough assessment of religion and spirituality.

**Case Example**

George, a 32-year-old veteran who served a 1-year tour of duty in Afghanistan, entered counseling at the encouragement of his wife, Claudia. Claudia drove George and waited for him in the reception area. When the counselor walked into the reception area, George appeared startled. The counselor introduced herself to George and Claudia and noticed that George was wearing fatigues and sitting quietly beside Claudia with his head bent and perfect posture. Claudia was dressed in bright colors, sitting in a more relaxed posture, and wearing a cross necklace. The contrast between George’s and Claudia’s appearance was striking. After the counselor brought George to the consulting room, the counselor covered informed consent and asked George about what brought him to counseling and what he wanted to achieve through counseling. George stated that he really did not have any serious problems. He said that he came back, like most of the other soldiers, “a changed man.” He also said that he did not expect much from counseling but was willing to come because it meant a lot to Claudia. George stated that he could not talk about his work and did not want the military to know he had come to counseling.

The counselor asked about how he was a “changed man,” and George made several attempts to respond but then just shook his head, raised his shoulders, and sighed. The counselor made several more attempts to obtain symptoms and concerns from George, but he seemed unable to speak about himself. He was able
to give basic information, such as his age, 32; his wife’s age, 32; his daughter’s name, Angelica, and age, 10; his rank; his dates of service; and the dates when he was recently deployed. When the counselor resumed asking George more personal questions about how he was before his deployment and how his life has changed since the deployment, George froze, looked frightened and frustrated, and had difficulty providing even basic answers to these questions. George just said, “Deployment changed my world.” To overcome the verbal barriers to expression, the counselor asked George to use the miniatures and sandtray to describe how the deployment changed his world. Figure 7.2 is an image of his creation.

After George created this scene, he was quiet and stared at it. The counselor gave George time to reflect on and internally process his scene and then asked George whether he could describe what he had placed in the sand. Slowly he said, “Afghanistan shattered my world.” With silent encouragement George continued by saying,

Everything seemed nice before. I was Superman to my family, the army was strong and dependable, and St. John’s provided me with a community of good people and the sense that I was doing right as long as I trusted in God. In Afghanistan my world shattered. I had no power, and I felt like I was fighting to keep from falling into some sort of pit as much as I was fighting the enemy. I tried to keep strong to return home, but here at home, the world is shattered. I am a broken man, and I feel my wife is keeping the family together instead of me being strong. I still care about my unit, but my main contact with the army is the hospital and other broken soldiers. I don’t trust the army. I have to fight to get my benefits. St. John’s and the community are remote. What is right is not clear, and most people don’t understand that. I don’t go to mass; my wife and daughter still go, but the rituals don’t have any power or comfort for me. My world seems more foreign to me than Afghanistan seemed when I first arrived there. Everything is like a shattered picture with no detail, but then sometimes a detail pops out, and I don’t know what to do with it. It’s better without details, but it’s never good or comfortable like it once was.

Figure 7.2 Sandtray

Note. Created by George, a veteran exhibiting symptoms related to posttraumatic stress disorder.
The client needed little prompting to provide a thorough description of a world he previously could not describe, a world that included a crisis of faith. The counselor noticed that George had placed a fence between his previous world and Afghanistan, but there was no fence between Afghanistan and his current world. Fragments of glass were scattered throughout Afghanistan and his current world. The counselor also noticed that in his previous world, George depicted himself as Superman, and in his current world, George depicted himself as a crippled man and his wife as Superwoman. There were people outside St. John’s in his previous world, but there were no people outside the current St. John’s. His world before Afghanistan was vibrant, and his current world was an extension of Afghanistan, much more empty and bleak.

Although this sandtray depiction of George’s world before, during, and after Afghanistan provided the counselor with a picture of how George’s world had changed and gave George a way to express himself, the counselor still did not know much about George’s supports. Because George’s most constant value seemed to be his immediate family and because of George’s crisis of faith, in the second session the counselor decided to coconstruct an ecomap of George and his family’s relationships with spiritual and religious supports. Figure 7.3 depicts the ecomap.

![Figure 7.3 Ecomap of George’s Family’s Relationships With Spiritual and Religious Supports](image-url)
The counselor began creating the ecomap by drawing George’s family. The counselor explained that individuals in the family have their own personal relationships with others, and then she drew a circle around the family and explained that the family as a unit has its own relationships with others. Because George had included St. John’s in his sandtray world, the counselor placed St. John’s outside the family circle and asked George to describe each family member’s relationship with the church. George said that he did not have a personal relationship with the church anymore, but that Claudia and Angelica went to mass and other activities and that Claudia had an especially strong faith, as he used to have. The counselor then asked how the family as a whole related to St. John’s, and George explained that St. John’s is still the family’s church and he would attend special services to support the family.

> It doesn’t feel like my church, but I think of it as my family’s church. I want to participate in the rituals when they are especially important to my wife and daughter, but I can’t feel that they have much value to me. The rituals make me feel uncomfortable.

The counselor asked about relationships with the local priest and with God, and then asked whether there were other spiritual or religious communities or guides to whom he or his family members relate. George described his family’s relationship with the Catholic school Angelica attends and his relationship with his army chaplain. He explained, “My chaplain is not Catholic, but he has a strong faith. I don’t know how he kept his faith with all we saw, but he respected me even when I could no longer believe.” George said that he still seeks support from his chaplain.

By developing the ecomap, the counselor gained a clearer view of George’s current spiritual supports and his family’s spiritual and religious domain. The counselor’s initial observations, George’s answers to the intake questions, and the information gained through developing the sandtray world and the ecomap provided the counselor with a base assessment of George’s spiritual perspective. As the counselor transitioned to working more directly on George’s posttraumatic stress disorder–related symptoms, she continued to integrate spirituality and religion in counseling because of George’s pre-Afghanistan values and his family’s current values. The counselor continued to assess George’s changing spiritual and religious beliefs and relationships with spiritual and religious supports by means of questions and sentence stems, such as “When I feel weak” and “When good or bad things happen to me” (Oshodi, 1999, p. 218). The counselor could have used additional spiritual and religious assessment techniques but chose these techniques as most applicable to George’s situation. Because George did not identify himself as having a current spiritual or religious base, the counselor chose to use assessment techniques that were broad in focus. Although the counselor imagined that George’s chaplain would have provided useful indirect information, the counselor did not consider talking with the chaplain because George did not want anyone in the army to know that he was in counseling. Thus, the counselor limited the spiritual assessment techniques to those that seemed to fit George’s need for help in exploring, structuring, and expressing his thoughts and feelings concerning his world.
Conclusion

In this chapter, we presented reasons for spiritual assessment, what the counselor and client gain from spiritual assessment, qualitative and quantitative assessment methods, and a case example illustrating the use of these methods throughout the counseling process. An important take-away from this discussion is that competent spiritual assessment is only a small fundamental step in the counselor’s journey to evaluate the sacred. The confines of assessment methods and instruments as well as the counselor’s own spiritual lens, in an absolute sense, limit the counselor’s ability to truly assess the client’s spiritual domain. Only “being” in the client’s actual world would afford the chance to fully grasp the client’s spiritual self. Because this is not possible, aspirational competency is the counselor’s attempt to grow toward continued understanding of the sacred in an effort to better acknowledge others as spiritual and religious beings.

Questions for Self-Reflection or Discussion

1. What might the counselor want to learn by including spiritual and religious questions in an intake form or interview? How might this information augment the counseling process? Can you foresee any limitations to a counselor’s including these questions in the intake process?
2. What are some barriers that could prevent the counselor from gaining the maximum benefit from assessing spirituality and what can be done to diminish these barriers?
3. What do the counselor and client gain from spiritual assessment?
4. What might you hope to learn about yourself after completing one of the assessments presented in this chapter?

Recommended Readings


References


I vividly recall the case of a professor who had a sudden vision and thought he was insane. He came to see me in a state of complete panic. I simply took a 400 year-old book from the shelf and showed him an old woodcut depicting his very vision. “There’s no reason for you to believe you’re insane,” I said to him. “They knew about your vision 400 years ago.” Whereupon he sat down entirely deflated, but once more normal. —Jung (1964, p. 69)

Competency 11. When making a diagnosis, the professional counselor recognizes that the client’s spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.

Competency 12. The professional counselor sets goals with the client that are consistent with the client’s spiritual and/or religious perspectives.

Competency 13. The professional counselor is able to a) modify therapeutic techniques to include a client’s spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client’s viewpoint.

Competency 14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client’s spiritual and/or religious perspectives and practices. (ASERVIC, 2009)

The focus of this chapter is the interface of spirituality and religion in the diagnostic and treatment process. Although not all counselors work in settings requiring formal diagnoses using the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev., or DSM–IV–TR; American Psychiatric Association
Integrating Spirituality and Religion Into Counseling

[APA], 2000), many counselors do work in such settings. Even when counselors are not required in their setting to diagnose, they often work as part of interdisciplinary treatment teams that must “talk the talk” of multiaxial diagnosis.

For many spiritually or religiously oriented counselors, however, the labeling process of diagnosis is anathema to core beliefs about the human condition. This argument about the utility of diagnoses is hardly a new one, with arguments ranging from the absolute necessity of diagnosis (Hinkle, 1999) to seeing utility in diagnosis only inasmuch as it relates to fully understanding the client’s developmental issues (Ivey & Ivey, 1999). For counselors with a keen interest in spirituality, the very act of labeling using medical model language may be distasteful.

The purpose of this chapter is not to offer the definitive word on whether diagnosis is or is not compatible with a spiritual framework. At a practical level, the diagnostic process is entrenched in mental health service delivery and likely will be for the foreseeable future. In that light, then, the purpose of this chapter is to discuss how to competently and ethically integrate spirituality and religion into the world of diagnosis and treatment planning.

Reducing Versus Elevating

Within the realm of spirituality and mental health, Wilber (2007) discussed the tendency to make errors of reductionism and elevationism, concepts that have great relevance for a counselor diagnosing a client’s disorder. In short, overfocusing on the diagnostic process without an appreciation for transformational spiritual experiences may lead a counselor to pathologize genuine spiritual experiences. Such was the tendency, for example, of Freud (1927), who described the experiences of mystics as infantile narcissism. However, an imbalance, in which an appreciation for mental health issues is not in line with beliefs of transformational experiences, may lead one to elevate pathology to the level of transformational or mystical spiritual experience.

As context for a discussion of diagnosis and treatment planning, it is necessary to first understand the dynamic tension among spirituality, religion, and the diagnostic process. For many, the spiritual–religious life is primarily about orthodoxy, or an established belief system. For others, however, the spiritual–religious life is more about orthopraxy, or spiritual practices. It is not uncommon for these spiritual practices to occasion profound transformational experiences. In many cases, these experiences may be episodes of spiritual emergence that occasion growth and positive transformation that are relatively easily integrated into one’s daily life. In other cases, however, these experiences can become spiritual emergencies (Grof & Grof, 1989) and occasion mental health symptoms, such as depression, anxiety, and even psychotic symptoms. For some counselors, however, this transformative territory is unknown. In such cases, the tendency may be to pathologize these experiences rather than understand them within a spiritual or religious framework. When this occurs, there is always the potential that a profound transformative process may be undermined and usurped. Consider, for example, a client who is reorganizing her life after the death of her mother. She presents with a depressed affect and speaks of having visions of communicating with her recently deceased mother. She is clearly
struggling with depression, easily meeting the criteria for major depression. Should she be diagnosed with psychotic major depression? This depends on clinical judgment. Two criteria are critical here. First, does the counselor believe the client’s experiences are visions or hallucinations? The latter would suggest that psychotic major depression is an appropriate diagnosis; the former would not. How then is a counselor to distinguish between the two? Unfortunately, a second criterion that is commonly ignored is that the symptoms must cause distress or impairment in functioning. In our experience, counselors unfamiliar with transpersonal experiences are often quick to assume that such symptoms are distressing or impair functioning and do not assess them fully. The thought process is, “These symptoms would distress and impair me, so they must be affecting this client the same way,” which constitutes a reductionistic bias.

However, counselors who are strongly drawn to religious and spiritual experiences may focus on the positive elements of these experiences and miss the psychological issues that are involved. As a common example, consider the person who spends an extraordinary amount of time serving others. It is possible, of course, that this is a personal spirituality that is oriented toward social justice and servant leadership. It is equally possible, however, that this service orientation is grounded in a very weak sense of self, a self that needs approval from others, and seeks this approval through caring for others. In such cases, the act of service may be masking pervasive mental health issues such as anxiety, depression, and low self-esteem. Interpreting such behaviors as a spiritual gift may fail to take into consideration myriad mental health issues that may be present.

The key, then, is in balancing the perspectives. Recognizing when clients have legitimate mental health issues that warrant diagnosis, medication evaluations, and treatment must be balanced with a working knowledge of the process of spiritual transformation, a process that often includes mental health symptoms, such as depression and anxiety. Without this balanced understanding, counselors run the risk of elevating pathology to a religious experience or undermining spiritual transformation by pathologizing it. One relatively recent professional development, the establishment of a new diagnostic category in the *DSM–IV–TR* for religious and spiritual problems, provides some guidelines to address these concerns.

**V62.89: Religious or Spiritual Problem**

The *DSM–IV–TR* (APA, 2000) introduced a new diagnostic category, V62.89, for religious or spiritual problems. Although original proposals called for a more far-reaching diagnostic category that would address both psychoreligious and psychospiritual problems, including spiritual emergencies (distress emerging from spiritual practices and experiences; Lukoff, Lu, & Turner, 1998), the diagnostic category was ultimately shortened and modified to read,

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or question of other spiritual values that may not necessarily be related to an organized church or religious institution. (APA, 1994, p. 685)
At the time of this book’s development, discussion was underway toward publishing the fifth edition of the DSM (the DSM–5) in 2013. Although how religious and spiritual problems will ultimately be categorized in the DSM–5 is unknown, it does appear that it will contain a clear focus on better understanding and researching religious and spiritual issues in diagnosis (Peteet, Lu, & Narrow, 2010).

Although this diagnostic category is a vital step in addressing reductionistic biases in the mental health professions, the V code has had limited impact for at least two reasons. First, third-party payers typically do not reimburse for V-code diagnoses. As a result, many counselors may omit V-code diagnoses, even when they are appropriate. A second, and potentially more insidious, reason for underusing V62.89 occurs when clients discuss their religious or spiritual problems while seeing a counselor who is insensitive to religious or spiritual concerns. This may be particularly problematic when clients use religious language with a counselor who is, at best, indifferent to or, at worst, hostile toward religion. Empirical evidence has suggested that various mental health professionals, including counselors, are less religious than the general population and tend to see themselves as more spiritual than religious (Bergin & Jensen, 1990; Young, Wiggins-Frame, & Cashwell, 2007). Some of these counselors will be spiritually committed and supportive of client participation in organized religion. Others, however, will be hostile toward organized religion and, perhaps, quicker to pathologize religious experiences.

**Application of V62.89**

Within a spiritual journey, an individual may experience either a *spiritual emergence* (i.e., a gradual spiritual awakening with little, if any, disruption in psychological and social functioning) or a *spiritual emergency* (i.e., a significant and often abrupt disruption in psychological and social functioning; Lukoff et al., 1998). Additionally, various authors have offered considerable overlap in criteria to distinguish spiritual emergencies from psychopathology, commonly including (a) cognitions and speech related to spiritual–religious traditions or to mythology, (b) openness to talking about or otherwise exploring the experience, and (c) no conceptual disorganization (Lukoff et al., 1998). That is, a client who expresses his distress within his or her religious tradition, is open to talking about the distress, and is otherwise grounded in consensus reality is likely having a spiritual emergency rather than manifesting psychopathology. To further promote appropriate and ethical integration of religious and spiritual issues into a culturally sensitive diagnostic process, we offer three ways in which V62.89 can be considered within the diagnostic process.

**V62.89 as Primary Diagnosis**

For many clients, V62.89 may serve as the primary diagnosis. Although not reimbursable by many third-party payers, V62.89 is the appropriate primary diagnosis for people who present with subclinical levels of other problems. In these instances, this diagnostic category is the most accurate and avoids misrepresenting subclinical levels of other problems as meeting diagnostic criteria. Common occurrences within this group include
• Clients who present with a crisis of faith in which their historical belief system has been challenged (e.g., a religious client who questions how a sovereign God would allow a friend’s child to die). Such a crisis of faith may result, for example, in subclinical levels of anxiety, but no diagnostic categories other than V62.89 are appropriate.

• Clients who present with a high level of guilt and shame originating from within a toxic religious community or as a result of psychological introjects from the family of origin. Commonly, such clients present with subclinical levels of depression, but no diagnostic categories other than V62.89 are appropriate.

Religious or Spiritual Problem Concomitant With Disorder

In other cases, however, the emergence of a religious or spiritual problem occurs concomitantly with a psychiatric disorder and may, in some cases, serve as a primary indicator of the disorder. For example, Carl was a 45-year-old man diagnosed with obsessive–compulsive disorder (OCD) after presenting with ruminative thoughts of a vengeful God who did not hear the prayers of the unjust. He was fixated on a passage from the Christian Bible: “If I had cherished iniquity, the Lord would not have listened” (Psalms 66:18, Revised Standard Version; May & Metzger, 1973, p. 704). For many years, Carl had engaged in compulsive sexual behavior, and he was convinced that his prayers would not be heard because of these past iniquities. Carl met diagnostic criteria for OCD and was being treated with psychotropic medications for this disorder. At the same time, however, his spiritual progress was blocked because of ruminations that his primary spiritual practices (prayer and Bible reading) were, in his words, “a waste of time.” Even as Carl maintained his medication regimen for his OCD diagnosis, his counselor helped him grow to realize that his image of God was entangled with his image of his biological father, who abandoned the family when Carl was 5. Carl had always blamed himself for his father leaving the family. Similarly, the God of Carl’s understanding was not available to him because Carl viewed himself as too sinful for God to hear his prayers. In addition, the counselor consulted with Carl’s minister, who ultimately was very helpful in encouraging Carl to do a daily reading of the parable of the prodigal son, a story in which a wayward son returns home to his father, who rejoices in having him home, a passage that directly contradicted Carl’s obsessive belief system.

Religious or Spiritual Problems as Sequelae Only

In some instances, the occasion of spiritual or religious content may be strongly, if not solely, an artifact of psychopathology. Consider, for example, an individual who has psychotic delusions and believes he is Jesus. Although this client may meet the first two criteria for a spiritual emergency listed earlier in the chapter (i.e., cognitions and speech related to religious traditions, openness to talking about the experience), the conceptual disorganization is what differentiates this as psychopathology. In such instances, use of V62.89 is not appropriate.
Specific Presenting Issues

A number of presenting issues commonly occur in which V62.89 (Spiritual or Religious Problem) is appropriate either as the primary diagnosis or as a diagnosis concomitant with a mental disorder. Because of the frequency with which this occurs, we discuss these presenting issues briefly here. Please note that near-death experiences are not discussed here because they were covered in Chapter 5 by Foster and Holden.

Depression

The impact of religion and spirituality on depression has been heavily researched, with most researchers finding less depression among those who report that they are religious, spiritual, or both (Murphy & Fitchett, 2009; Young, Cashwell, & Shecherbakova, 2000). Religion and spirituality may increase hope and optimism as an antidote to depression. Moreover, religious or spiritual communities may provide vital social support. Also, religion has been shown to be negatively associated with substance use, particularly alcohol, which may occasion depression or exacerbate depressive symptomatology (Kessler et al., 1997).

In working with clients who have interest in religion and spirituality, one vital concept is the idea of dark night, a phrase coined by St. John of the Cross, a 16th-century poet, mystic, and theologian. As it is classically understood, the dark-night journey occurs in two phases, a night of the senses, in which the person’s religious and spiritual practices no longer bring satisfaction or a sense of connection to a Higher Power, and a dark night of the soul, in which the individual experiences an even greater sense of desolation and detachment, at this point typically resulting in a crisis of faith (O’Connor, 2002). Without guidance, a dark-night journey can precipitate a clinical depression. Although both depression and dark-night journeys are related to loss and may share relational and cognitive components (such as hopelessness, helplessness, loss of motivation, and loss of self-confidence), the dark-night journey is specifically related to an experienced loss of communion with God (O’Connor, 2002). Another clear demarcation between the two is that people in a dark-night journey are often amazed at how well they are able to continue to function in life and work, in spite of the dark-night experiences. Recognizing a dark-night experience as something other than clinical depression is vital. Unless the counselor has knowledge of these experiences, such clients may be better served by a referral to a spiritual director who is trained specifically in working with dark-night journeys.

One important consideration is that religious and spiritual beliefs may also play a vital role in depression. Although religious or spiritual beliefs can be a source of hope and optimism, serving as an antidote to depression, more toxic beliefs, such as a belief in a vengeful higher power, a fear-based schema for religion, or a belief system that fosters guilt and shame, may serve to diminish hope and optimism and subsequently increase depression. When assessing client spirituality, as noted in the case of George in Chapter 7, it is vital to fully parse out client beliefs to better understand how they may be affecting depressive symptoms.
Finally, when assessing for spiritual and religious issues involved in depression, it is important to assess for belief-based attributes that may have an impact on depression, such as purpose or meaning, gratitude, forgiveness, and self-compassion. For example, the spiritual attribute of gratitude, or thankfulness, has been associated with lower levels of depression (Kendler et al., 2003). Similarly, forgiveness has been found to partially mediate the relationship between spirituality and depression (Lawler-Row, 2010). That is, the level to which spirituality affects depression appears to be related, at least in part, to the extent to which the individual’s personal spirituality leads her or him to release resentments toward others in a genuine practice of forgiveness. Finally, the extent to which a client’s religious or spiritual life leads her or him to be self-compassionate is important to assess (Neff, 2009) because beliefs that are hypercritical, shame based, and focused solely on unworthiness or sinfulness may be important areas to address in the counseling process.

**Anxiety**

The relationships between religion–spirituality and anxiety are particularly complex. An old adage purports that religion comforts the afflicted and afflicts the comfortable, highlighting the complexity of these relationships. Healthy religious beliefs and practices may enhance a sense of grounded and centered peace and calm, serving as the antidote to anxiety. Moreover, a healthy level of existential anxiety may motivate people to become involved in religious or spiritual communities for social support and comfort.

However, dogmatic doctrines that focus excessively or, in some instances, exclusively on guilt over real or imagined sins can occasion anxiety. In such cases, people live in conflict over the gap between the religious ideal or demand and their human desires and behaviors. This fear is exacerbated when the religious doctrine emphasizes punishment (i.e., eternal damnation) for imperfection. Such doctrines can instill anxiety in children, in particular, who lack the cognitive complexity to consider alternatives to this belief system.

The relationship between anxiety and religiosity also seems largely dependent on the reason the individual has for being religious, that is, his or her religious motivation. Intrinsic religiosity (i.e., religion for religion’s sake with no economic or social gain) has been associated with lower anxiety, whereas extrinsic religiosity (i.e., using religion to obtain something more important to the individual, such as social connection, respect in the community, or financial gain) is associated with higher levels of anxiety (Baker & Gorsuch, 1982; Tapania, Nicki, & Jarusawad, 1997).

Various sequelae, both positive and negative, of the spiritual and religious life should be assessed among clients who present with anxiety. For example, self-compassion, a potential artifact of religious or spiritual beliefs, may be an important consideration in onset of anxiety. Neff, Kirkpatrick, and Rude (2007) found that self-compassion, unlike self-esteem, buffered people against anxiety in a threatening situation. Similarly, perfectionism may occasion anxiety, because the client may be aspiring to a religious ideal that is unattainable. In such cases, discussing themes of forgiveness, mercy, grace, and imperfection (Kurtz & Ketcham, 1992) is warranted.
Adjustment Disorder

Adjustment disorders, stemming from identifiable stressors, are the heart of existential crisis, a call to a new life structure, and as such are intricately interwoven with the client’s spiritual and religious life (Judy, 2005). Joseph Campbell (1968) spoke to the necessity of these transitions, or threshold crossings, as evidenced by the frequency with which such themes emerge in mythology, fairy tales, and sacred stories.

When working with clients experiencing an adjustment disorder, social support, often from religious or spiritual communities, is a vital coping strategy. It is important to assess not only the availability of social supports, but how helpful they are to the client in coping with the adjustment process. People in religious communities will sometimes tell a person to have faith that they will not be given more than they can handle, which may influence the client to minimize, avoid, or distance him- or herself from the life challenges, which will likely not be a healthy coping strategy. Therefore, it is important to assess both the internal (i.e., cognitive) coping strategies and the external social support and how the two may be related. For example, a religious or spiritual community may challenge an individual to fully experience his or her suffering and to pray or seek for meaning in the suffering. Such an active coping strategy may, indeed, be psychologically healthy.

Locus of control becomes important with adjustment issues. In many cases, people will try to completely control every facet of an adjustment. When aspects of the situation are beyond this person’s control, however, he or she may experience a great deal of anxiety. Such a client may benefit from discussing the concept of surrender. Conversely, an extreme external locus of control may be indicative of spiritual bypass in which a person misuses his or her religion or spirituality to abdicate personal responsibility (Cashwell, Bentley, & Yarborough, 2007). Ultimately, the healthiest coping strategy appears to be a collaborative coping strategy (Pargament, 1997) in which the individual and her or his higher power are active partners in the coping process. This coping strategy is typified in the Serenity Prayer:

God, grant me the serenity to accept the things I cannot change,
Courage to change the things I can,
And the wisdom to know the difference.

Obsessive–Compulsive Disorder

Obsessions and compulsions surrounding religious themes, excessive worry over sin, pathological guilt and shame, hypermorality, and compulsive religious participation or observance are referred to as scrupulosity (Ciarrochi, 1995). In many cases, the individual may take religious rituals, such as prayer or confession, to an extreme in an attempt to seek atonement for perceived transgressions (Miller & Hedges, 2008). As such, scrupulosity is highly distressing to the client and maladaptive. Scrupulosity is considered by many to be a moral or religious form of OCD (Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002; Deacon & Nelson, 2008; Miller & Hedges, 2008), but this categoriza-
tion is still under debate, and the term *scrupulosity* appears only briefly in the *DSM–IV–TR* (APA, 2000) in the context of obsessive–compulsive personality disorder. Beyond this, however, scrupulosity receives little attention in many clinical texts, in spite of the fact that researchers have found religious themes to be the fifth most common obsessional theme among people diagnosed with OCD (Foa et al., 1995).

It is important to determine when a client’s focus on religion or spirituality has become excessive and distressing. Although the client may present as though the compulsive behavior must continue, he or she will also present with distress over how the compulsivity is negatively affecting her or his life. In such cases, the primary intervention is exposure and response prevention (ERP), a form of behavior therapy that is widely used for OCD and that appears to be particularly effective with scrupulosity (Miller & Hedges, 2008). ERP is based on the idea that therapeutic gain occurs when clients confront their fears and discontinue their escape response (Abramowitz, 2008). In many situations, however, ERP may not be feasible. In such instances, cognitive approaches, including noting the contradictions between the compulsive behavior and moral or religious teaching (as noted earlier in the case of Carl) may be helpful.

**Psychotic Disorders**

Although a comprehensive discussion of psychotic disorders is beyond the scope of this chapter, two particularly salient issues surround the interface of religion–spirituality and psychosis. The first of these, religious delusions, is a common sequelae of both chronic and acute psychoses. The second issue, religious conversion, indicates how rapid and dramatic religious experiences can occasion a psychological disintegration that is more a breakdown than a breakthrough.

**Religious Delusions**

Among people experiencing either acute or chronic psychotic episodes, religious delusions are common (Corveleyn, 2009). Religious delusions are particularly noteworthy because they have been found to be associated with higher risk of self-harm and poor outcomes, including instances of self-castration, limb amputation, and bilateral eye injury (i.e., gouging out one’s own eyes; Cothran & Harvey, 1986; Erol & Kaptanoglu, 2000). Obviously, then, it is critical for the counselor to be able to distinguish between functional religious beliefs and religious delusions, particularly with clients who have any history of schizophrenia or other psychotic disorders. Toward this end, Pierre (2001) offered a set of practical recommendations to help clinicians in making these distinctions.

1. Delusional subcultures, such as cults, do exist and may profoundly affect the client’s beliefs;
2. Clinicians unfamiliar with a client’s religious beliefs may easily label a belief as delusional; accordingly, a counselor working with an unfamiliar belief system should consult with religious professionals who are more familiar with that belief system;
3. Whenever there are concerns about delusional beliefs, a referral for a full neurological work-up is warranted because neurological lesions are common and may occasion the delusional beliefs; and
4. In discriminating between beliefs and delusions, consider the impact a belief is having on the client’s social and occupational functioning.

Religious Conversion

Religious conversion experiences have the potential to destabilize a person and occasion acute psychosis in normal people or more chronic psychosis in people with a proclivity to psychiatric illness (Hunt, 2000; Wootton & Allen, 1983). Wootton and Allen (1983) noted that the manner in which religious conversion occurs seems to affect mental health, with sudden and dramatic conversion experiences being more highly associated with psychotic episodes.

Goal Setting

An essential aspect of the counseling process is to work with clients to translate general client concerns into specific desired goals. Many counselors and clients have experienced “talking in circles” when sessions lack direction from the goal-setting process. Competency 12 specifically calls on the counselor to set goals with the client that are consistent with the client’s belief system. Here, the three primary considerations are collaborative outcome goal setting, counselor process goals, and the nature of spiritual and religiously oriented goals.

Collaborative Outcome Goal Setting

Central to Competency 12 is the idea of setting goals with the client. The intention here is that counselor and client will share the responsibility of developing outcome goals. Early in the counseling process, in particular, client language may be problem saturated. Therefore, it is necessary to validate the challenges faced by the client. At the same time, it becomes necessary to orient the client toward translating this problem-saturated language into goals. It is essential that the client be an active participant in this process. Goals, particularly those with religious or spiritual implications, should primarily come from the client so that the counselor is working within the client’s religious–spiritual framework. For example, consider a highly religious client who is considering life decisions such as divorce, abortion, or sex outside of marriage. Setting goals around such issues is far better if the client is active in setting the goals. In those instances in which client-generated goals seem counterproductive or psychologically or spiritually unhealthy, however, the counselor can validate the client’s wish for the goal and further explore, using the stance of a curious consultant rather than a content expert, how meeting that goal will benefit the client.

Counselor Process Goals

We encourage counselors to form process goals with all clients. These are goals the counselor sets for her or his work with a particular client and the
therapeutic relationship and process. These counselor-generated goals are not typically shared explicitly with the client, although there are certainly times at which such a conversation might benefit the client. In general, process goals form the foundation of the spiritual precept of setting intention, the manner with which one wants to approach the counseling process with this client. Some of these process goals may be fairly universal, such as,

- The counseling room is sacred space, and I will act accordingly;
- The client is a sacred being, and I will treat her or him accordingly;
- No matter what the client says or does in session, I will respond with compassion (even when using confrontation); and
- I will honor the client’s spiritual–religious paths; where I do not believe specific beliefs or practices are psychologically healthy, I will gently and compassionately offer my perspectives.

Other process goals may be more client and context specific, such as,

- Because this client has experienced a domineering parent, I will work at all times to empower her or him and make sure her or his voice is heard;
- Because shame undergirds this client’s way of being in the world, I will work with the intention not to shame her or him in any way; and
- Because this client tends to think and respond quickly, I will, with intention, slow the pace of the session to support the client in more fully accessing her or his emotional experience and inner knowing.

**Spiritual and Religious Goals**

In a traditional sense, “good” counseling goals are discrete, observable, and easily measured. In working in the spiritual and religious domains, however, there are times in which such goals are not sufficiently meaningful. By nature, the numinous quality of spirituality lends itself to goals that may be less specific and nonbehavioral. Hackney and Cormier (2009) asserted the importance of setting existential and spiritual goals, arguing that such goals may be very meaningful for some clients. Such goals might include

- Exploring and reclaiming a sense of purpose in life;
- Exploring one’s experience of divinity and what it means personally;
- Living in the mystery of life in a world that values fact and reason;
- Finding peace amid external pressure to perform; and
- Experiencing life more fully (Hackney & Cormier, 2009).

In many cases, these broad goals may, over the course of time in the counseling process, be translated into more behavioral goals. At the outset of counseling with religious and spiritual clients, however, it may be sufficient to set such a broad course for the therapeutic process. At the outset of counseling, we
facilitate the client’s exploration of the issues most germane to these broad goals and follow the client’s sense of direction in the process.

**Modifying Techniques and Using Spiritual Practices**

Competency 13 specifically speaks to the counselor’s ability to modify therapeutic techniques to include a client’s spiritual and religious perspectives and use practices as part of the therapeutic process when appropriate.

**Modify Therapeutic Techniques**

Many traditional counseling techniques can be adapted to include the client’s spiritual or religious perspectives. For example, Hinterkopf (1994) wrote of using experiential focusing, a process developed by Gendlin (1981), to access and integrate spiritual experiences. The focusing process helps the client to experience (a) a presently felt phenomenon, (b) involving an awareness of the transcendent dimension, (c) bringing new meanings, (d) that lead to growth (Hinterkopf, 1994). What exactly is accessed in the focusing experience? Is it a higher way of knowing? One’s Buddha-nature? The Holy Spirit? The Tao? Used artfully, the focusing process can be modified to include the client’s spiritual and religious perspectives.

This example is but one. Other examples include spiritually oriented journaling, mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2002), two-chair or empty chair work with one’s higher power, and setting goals and committing to a spiritual practice, such as meditation or prayer, as befits the client’s belief system. Later in this book, in Chapter 10 on ritual, Alan Basham identifies how rituals can be introduced into the counseling process in ways that meaningfully connect to the client’s belief system.

**Integrating Spiritual–Religious Practice**

Spiritual practices can be integrated into the counseling process in two ways. At the heart of the efficacy of both of these approaches is the notion that the spiritual practice should be in concert with the client’s belief system. The two approaches are (a) spiritual practices as an adjunct to the counseling process and (b) in-session spiritual practices.

**Adjunctive Spiritual Practice**

Many clients may prefer not to directly engage in spiritual practices during the counseling session, but they may be open to benefits from developing or resuming a spiritual practice out of session. Critical considerations in making recommendations to clients include

- the client’s belief system;
- financial resources (i.e., can they join a spiritual community if there are dues or fees?); and
- whether the client would best benefit from a religious–spiritual community or a more solitary practice.

For example, one client might come from a Christian tradition that did not value contemplative practice but might be looking for more of an inner
experience, be suffering from mild anxiety, and tend to isolate from others. A counselor might consider referring such a client to a local contemplative prayer group. The practice might provide some relief from the anxiety, and the group might provide helpful social support. Another client might be experiencing a great deal of somatic stress, largely from being a strong introvert who works with many difficult people. Such a client might be encouraged to study yoga, but might do so in a more solitary fashion (i.e., using videos rather than taking a class).

**In-Session Spiritual Practices**

Spiritual practices might also be introduced in the counseling session, again with the paramount consideration of the client’s belief system. We should emphasize here that the spiritual practices are intended to support the counseling process. Otherwise, the lines between counselor and spiritual director or guru might become blurred. Examples of ways in which spirituality can be integrated in session include these:

- A client routinely comes into session harried and rushed, often struggling to organize her thoughts early in the session. Consistent with the client’s beliefs, the counselor teaches her Breath Prayer, and each session begins with a few minutes of Breath Prayer. The session then resumes with the client feeling more grounded and focused.
- A client is feeling at an impasse. Consistent with the client’s beliefs, the counselor uses the experiential focusing method to help him access a deeper knowing as to how and where to proceed.
- A client who self-identifies his tendency to overthink his problems is invited to participate in a guided meditation to access more fully his heart’s desire around the issue.

**Diagnosis and Treatment Case Examples**

The preceding discussion of issues related to diagnosis and treatment can be applied to counseling in many ways, and we provided some examples earlier. To support integration of chapter content, we provide the following two case examples to demonstrate the important interfaces between spirituality and the assessment and diagnostic processes. The following cases are true and are drawn from Craig S. Cashwell’s caseloads, although some details have been changed to protect the clients.

**The Case of Jane**

Jane was a 20-year-old college student. I (Cashwell) received the referral from a university administrator who had become involved in her case. Another mental health professional on campus had recommended that Jane be evaluated for inpatient treatment for what he described as psychotic symptoms. The university administrator, although not a mental health professional, had reservations about this recommendation and asked me, in essence, for a second opinion about Jane’s issues. I agreed to meet with Jane.
Jane presented with questions about recent experiences. Approximately 6 months before our meeting, Jane began reading about meditation and started a Vipassana meditation practice. Within just a few meditation sessions, she began having intense experiences that she described in the following manner:

When I start to meditate, I almost immediately begin to hear this voice speaking to me. I think it is God, or at least some Presence like God. It's like a wall comes down when I meditate. It's like I can hear God speaking to me . . . so I just listen. Sometimes I ask questions and God answers them. It happens every time I meditate now.

Jane had first taken her questions to a religious studies professor who referred her to a local counseling center. After listening to only the barest details of Jane’s story, this clinician recommended that Jane be evaluated for hospitalization. Jane was devastated by this because she was only looking to talk to someone who could help her understand her experiences. What had been somewhat confusing but not distressing to Jane became very distressing as she began to question her own sanity. She fought the therapist’s recommendation and ended up talking with the dean of students, who knew of my interest in spiritual transformation. This discussion occasioned the referral to me.

Jane was a well-dressed, articulate undergraduate student. She was a junior with a demanding major who was maintaining a 3.7 GPA out of a possible 4.0. She spoke of a history of often being stressed out and anxious, particularly about her academic work. Additionally, she was involved in several service organizations and did a high level of volunteer work in the local community. She was in a committed monogamous relationship that she described as continuing to deepen. In short, at the time I saw her, she did not appear to be in distress, at least not until a previous clinician had, in my opinion, overpathologized her experiences.

In conducting a more thorough assessment, I determined that the “voice” was telling Jane to be different in her life by

- Being more gentle with herself;
- Showing more compassion to self and others;
- Nurturing herself through a host of self-care activities; and
- Being more open with her love for other people.

Jane said that since she had begun meditating, she was less stressed about her academic work and had a broader view of the world, including seeing the pain and suffering of others as an opportunity for service.

I worked with Jane for several sessions, primarily normalizing her experiences and talking with her about how to integrate these experiences into her everyday life, including being cautious about to whom she spoke of her experiences. When it became clear that I had been as helpful to Jane as I could, I referred her to a meditation teacher who I knew would support her in integrating her experiences in a healthy way. I terminated counseling with Jane. I received a note from her 2 years later saying that she had graduated from college, landed her first job, and was engaged. The last sentence of her note said, “I guess I’m not crazy after all.”
**The Case of Deb**

Deb was a 45-year-old woman who requested counseling because she knew that I integrated spirituality into my counseling work. She began our first session by animatedly asking me my thoughts about past lives. As we discussed her goals throughout the first session, it became apparent that Deb had an agenda behind her request. She stated, “My life has just been so f***ed up, you know? I’ve been divorced twice, I can’t keep a job, it just seems like the whole world is out to do me wrong. I can’t get a break, you know?” When I asked Deb what she hoped to gain from knowing about her past lives, it was clear from her language that she was not looking to better her situation. Rather, she was looking for an explanation, a way to understand and possibly excuse the struggles of her life. I experienced Deb as likely suffering from low self-esteem and was beginning to get some clinical sense that she has symptoms of both depression and anxiety. My conceptualizations of the case included (a) that I do not do past life regressive work; (b) that Deb was quite explicit in her request for past life work; and (c) my concern that Deb was engaging in spiritual bypass (Cashwell et al., 2007), essentially avoiding the difficult psychological issues in her life by seeking a spiritual “solution” that would, in fact, enable her to further avoid the difficult psychological work before her. On the basis of this assessment, I told her that I thought we should work our way back slowly, beginning with this life, to understand her struggles. I used this framework to help her begin to look at core beliefs formed in early childhood about self and others, with a consistent emphasis on how this affected her as an adult. For the first couple of sessions, Deb said this work was interesting and that she looked forward to tracking this back to past lives to see where it started. Once we established the core beliefs that were in play, we worked together to develop releases and affirmations (Riso, 1993) that could be used as counters to her beliefs. Deb decided to use affirmations as a mantra during meditation and, soon after, said that she liked the direction in which counseling was going and that she might want to do past life work later, but for now she wanted to continue to focus on the changes she was making. Our work together continued to be largely within a cognitive–behavioral framework, although I believe that a strong therapeutic alliance and a willingness to integrate spiritual practices into the counseling process were more important predictors of her therapeutic gains, which were substantial over time.

**Discussion of Jane’s and Deb’s Cases**

Taken together, these two cases highlight the importance of spiritually sensitive assessment, diagnosis, and treatment planning. In Jane’s case, it was critical to value the transpersonal experiences she was having and support her in the psychological integration of these experiences into her everyday life. She became distressed only when her spiritual experiences were reduced to psychological pathology by a mental health professional who feared what he did not understand. The case of Deb presents a striking contrast in that she wanted to resolve psychological issues at a spiritual level and needed gentle
support in recognizing the difficult, but rewarding, psychological work before her. Euphemistically, then, counselors’ core challenge in spiritually sensitive work is to not “psychologize the spiritual” or “spiritualize the psychological.” Rather, a healthy, balanced focus on spirit and psyche are necessary.

**Conclusion**

This chapter has focused on the competent and ethical integration of spirituality and religion into the diagnosis and treatment planning processes. Specifically, we have discussed how spiritual and religious perspectives should be taken into account in the diagnostic process to avoid pathologizing mystical experiences or elevating mental illness to a spiritual experience. Ways in which spiritual and religious perspectives can enhance client well-being, contribute to client problems, and exacerbate presenting symptoms were discussed. The integration of V62.89 (Spiritual or Religious Problem) into the diagnostic process was discussed. The role of religious perspectives was discussed in relation to various diagnoses, including depression, anxiety, adjustment disorder, OCD, and psychotic disorders. Finally, the importance of goal setting and treatment planning with sensitivity to the client’s spiritual and religious perspectives was discussed. Case studies exemplified some of the key points made throughout the chapter. Accurate diagnosis and treatment planning is only possible with a sensitive ear to the client’s spiritual and religious perspectives.

**Questions for Self-Reflection or Discussion**

1. Are you more prone to reduce mystical experiences to pathology or elevate psychological disturbances to spiritual experiences? What is the source of this bias for you?
2. What are ways in which religion, spirituality, or both can exacerbate mental health issues? What are ways in which religion, spirituality, or both can serve to ameliorate mental health issues?
3. Is V62.89 a useful diagnostic category, and how is it useful?
4. How does spirituality–religion potentially affect common presenting issues such as depression, anxiety, and adjustment disorder?

**Recommended Readings**


**References**


Life is suffering, says Buddhist thought. Beneath even the happiest of moments lies the potential for suffering because all things come to an end. Change and hardship are inevitable. At first glance, this perspective seems pretty bleak—an almost unmanageable way to live in the world—yet it is this very impermanent nature of life that can actually free us because pain changes, too. Unfortunately, many clients are caught in an eddy of suffering. They may create even more suffering by trying to avoid the reality of life—drinking to anesthetize the pain of childhood trauma or avoiding true intimacy out of fear of being hurt. Buddhist psychological thought teaches that the way out is going through—mindfully. By increasing one’s tolerance for painful experiences in life, cultivating awareness of how one’s mind creates unnecessary misery, and increasing one’s capacity to really experience the joyful moments, mindfulness practice helps to transform suffering into freedom. Rather than trying to grasp onto experience or avoid the inevitable pain that will arise, we learn to flow with the ever-changing, impermanent river of life (Gunaratana, 2002).

Mindfulness is a level of mental functioning that goes beyond the ordinary way of seeing things, yet it is believed to be a natural human capacity that can be taught and cultivated (Brown & Ryan, 2003; Shapiro & Carlson, 2009). The deceptively simple practices of mindfulness can lead to powerful change, as evidenced by the recent explosion of interest in mindfulness as both a clinical intervention and a common factor in the counseling relationship. In this chapter, I provide a review of what mindfulness is and its relationship to traditional meditation practices, ways in which mindfulness can help both clients and counselors, information on how to integrate mindfulness into counseling, and practices for cultivating mindfulness.
The Nature of Suffering

The Buddha devoted his life to the understanding and alleviation of human suffering. Likewise, the counselor’s role is to help his or her clients move from suffering to freedom—to accepting life on life’s terms. In this section, I provide a very basic overview of the nature of suffering.

What We Resist Persists

Buddhists and counselors alike recognize that suffering is a function of people’s resistance to painful experience. Buddhist teacher Shinzen Young (as cited in Bien, 2006) described suffering as the product of pain multiplied by resistance. Life will always have pain. If people do not resist pain (i.e., zero resistance), then they will have zero suffering. People are resistant to the pain of life when they spend mental energy thinking about how various painful life events “shouldn’t be the way they are,” when they avoid potentially anxiety-provoking experiences because they do not think they can handle them, when they become filled with fear about a future filled with pain. The client who recently broke up with her boyfriend experiences the pain of loss. It becomes suffering when she begins to think about how she cannot stand this pain, how she will probably never meet anyone worth marrying because she is basically unlovable, or all the other times she has experienced this type of pain.

Hardwired to Suffer

As humans, we are equipped with a tremendous brain that allows us to learn and plan. Although the ability to think is extraordinarily useful, it is also the source of much of people’s suffering (Siegel, 2010). We worry about the future or dwell on the past. We judge our experiences and ourselves as good or bad, and we end up grasping at those things we judge as pleasant (e.g., always looking for the bigger and better job, never being satisfied with the material possessions we have) and avoiding those things we find unpleasant (e.g., speaking in front of others, having a difficult conversation). This constant scanning of the environment to determine what will make us happier means we often miss out on the richness that is available in the current moment. We are also smart enough to realize that all good things come to an end—the double latte, the vacation, the massage—which brings more pain. Furthermore, that which seems pleasant now may be quite unpleasant in the future (e.g., one scoop of ice cream is great; 50 scoops is unbearable). By constantly trying to accumulate more and more of the pleasant or avoiding the unpleasant, we actually end up in a constant state of stress. Mindfulness practice teaches us to simply observe experience for what it is in the moment, to experience this moment fully—even if we do not like the moment we are in.

Seeing Clearly

The reality is that although the impermanent nature of life can lead to suffering, it is also the key to freedom. Pleasure and pain both come and go. By simply observing and appreciating the moment-to-moment unfolding of
experience, we can live life more content and free. During a vacation, one really experiences the good feelings of the sun on one’s face rather than beginning to plan the next bigger and better vacation or worrying about the fact that the vacation is almost over. A classic Taoist story illustrates how staying present with what is now rather than getting lost in thoughts can help one flow with life:

There once was an old farmer who faithfully tended to his land for many years. One day, his only horse ran away. The farmer’s neighbors came by and offered their condolences, saying, “What a stroke of bad luck.” The farmer replied simply, “Maybe, maybe not.” Several days later, the horse returned to the farmer with six wild horses. The neighbors cheered and told the farmer, “What a stroke of good fortune!” The farmer replied simply, “Maybe, maybe not.” The next week, while the farmer’s son was trying to tame one of the wild horses, he was thrown to the ground and broke his leg. Again, the neighbors came by and said, “What a stroke of bad luck.” Again, the farmer replied simply, “Maybe, maybe not.” One month later, the military came through the village, rounding up young men to serve in the army. Because the farmer’s son had a broken leg, he was spared enlistment. The neighbors congratulated the farmer on his good fortune. Again he replied, “Maybe, maybe not.”

The farmer in this story was able to accept whatever came his way—he did not necessarily like it, but he was not grasping at the good or pushing away the bad. For instance, to avoid the pain of losing his horses again, he could have locked them all away and never allowed them to roam free. Similarly, he could have insisted that his son no longer ride any of the horses, or he could have worried all day about what might happen in the future, missing out on the moments of joy he had in the present. Although it is certainly important to use our thinking minds to keep us safe, this story illustrates how flowing with the moment-to-moment experience of life, recognizing that all experience changes, and seeing more clearly how one’s mind may fool one into believing reality is a certain way allows us to be more content with what is.

What Is Mindfulness?

Mindfulness is described as a particular type of attention that is nonjudgmentally focused on the present moment. It is a process of observing experience without attachment to a particular point of view, resulting in freedom from habitual views of the self and others (Martin, 1997). Although mindfulness is best understood through experience, in this section I provide an overview of what mindfulness is and its relationship to Buddhism.

Defining Mindfulness

Mindfulness is the English translation of the Pali (the language of Theravada Buddhism) word sati, which means “bare attention.” Bare attention is awareness of experience without the filters and distortions of such things as preconceived notions, stereotypes, or judgments (Thera, 1996). It is seeing and experiencing life as it really is. As easy as this sounds, given the nature of
the human mind it is actually fairly difficult to achieve. Our natural tendency is to see life through the lens of past experience and habitual ways of thinking about things. Fortunately, this ability to “see” life mindfully can be cultivated through practice—just like playing the piano or painting.

Mindfulness is a difficult concept to put into words because it is primarily experiential. The seminal definition is “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). Germer (2005b) refined this definition by breaking mindfulness into three parts: (a) awareness, (b) of present experience, (c) with acceptance. He suggested that all three components are intertwined and that the presence of one aspect does not necessarily imply the presence of the others. For instance, premature forgiveness can be explained as acceptance without awareness. Likewise, awareness without a present-moment focus can occur, for example, when an individual is absorbed in the past. Similarly, Shapiro, Carlson, Astin, and Freedman (2006) identified three interconnected “building blocks” (p. 375) of mindfulness that parallel the core components of Kabat-Zinn’s (1994) definition: intention (on purpose), attention (paying attention), and attitude (nonjudgmentally).

Although mindfulness is defined in a number of ways and different schools of thought emphasize certain characteristics more than others, most researchers and theorists have agreed that mindfulness is a multifaceted construct that includes paying attention nonjudgmentally to present-moment experience (Kabat-Zinn, 2003). Mindfulness is simply observing what is happening in the present moment with openness and receptivity and without the lens of opinion, judgment, and categorizing.

**Mindfulness Versus Mindlessness**

Mindfulness is the opposite of mindlessness. Mindlessness is characterized by moving through life with limited awareness (Brown & Ryan, 2003). Being absorbed with worries about the future, ruminating about the past, or eating without noticing the food are examples of mindlessness. Mindlessness is sometimes referred to as automatic-pilot mode because the person is perceiving and living life out of habitual ways of thinking and doing without real awareness of what is actually happening (Kabat-Zinn, 1990). For example, whenever Rachel has a difficult interaction with her coworkers, she immediately assumes that they think she is an idiot who does not deserve the position she has in the company. In reaction to these beliefs, she retreats and isolates herself. Over time, this results in her feeling lonely, helpless, and, ultimately, depressed. Her actions might even become a self-fulfilling prophecy in which her coworkers do begin to think she is incapable. Rachel is acting in mindless, automatic-pilot mode. In contrast, Ron, who has been practicing mindfulness for several months, uses mindful awareness during difficult interpersonal situations to act like a detective. He explores the body sensations, feelings, and thoughts that are arising in him. He notices the words, body language, and facial expressions of the person to whom he is talking. With this clearer seeing of what is actually happening, he is able to respond more effectively to the situation rather than reacting out of habit.
Mindfulness and Meditation

Often, mindfulness is confused with meditation practice. In fact, meditation practice is one of a number of techniques or methods used for producing mindfulness, but it is not mindfulness itself (Hayes & Shenk, 2004; Kabat-Zinn, 2003). Shapiro and Carlson (2009) referred to mindful practice as “little-m mindfulness” (p. 7) and the mindful awareness that arises from practice as “big-M mindfulness” (p. 4). Mindful practice involves informal and formal practice in observing experience without attachment to a particular point of view. Mindful awareness is a way of being that is characterized by clear seeing, receptivity, and equanimity. Through mindful practice, one cultivates mindful awareness.

Mindfulness and Buddhism

Some clients might be concerned that practicing mindfulness means they are practicing Buddhism, but taking up mindfulness meditation does not mean one is a Buddhist. Although mindfulness practice is at the heart of Buddhism’s path to peace, wellness, and balance, the core components of mindfulness practice (e.g., acceptance, awareness, compassion) are found in most spiritual traditions (Shapiro & Carlson, 2009). Christian, Jewish, Muslim, and other spiritual faiths have long incorporated these concepts into their teachings and, more recently, are more explicitly adapting mindfulness meditation into their traditional religious practices through such things as centering prayer (Siegel, 2010).

Mindfulness Practice

Just as one’s physical muscles grow through strength training, mindfulness grows out of mindfulness practice. A primary goal of mindfulness practice involves training the mind to pay attention to what one wants to pay attention to (e.g., anxiety in the body, the sensation of sound) rather than being hijacked by random thoughts that take one away from present-moment experience. By so doing, one increases one’s capacity to be with whatever is arising in the moment. In this section, I outline the core components of mindfulness practice, describe informal and formal practice, explain the difference between mindfulness practice and concentration meditation, and provide an overview of the process of practicing mindfulness.

Core Components of Practice

The core components of mindfulness include (a) the intention, (b) to be aware or attentive, (c) of present experience, (d) with an attitude of acceptance (Germer, 2005b; Kabat-Zinn, 1990; Shapiro et al., 2006). Rather than discrete processes, these building blocks are interactive, with one influencing and feeding the others.

Intention

Intention is the individual practitioner’s reason behind the practice. Intention sets the direction of the path. Intentions include such things as reduction
in stress, alleviation of physical pain, improved relationships, cultivation of compassion, and deepening of self-awareness. Intentions are different from goals in that they are held with an attitude of nonstriving.

**Awareness and Attention**

Although awareness and attention are intertwined, they represent two different experiences. *Attention* is focused awareness; whereas awareness is like the background scanner, attention is a focusing in on certain details that arise in the field of awareness (Brown & Ryan, 2004). The ability to hold sustained and focused attention is a core component of mindfulness practice. It involves an inhibition of secondary processing of events—the mental chatter and elaborative thinking that often surrounds experience. The practice itself cultivates this capacity.

**Present Moment**

Mindfulness practice is about being fully in the moment. Mindfulness practice is about observing what is happening now, whether that is an external activity, a mental activity, or the arising of distraction. Mindfulness in everyday life is similar to the experience of flow described by Csikszentmihalyi (1991). When people are engaged in a task that produces a state of flow, they are fully immersed in the activity at hand—focused, alert, creative, and joyful.

**Attitude of Acceptance**

The essence of mindfulness is an attitude of acceptance of all of experience. It is what distinguishes mindful attention from ordinary, everyday attention. For instance, attention could be harsh and critical, or it could be open and accepting. It is easy to imagine a client bringing highly focused yet critical attention to an issue of concern, which could lead to avoidance of the problem out of fear, suppression, dissociation from thoughts and feelings, or rumination about the problem. The mindfulness practitioner observes all experiences as a scientist would observe an object under the microscope—with open, accepting curiosity (Gunaratana, 2002). This ability to stand as an impartial witness to experience is what allows the individual to stay present with what is happening, even if that moment is uncomfortable or unwanted, rather than reacting to it in habitual ways (e.g., withdrawing, pushing away, lashing out). It also serves as a type of exposure therapy. Much of people’s automatic pilot reactions stem from meta-cognitions about their experience. For example, say one feels sad that one is sad or anxious about being anxious. By staying with the first-level emotion, the mindfulness practitioner begins to see that anxiety is not so bad. As Bien (2006) stated, “Mindfulness is a way to overcome emotional indigestion. By allowing our awareness to flow freely and openly with our experience, we gradually digest these difficult experiences and feelings” (p. 72).

Elizabeth came to counseling because she had a long history of depression. She had the core belief that she was not worthy. This thought was troubling, and one that Elizabeth pushed away by keeping herself distracted with work. Through mindfulness practice in the session with her counselor, Elizabeth
noticed that in that moment, part of her experience was the thought, “I am not deserving.” By staying with this thought, she became aware of a feeling of sadness arising that extended to her relationship with her husband. She also began to notice that she had a lot of anger toward him that she had been afraid to feel. By avoiding the feelings, she was avoiding taking care of herself in the relationship, which was silently eroding her self-worth. In staying with the feelings, she was able to clarify what steps she needed to take to help herself feel more confident in asking for what she needed from her husband.

**Informal Versus Formal Meditation Practice**

Mindfulness meditation can be informal or formal. *Informal practice* refers to applying mindful awareness to everyday activities, which could include such activities as brushing one’s teeth or eating breakfast. During informal practice, the practice is to continue to “do life” while bringing mindful awareness to the activity (Germer, 2005a). For instance, a person could decide to pay attention to the sensation of the warm cloth against the skin while doing the laundry. *Formal mindfulness practice* refers to setting aside time in the day to focus exclusively on the cultivation of mindfulness. These practices could include sitting meditation, yoga, or walking meditation, among many others.

**Mindfulness and Concentration Practices**

Mindfulness meditation is distinguished from concentrative meditation practices such as transcendental meditation, although the ability to concentrate is a foundational skill for mindfulness practice and is usually part of the beginning practice. Concentration meditation, or “one-pointed meditation,” is widely practiced and consists of focusing the mind on one object of attention to the exclusion of other objects. The mind is not allowed to wander. These practices may involve such techniques as recitation of a mantra (e.g., silently repeating the phrase “I am filled with peace and love”) or focusing visually on a candle (e.g., placing one’s full attention on the flame—notice its colors, movement, sound). Concentration practices have been compared to a “laser light beam” (Germer, 2005a, p.15) or a “spotlight” (Olendzki, 2009, p. 42). The mind homes in on an object of attention and holds this focus over consecutive moments. Researchers have found that concentration practice alone does result in some increase in mindfulness (Tanner et al., 2009), although increasing mindfulness is not the purpose of concentration practices.

**The Practice Process**

As mentioned earlier, the cultivation of mindfulness typically begins with concentration practice to calm and steady the mind. Siegel (2010) compared mindfulness practice to taking a picture: A person needs to be able to focus the lens before he or she can see what is there. Concentration practice is that focusing. Without the power of sustained attention, the mind can easily become lost in thought (Brown & Ryan, 2004).

The next step in cultivating mindfulness is to broaden awareness to the flow of experience. Like a searchlight (Germer, 2005a, p. 15) or a floodlight
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(Olendzki, 2009, p. 42), this intermediate level of mindfulness practice focuses on examining the process of experience rather than a single object in experience. Instead of trying to block out other thoughts, as in concentrative meditation practice, the mindfulness practitioner nonjudgmentally notices the mental drift (i.e., thoughts that pull her or him away from the object of attention). When the practitioner notices that the mind has drifted, the practice is simply to bring attention back to the starting point. For instance, John decides to do 20 minutes of formal sitting practice. He makes his focus the sensation of the breath. As he is sitting, he notices the following thoughts arising: “Gosh, I’m hungry,” “Wonder what I’ll have for dinner,” “That was a great dinner last night with Susie,” “Wonder if she’ll call me.” After a few seconds of this mental chatter, he catches himself and nonjudgmentally (i.e., not judging himself for the mental drift) brings his awareness back to the breath. This practice helps deepen the ability to concentrate, but it also provides insight into his mental habits.

The typical object of attention in formal mindfulness practice is the breath, because it is steady and always available, but other sensory objects are also often used (e.g., hearing, touch, sight). Depending on what is needed at the time, the focus could be on something internal or something external. For instance, if a person is flooded with anxiety, an external focus (e.g., noticing leaves on the trees) tends to be more grounding, whereas if a person feels relatively stable and able to focus, an internal focus on anxiety in the body can help expand tolerance for the physiological sensation of anxiety and increase awareness that the sensation of anxiety comes and goes. Other possible objects of attention internally include feeling states such as sadness or boredom or various forms of thinking. Externally, the focus could be on the play of light on a leaf, the sounds of birds, or the facial expressions of a coworker.

As mindfulness practice continues, the emphasis shifts to choiceless awareness or free-flowing attention practice. Choiceless awareness is the heart of mindfulness practice and is similar to free association (Speeth, 1982). The practitioner attempts to broaden attention to both internal and external stimuli and lets attention rest on everything that is arising in the present moment. With choiceless awareness, the practice is not so much on controlling where the focus rests but more on understanding how the mind works.

Empirical Support

In recent years, interest in mindfulness and its potential to alleviate human suffering and increase human connection has increased dramatically. Brown, Ryan, and Creswell (2007) reported that the number of mindfulness-related journal articles jumped from fewer than 80 in 1990 to more than 600 in 2006. With the advent of new assessment tools to measure mindfulness and physiological, neurological, and immune system changes that accompany its practice, empirical research is beginning to demonstrate what the ancient monks knew all along—mindfulness alleviates suffering.

The potential outcomes of mindfulness practice are too numerous to detail here. Instead, in this section I provide an overview of empirical literature
that supports the use of mindfulness programs with clinical populations and research on the relationship between mindfulness and variables of specific interest to counselors: attention, affect tolerance, self-compassion, empathy, and general well-being.

**Clinical Interventions**

Early studies on the impact of mindfulness training with clinical populations began appearing in the literature in the early 1980s (e.g., Kabat-Zinn, 1982) with the advent of the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts. Other approaches have followed, including dialectical behavior therapy (Linehan, 1993), mindfulness-based cognitive therapy for depression (MBCT; Segal, Williams, & Teasdale, 2002), acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999), mindfulness-based eating awareness training (Kristeller & Hallett, 1999), and mindfulness-based relationship enhancement (Carson, Carson, Gil, & Baucom, 2006).

The research base for the efficacy of these programs is promising. In fact, two recent meta-analytic reviews of MBSR and MBCT (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004) found that despite some methodological flaws in early research, these two programs had moderate effect sizes ($d \approx .50$). A meta-analytic review of 13 randomized controlled trials of acceptance and commitment therapy found an effect size of .68, which is considered a medium-to-large effect size (Ost, 2008). Baer (2003) found that mindfulness programs may help through a number of mechanisms, including exposure to difficult emotions, thoughts, and sensations; cognitive change (e.g., noticing that thoughts are just thoughts and not necessarily an accurate reflection of reality); increased self-management (e.g., responding rather than reacting); relaxation; and acceptance of life as it is.

In one of the largest studies of a mindfulness intervention, Bowen et al. (2006) explored the impact of mindfulness meditation training on postrelease substance use among incarcerated individuals. The authors found that the 173 inmates who participated in the 10-day mindfulness program had significantly greater reductions in alcohol, marijuana, and crack cocaine use than the control group of inmates who had chosen not to participate. In another large outcome study of MBCT, researchers found that in individuals with three or more previous episodes of depression, MBCT reduced the rate of relapse at 1-year follow-up by half (Teasdale et al., 2000). The treatment-as-usual group had a 35% reduction in relapse. This study was replicated 4 years later with similar outcomes (Ma & Teasdale, 2004), lending significant weight to the findings.

Mindfulness-based interventions are emerging across the country for the treatment of such challenging issues as chronic pain (Kabat-Zinn, 1982), recurrent depression (Segal et al., 2002), borderline personality disorder (Linehan, 1993), generalized anxiety disorder (Roemer & Orsillo, 2002), social anxiety (Bögels, Sijbers, & Voncken, 2006; Koszycki, Benger, Shlik, & Bradwejn, 2007), binge-eating disorder (Kristeller & Hallett, 1999), and obsessive-compulsive disorder (Schwartz & Beyette, 1996), among others. In clients diagnosed with obsessive-compulsive behavior, researchers are
finding that mindfulness training actually changes brain metabolism and rewires brain circuitry (Schwartz, Gulliford, Stier, & Thienemann, 2005). Not only are researchers finding that mindfulness-based interventions effect changes in clinical issues, but also that improvements seem to last (e.g., Bögels et al., 2006; Miller, Fletcher, & Kabat-Zinn, 1995).

**Attention**

The ability to sustain attention and strategically switch attention between internal and external cues is an important tool for clients and a fundamental skill for counselors. For instance, being able to shift attention and let go of obsessive thinking about a difficult conversation or past relationship can free a client of mental suffering. For the counselor, being able to sustain attention during the client session is critical to developing a strong therapeutic relationship. Studies in the general population have found that training in mindfulness meditation results in a significant increase in the ability to focus and sustain attention.

Jha, Krompinger, and Baime (2007) found that participants in an 8-week MBSR class showed more improvement in ability to focus attention on a specific object than individuals participating in a month-long meditation class or a no-treatment group. In a study that specifically measured changes in self-focused attention, Bögels et al. (2006) found that after a combination of mindfulness training and task concentration training, individuals with social phobia improved significantly on a measure of self-focused attention from pretest to posttest. The effects were maintained at a 2-month retest, with further improvement noted during this period. Valentine and Sweet (1999) found that both concentrative meditators and mindfulness meditators had significantly higher mean scores on a test of sustained attention than did control participants. Finally, Lazar et al. (2005) found increased cortical thickening in the brain in areas associated with attention among individuals with a history of mindfulness practice.

Studies with counselors in training also found a strong relationship between mindfulness and increased attention (Greason & Cashwell, 2009; Schure, Christopher, & Schure, 2008). In their study of 179 counselors in training, Greason and Cashwell (2009) found that mindfulness significantly predicted ability to sustain and divide attention in the counseling session and accounted for 28% of the variance in attention scores. A qualitative study of the effects of mindfulness practice on counselors in training similarly found an increased ability to stay present with clients during the session (Schure et al., 2008). One student was quoted in that study as saying, “The course has helped me focus more on the client, instead of believing I have to ‘do’ something to change the client, or relieve their pain” (p. 52).

**Affect Tolerance**

As mentioned earlier, one of the key mechanisms believed to make these interventions effective is the exposure to difficult thoughts, feelings, and sensations (e.g., anxiety, urges to use drugs or alcohol), which results in increased toler-
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ance. Research using functional MRI has supported these findings. Creswell, Way, Eisenberger, and Lieberman (2007) found that individuals with higher trait mindfulness showed less mental reactivity to threatening emotional stimuli than those with lower mindfulness. This means that clients may be able to regulate the degree to which they become emotionally overwhelmed by various life events.

Affect tolerance is an important skill for counselors, as well. To pay whole-hearted attention to a client requires approaching the client’s experiences and emotions rather than avoiding them. Without strong affect-tolerance skills, the counselor may appear distant or uncaring (or, alternatively, be overwhelmed by the client’s affect) and may invalidate the client’s emotions by doing such things as changing the subject or focusing on “fixing” the problem (Fulton, 2005).

**Self-Compassion**

The ability to approach the pain of others starts with openness to and acceptance of one’s own pain and suffering. Neff (2003) referred to this as self-compassion. Self-compassion has been shown to be related to a number of indicators of well-being, including optimism, positive affect, personal initiative, curiosity and exploration, wisdom, and happiness (Neff, Kirkpatrick, & Rude, 2007). Self-compassion is considered essential for change. Without it, unhealthy behaviors are denied or disowned to protect the ego. With self-compassion, the individual can acknowledge and approach these behaviors without shame and take steps to rectify them.

Researchers are beginning to find a relationship between mindfulness and self-compassion. In a study of the effects of an 8-week MBSR program for health care professionals, a significant improvement in self-compassion and decrease in perceived stress was found among participants compared with the control group (Shapiro, Astin, Bishop, & Cordova, 2005). Furthermore, the authors found that participants reported higher quality of life, decreased job burnout, and decreased distress. In a similar study with counselors in training, Shapiro, Brown, and Biegel (2007) found that participants in the MBSR program had significant increases in self-compassion and positive affect and significant declines in stress, negative affect, rumination, and state and trait anxiety compared with the control group. For counselors, self-compassion may lead to increased capacity to be compassionate and empathic.

**Empathy**

Empathy is at the core of the counseling relationship (Rogers, 1975). It is considered a natural extension of the ability to tolerate and hold with compassion the difficult emotions in the self and in others. Research on empathy and mindfulness in the general population is mixed. Researchers have found significant increases in empathy after mindfulness training among undergraduate students (Beitel, Ferrer, & Cecero, 2004) and medical students (Shapiro, Schwartz, & Bonner, 1998). Conversely, Galantino, Baime, Maguire, Szapary, and Farrar (2005) did not find a significant relationship between mindfulness training and empathy among health professionals.
Researchers are beginning to find empirical evidence that mindfulness is linked to the development of empathy in counselors. Greason and Cashwell (2009) found that mindfulness significantly predicted empathy in counseling students. Similarly, Schure et al. (2008) found that counselors in training reported increased empathy after a course in mindfulness. Lesh (1970) and Leung (1973) both found that Zen meditation resulted in significant changes in empathy among counseling psychology students.

**Well-Being**

Researchers have indicated that mindfulness training is related to an increase in a variety of well-being outcomes. In their study of the reliability and validity of a measure of trait mindfulness ($N = 1,253$), Brown and Ryan (2003) found significant positive correlations between trait mindfulness and higher subjective well-being and eudemonic well-being (e.g., sense of vitality, competence, autonomy) and negative correlations with measures of emotional distress (e.g., depression, anxiety). Similarly, in a study of the Kentucky Inventory of Mindfulness Skills, Baer, Smith, and Allen (2004) found that most mindfulness skills assessed were positively related to emotional intelligence and life satisfaction and negatively related to experiential avoidance, psychopathology, alexithymia, and dissociation. Intervention studies have found that those who participate in mindfulness training have significant increases in positive affect and quality of life and decreases in negative emotional states (e.g., Galantino et al., 2005; Reibel, Greeson, Brainard, & Rosenzweig, 2001; Shapiro et al., 2005, 2007)

Neurological studies have demonstrated that mindfulness may actually have an impact on the structure of the brain. Lutz, Greischar, Rawlings, Ricard, and Davidson (2004) found that when Tibetan Buddhist monks generated a state of compassion, brain areas associated with positive emotions were activated at a much higher rate than in the brains of nonmeditators, suggesting that meditation practice may change the brain. In a randomized controlled trial by the same research group, participants in an MBSR program had greater decreases in negative affect and greater increases in brain activation associated with positive affect as well as increased immune functioning than did the control group (Davidson et al., 2004).

Recent studies with counselors and other health professionals have found similar results. Schure et al. (2008) found that counselors in training who participated in mindfulness-based class felt more capable of handling strong emotions and were able to let go of such threatening feelings as fear and self-criticism. Allowing these feelings to be released created more space for positive emotions. Among counseling psychology students, Shapiro et al. (2007) found that training in the MBSR program resulted in decreased stress, negative affect, rumination, state and trait anxiety, and increased positive affect and self-compassion. Other studies with medical students and health providers have had similar findings (Galantino et al., 2005; Shapiro et al., 1998, 2005). In addition, researchers have found that mindfulness training may help cultivate spiritual experience (Astin, 1997; Carmody, Reed, Merriam, & Kristeller, 2008; Carson et al., 2006; Garland, Carlson, Cook, Lansdell, & Speca, 2007). For instance, in their study of cancer patients, Garland et al.
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(2007) found that scores on a measure of spirituality and posttraumatic growth improved significantly among the 60 patients who participated in an MBSR program compared with the control group.

Mindful Counseling

In the past 20 years, interest in the use of mindfulness in counseling has been growing. Germer (2005a) outlined three ways in which mindfulness can be integrated into the counseling session. First, mindfulness can be used by the counselor as a personal practice to cultivate attention capacity, empathy, self-awareness, and a way of being in the session that mirrors Rogers’s (1957) core conditions. This use is referred to as counselor mindfulness. Second, the counselor’s theoretical orientation and understanding of how growth and change occur may be informed by personal practice and the theoretical underpinnings of mindfulness—mindfulness-informed counseling. Third, the counselor may explicitly teach mindfulness practices to the client—mindfulness-based counseling. Here, I outline these three ways of integrating mindfulness into counseling with emphasis on practical guidance for teaching mindfulness to clients.

It is important to remember that mindfulness is not a technique. It is a way of being. The heart and soul of mindful counseling is the presence that the counselor’s own mindfulness practice brings to the session—an ability to listen without judgment, hold the client’s difficult emotions with equanimity, and create a space in which clients can find their own answers. The goal of mindful therapy is to help clients relate to life in a different way, to accept the “full catastrophe” (Kabat-Zinn, 1990, p. 5) of life. Rather than trying to eliminate sadness, anxiety, or fear, mindful therapy embraces these emotions and teaches the client to flow with them rather than trying to control them. The intention is not to “fix” or remove emotions, but to change the relationship to emotions.

Counselor Mindfulness

Common factors research has suggested that more than any theoretical model, counselor qualities and the counseling relationship are the strongest predictors of positive outcome, accounting for 30% of change (Lambert & Barley, 2001). Counselor way of being is the instrument counselors use to connect with clients and promote healing (Rogers, 1975). Mindfulness practices are proving to be an important practice for fine-tuning the “way of being” instrument in counselors of any theoretical persuasion. Mindfulness may, in fact, be at the core of the therapeutic relationship and therapeutic change (Germer, 2005a; Martin, 1997). Dryden and Still (2006) suggested that the approaches of humanistic psychotherapists, with their emphasis on acceptance and nonjudgment, were precursors to the mindfulness approaches seen in psychotherapy today.

As mentioned earlier, research has suggested that counselor mindfulness is related to increased counselor attention capacity, empathy, and self-awareness and self-care. For counselors to help clients walk into their pain—to be really present with clients—it is important that they be able to do so themselves.
By turning nonjudgmental attention toward their own suffering and softening it by mindfulness practice (rather than becoming hardened by suffering), counselors learn to pay attention to and accept life’s moment-by-moment flow, which increases counselors’ capacity to float with the client’s emotional ups and downs rather than being drawn into action mode. Counselors develop trust that they have the capacity to be with whatever comes. Clients, many of whom do not have this deep faith in their own capacity to be with their pain, learn from watching counselors be with them in their pain. Mindfulness practice is also a self-care practice for counselors. The heightened awareness of self that arises can promote behavior changes that lead to decreased stress, and the practices themselves can be relaxing.

**Mindfulness-Informed Counseling**

Situations may arise (e.g., requirements of counseling setting, client’s religious beliefs) in which explicitly teaching mindfulness to clients is not suitable or viable (these are explored more in the next section). Much of the theory behind mindfulness-based interventions, however, can still guide the work of the mindfulness-oriented counselor. Although certainly not exhaustive, some of the major tenets of Buddhist psychological thought that may be integrated into the counseling session include impermanence, “no self,” accepting what is, conscious responding versus automatic reactivity, compassion, and interdependence (Shapiro & Carlson, 2009). In addition, basic tenets of mindfulness practice itself can be integrated into the session (e.g., non-judgment, acceptance, present-moment focus). For instance, the client who is highly self-critical may benefit from a nonjudgmental exploration of what it feels like in the moment when self-criticism arises. By engaging clients in explicit dialogue about these concepts or more subtly highlighting examples of them when they arise in the session, the counselor can invite clients to explore these concepts in their own lives.

**Mindfulness-Based Counseling**

*Mindfulness-based counseling* refers to the explicit teaching of mindfulness practices to clients. Mindfulness practices can be used with clients in a number of ways. The types of practices are as varied as the counselors and clients who practice them and are limited only by the creativity of both. In this section, I outline the counselor credentials necessary to teach mindfulness, provide an overview of the types of practices counselors could use, and outline client considerations when developing and introducing practices.

*Counselor Credentials*

There is some debate in the field regarding the extent to which counselors should have their own mindfulness practice before teaching it to clients. The answer depends on the degree to which the counselor wants her or his work to be infused with mindfulness. With more formal mindfulness interventions such as MBSR and MBCT, it is strongly suggested that the counselor have a personal mindfulness practice. However, Germer (2005b) suggested that introducing basic mindfulness techniques (e.g., breathing techniques) into the
Mindfulness requires only that the counselor be familiar with the instructions and have experienced the technique personally. It is important to note, however, that trust in the process of mindfulness practice itself grows from personal experience (Segal et al., 2002).

Types of Practices
Mindfulness is not technique driven and is not a “one-size-fits-all” method. Practices for clients must be tailored to their unique situation. Some clients may benefit from more formal, multicomponent programs, and others may respond to one simple mindfulness exercise.

Multicomponent programs. Four primary multicomponent programs have been shown to be effective with a variety of client populations (Baer, 2003; Brown et al., 2007; Grossman et al., 2004). The most commonly used programs include MBSR (Kabat-Zinn, 1990), MBCT (Segal et al., 2002), dialectical behavior therapy (Linehan, 1993), and acceptance and commitment therapy (Hayes et al., 1999). The MBSR and MBCT programs are typically in a group format lasting 8 weeks. Dialectical behavior therapy includes both individual counseling and group counseling, and acceptance and commitment therapy can be either an individual or a group program. All of these programs have a homework component.

General practices. Selecting or developing an appropriate practice for a client requires understanding what the client needs. Germer (2005b) suggested identifying what the client is avoiding (e.g., feelings, pain) or doing (e.g., obsessive thinking, binge eating) and then identifying or creating a practice that addresses that need. Practice could be done strictly in the counseling session or assigned as homework. It is important that the practice become something that is enjoyable rather than a chore (Bien, 2006) and that counselors be aware of the client’s time constraints. Starting with an invitation to practice mindfulness in everyday life can be a gentle way to introduce clients to the experience.

It is helpful if the counselor uses language to introduce the practice or guide the client through the practice that encourages the cultivation of the core attitudes of mindfulness practice (i.e., intention, nonjudgment, present-moment awareness). Segal et al. (2002) suggested using the present participle (e.g., “just noticing the sensations in your toes” versus “notice the sensations in your toes”) to encourage a more active, present-moment focus. They also encouraged the use of the phrase “as best you can,” which can reduce the tendency to judge experience or strive for some specific outcome.

Counselors need to communicate to clients the purpose behind the practice and the potential risks involved. (The risks are similar to risks in counseling in general—that opening to emotions can be uncomfortable and that clients may feel worse before feeling better.) The purpose of practice will differ for each client. In my work with clients dealing with depressive symptoms, for example, I might describe the purpose as twofold: first, learning to listen to the messages of one’s emotions and one’s body, and second, practicing self-nurturing.

Client Considerations
When integrating explicit teaching of mindfulness into counseling sessions, it is important to consider client readiness. Above all, mindfulness practices should never be imposed on a client or introduced at the expense of the
counseling relationship. Rushing in with mindfulness techniques is the opposite of being a mindful counselor.

**Psychological issues.** Mindfulness is not recommended to be taught to clients who exhibit limited ego strength or limited emotional resilience (Germer, 2005b). Although some destabilization and discomfort is part of the process of expanding tolerance for life’s pain, clients who have a history of decompensating should not do formal sitting meditation. Mindfulness-based programs are, interestingly, beginning to be used for treating psychosis (Bach, Gaudiano, Pankey, Herbert, & Hayes, 2006).

**Religious or cultural background.** Some clients may have fears about practicing mindfulness techniques because of their religious or cultural background. They may believe that mindfulness is contrary to their religion; some may even see it as devil worship. For these clients, counselors can take a variety of approaches to demystify the concept. Talking with clients about the rich history of meditative practices in various religions (e.g., Catholic contemplative prayer, monastic practices) can create a sense of comfort and reduce fear. Some clients find it helpful to talk with their spiritual or religious leader before beginning any mindfulness or meditative practice. Bien (2006) invited clients to evoke God’s presence in the session as they breathe. The counselor could frame mindfulness in terms of a breathing practice and discuss the historical link between breath and spirit. (The words *respirate*, *inspire*, and *spirit* all have a common root in the Latin verbs *spirare*, to breath, and *inspirare*, to blow or breathe into.)

Another approach with clients who may have an aversion to practices based on religious beliefs is to use language from the client’s own religious or spiritual traditions to describe it. The use of the word *mindfulness* is not necessary when discussing and teaching these practices. Describing the process as part of finding a path toward “righteous living,” for instance, may be helpful. Counselors can use words such as *relaxation*, *stress reduction*, *compassion practice*, *acceptance therapy*, and *attention training* to describe various practices. The use of different language is not an attempt to deceive the client. Rather, it is an attempt to demystify the process by finding words that clients can relate to and understand given their culture and history.

**Case Study**

The composite case presented here illustrates how mindfulness can be integrated into the counseling session. This case integrates insights from mindfulness practice and Buddhist psychological thought with body-focused and cognitive–behavioral techniques.

Sarah is a 21-year-old college student studying to be a set designer. She transferred after 2 years at a traditional college at which she was studying English with the intention of becoming an English professor. However, she became concerned that she was too anxious in front of people to be a successful professor. She had always been involved in the theater and thought doing something behind the scenes was better suited to her personality.

Sarah is essentially an only child. Her two half siblings from her father’s previous marriage were significantly older than Sarah and did not live with
Sarah’s family. She grew up attending the local Baptist church with her mother, whose father was a Baptist minister, but she does not consider herself religious. Rather, she views formal religious practices as a social construct designed to make life bearable. She does, however, believe in some higher power, but she is unclear at this point just what that means for her. Her parents divorced when she was 17 years old, 1 year after her father attempted suicide. Sarah describes her mother as someone who “escapes” when emotions get too intense. After the divorce, her mother “abandoned” the family, leaving Sarah to tend to her father’s emotional needs.

Sarah was raped her senior year in high school and sought counseling during her first 2 years of college for posttraumatic stress disorder and depressive symptoms. She found counseling helpful and came back to counseling because she wanted support to help her manage this transition to a new school. She also wanted to start taking better care of her body and establish stronger boundaries with her father. Although she was not in the throes of depression, stressors at school were pushing her to the edge of the dysfunctional thinking that could drop her back into that darkness.

Because Sarah was the caretaker in her family, was physically and emotionally abandoned by her mother, and was completely invalidated as a person in her rape experience, she had a very strong energy of “emotional deprivation” (Germer, 2009, p. 94). She did not believe she could get what she needed from others. She also did not experience life as joyful in any sense. She saw only work, despair, and suffering. Her anxiety around others and the resultant avoidance of people perpetuated her sense of disconnection and sadness.

Early in our work together, Sarah began to feel overwhelmed with schoolwork and doubted her ability to perform to the standards of the program. Because of her experience working in a professional theater, Sarah felt that all eyes were on her to be the top designer. Our early sessions were spent exploring the critical voice that told her she was not good enough and that she did not deserve to be at the school. I introduced Sarah to the concepts of mindfulness and self-compassion and encouraged her to just notice the judging thoughts that arose and the feelings associated with those thoughts.

Although Sarah had strong awareness of her thinking patterns, she was not able to experience the associated feelings and used a number of unhealthy coping mechanisms to avoid the pain such as overeating and drinking. Because of her past rape experience, she was also disconnected from her body, as evidenced by her poor eating habits and lack of exercise. This, over time, contributed to her negative opinion of herself. To help Sarah connect more with her body, I invited her to practice the body scan meditation (Kabat-Zinn, 1990) in the session. This 45-minute meditation focuses attention on various parts of the body and encourages the client to bring nonjudgmental awareness to whatever is arising in those places (e.g., sensations of coolness or tightness). In doing this practice, Sarah noticed a feeling of hollowness in her stomach and dryness in her hands and legs. When asked what emotions were connected to these sensations, Sarah began to cry quietly. She stated that she felt emotionally dry and filled with shame. She also noticed a feeling of anger toward her father arising.
Integrating Spirituality and Religion Into Counseling

Sarah had a very difficult time staying with intense feelings. She did not have faith in her ability to keep herself out of a deep well of depression if she opened up to emotions. She was angry that she could not control these emotions, and she was angry that these emotions were getting in the way of her work. She was caught in a cycle of suffering.

To help Sarah practice staying with her experience rather than avoiding pain and give her a tool to help center herself when her emotions became too intense, I taught her the 3-minute breathing space (Segal et al., 2002). (Full directions are provided at the end of this chapter.) This practice is likened to an hourglass, with awareness first focused wide to the emotions, thoughts, sensations in the present moment; then narrowed to the breath; then widened again to awareness of the whole body and any places in which there is tension. I encouraged her to use this to practice simply noticing feelings, thoughts, and bodily sensations without judging them. In addition, I encouraged Sarah to practice mindfulness of daily activities, particularly sensations when walking to class, eating, and doing her morning activities.

Sarah found that practicing the breathing space during her day gave her a structured way to observe the torrent of judging thoughts that flooded her mind. She found that practicing the walking meditation and other informal, present-centered practices grounded her and gave her some respite from the focus on the past or future that so consumed her mind. By allowing herself to actually feel emotions rather than avoiding them, she began to notice how the emotions changed and how she did not fall to pieces when a difficult emotion arose. She began to learn how to “surf” the emotional waves and slowly began to develop a sense of self-efficacy around her capacity to bear difficult emotions. She began to experience having a feeling rather than being had by a feeling (Morgan, 2005).

Her practice of mindfulness of daily activities also began to reveal little moments of joy in her day. Where previously Sarah felt her whole day was filled with negativity, she began to experience small moments of peace, even awe. For instance, after a particularly challenging conversation with her mother that would typically have sent her into a tailspin of negative thinking, Sarah noticed the feelings of being overwhelmed arising and then responded to them by going out on her back porch and simply observing the sensation of sun on her face. “It was transforming,” she said. Although there were times when these more pleasant outcomes did not occur, she grew in her ability to accept whatever was happening with her in the moment. Armed with this new awareness and more confident in her ability to handle difficult emotions, Sarah began taking more risks in her schoolwork, approaching rather than avoiding faculty members with questions about their expectations of her. She also became more assertive with her father, asking for what she needed. Finally, she stepped out of her isolation and connected with a local meditation group.

Our continued work with body awareness revealed a deep shame about her sexuality that was linked to messages she received from church growing up. Because Sarah was now more accepting of herself, she was able to look closely at the beliefs she had internalized around sexuality as a child and how those beliefs felt to her now as an adult.
Reflection

My work with Sarah focused primarily on helping her learn to trust her ability to handle strong emotions and develop her capacity for self-compassion. What grounded me in my work with Sarah was my deep sense that being with her and modeling compassion and acceptance would be healing. In fact, Sarah did find healing in our work together. By expanding her tolerance for pain through observing and staying with emotions when they arose, Sarah developed trust in her own capacity for managing the painful aspects of life. Hence, she no longer needed to defend against the shameful parts of herself. Rather, she could explore those parts of herself more freely. She learned to notice her thoughts as thoughts rather than facts, which helped her manage depressive thoughts when they arose. Instead of getting sucked into depressive thinking, she could catch herself starting down the path, label the thoughts as thoughts, and bring her awareness back to the present moment.

Mindfulness Exercises

Following are three exercises to increase mindfulness that the reader is encouraged to practice to gain an experiential understanding of this work. These tasks may also be integrated into counseling when appropriate.

Counting the Breath

This practice cultivates one’s ability to concentrate. It also helps one begin to see one’s mental patterns . . . where one’s mind goes when it wanders off.

Assume a comfortable position either sitting or lying on your back. Bring your attention to your belly, feeling it rise and expand on the in-breath and contract and soften on the out-breath. Keep the focus on the breath . . . being with the breath for its full duration. Begin counting the in-breaths and the out-breaths. For example, in-breath, “One”; out-breath, “Two”; in-breath, “Three”; and so forth. When you get to 10, return again to one. Every time you notice your mind has wandered off the breath, notice what it was that took you away and then gently bring your attention back to your belly and the feeling of the breath moving in and out. If your mind wanders from the breath a thousand times, then your “job” is simply to bring it back to the breath every time (Kabat-Zinn, 1990).

Mindful Eating

This practice is about approaching eating with “beginner’s mind,” exploring your food as if you just dropped down from Mars. The primary mechanism for exploration is engagement of the senses. The technique can be applied to any activity of daily living (e.g., doing the laundry, washing the dishes). If you are eating with another person, try to not engage in conversation.

Start by becoming aware of sitting. Close your eyes and take in a few breaths. Feel your feet on the floor. Then take in the “picture” of this object before you

fully engage your sense of sight. Notice the colors, the way the light creates shadows, the texture. Enjoy the details of the object. Try to imagine this object like a work of art. Notice, too, any thoughts or feelings that arise in you as you observe the object. Before you place this object in your mouth, notice how your body feels before taking in this object. Do you have hunger pangs? Does the mouth begin to salivate? Again, notice your thoughts and feelings, as well.

Take in a few breaths before beginning to put this object in your mouth. As you pick up your utensil, notice the sensation of the utensil against your skin. Is it cold, warm, hard? Is there noise associated with picking up the utensil? Place the object on the utensil, notice how your hand and arm know exactly how to pick up that food. Gently place the object in your mouth. Allow the object to roll around your mouth. Notice the sensations of texture, taste, smell, and sound. Imagine the path your food is taking as it travels into your stomach. Become aware of all that went into creating that one bite for you (e.g., sun, rain, farmer, truck driver). When you are finished, notice how your body feels (Kabat-Zinn, 1990; Segal et al., 2002; Siegel, 2010).

Three-Minute Breathing Space

This practice serves a variety of purposes. It helps give one some structure to observe the thoughts, feelings, and bodily sensations that are arising in the moment without feeling overwhelmed by them. It provides an anchor for one’s focus, thus increasing one’s concentration capacity. Finally, it can give one a short break from stressful experiences so that one can gather one’s thoughts and respond more effectively rather than doing something impulsive. Allow approximately 1 minute for each step in this practice.

Step 1: Becoming Aware

Start by taking an erect and dignified posture. Close or lower your eyes and bring awareness to what is happening for you in this very moment. Take a mental snapshot of your thoughts, feelings, and bodily sensations. Try to describe your experience with labels (e.g., a feeling of sadness is arising, a sensation of tension is present in my throat).

Step 2: Gathering

Shift your attention now to your breath. You can feel the sensation of your breath at the tip of your nose or perhaps in your belly. It might be helpful to say silently to yourself, “Inhale, exhale.” When your mind wanders from the breath, just bring it back.

Step 3: Expanding

Now expand your awareness to take in your body as a whole. First, become aware of your whole body breathing. Then become aware of any places in your body where you feel tension or tightness. Breathe into and out from

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2From Mindfulness-Based Cognitive Therapy for Depression (pp. 184 and 241), by Z. V. Segal, J. M. G. Williams, and J. D. Teasdale, 2002, New York, NY: Guilford Press. Copyright 2002 by Guilford Press. Adapted with permission.
those places. You maybe say silently to yourself, “It’s OK. Whatever I’m feeling, it’s OK. Let me feel it.”

Gently bring your attention back to the present moment, coming back with greater clarity, centeredness, and calm.

Conclusion
The hallmark of the spiritual path is learning to live life fully awake. Mindful practice and the mindful awareness that emerges from consistent practice turns suffering, or a turning away from life, into deep, open experiencing of what is. As the lens of past experience begins to drop, people are able to cultivate a more loving and compassionate heart toward themselves and those around them. Mindfulness awakens the senses and people’s curiosity for life, allows people to move with calm and centered compassion toward the self and others, and increases people’s sense of connection to a larger whole. It allows one to “feel the rapture of being alive” (Campbell & Moyer, 2001).

Questions for Self-Reflection or Discussion
1. The Sufi poet Rumi’s poem, The Guesthouse, advises that we should meet “the dark thought, the shame, the malice . . . at the door laughing, and invite them in” and that we be “grateful for whoever comes, because each has been sent as a guide from beyond” (Barks, 1997, p. 77). How is this recommendation similar to mindfulness practice, and how might it help one deal more effectively with life’s challenges?
2. It has been said that suffering is equal to pain multiplied by resistance. In what ways do you see yourself resisting the realities of life?
3. When working with a client for whom a practice that has roots in Buddhism might be threatening, how would you know whether the client might be receptive to the concepts and how would you introduce them?
4. Germer (2005b) suggested that when using mindfulness practices with clients, we should identify what the client is avoiding and doing and then tailor practices that address those areas. How would you work with a client with generalized anxiety disorder?

Recommended Readings
Integrating Spirituality and Religion Into Counseling


References


Integrating Spirituality and Religion Into Counseling


Integrating Spirituality and Religion Into Counseling


In this chapter, I present the nature and meaning of ritual in the client’s spiritual life and its use in the healing work of counseling. The chapter has three purposes: to describe the nature of ritual as a sociological phenomenon and its association with the expression and experience of belief, especially as contained in shared religious ritual; to examine the power of personal spiritual rituals and their impact on growth and healing; and to present considerations and steps to follow when helping clients express and experience their private spiritual journeys through creative use of ritual. Because it is important to assist clients either by integrating their established religious beliefs or by including their private spiritual journey in the counseling process, I address each of these two sources of ritual in separate sections.

**What Is a Ritual?**

A grieving woman plants a tree in her garden in remembrance of her deceased best friend. Devout Muslims pray at specified hours five times each day. Flags are flown at half mast to indicate a period of national mourning. A young Jewish male proclaims, “Today I am a man” at his bar mitzvah. Congregations of Christians participate in the Eucharist, uniting them to God and to each other. Buddhist pilgrims express devotion by traveling to Buddha’s birthplace at Lumbini Grove. Sports fans stand to hear their national anthem before the game begins. A divorced man builds a bridge just halfway across a mountain stream. A Vietnam veteran visits the same shrine each year at dawn on Veterans Day. A young woman releases a balloon into the air carrying a message of love to her estranged father.

Each of these events is a ritual, and such rituals are part of people’s everyday lives (Parker & Horton, 1996). Some rituals are shared with people...
of the same faith, as evidenced by the first examples listed in the preceding paragraph. The other examples are of personal and private spiritual exercises created and experienced by individuals seeking healing and expression in their lives. Some are religious, and some are secular. Some participants experience the rituals of their religion or their society as deeply meaningful, whereas to others they have become stale and meaningless over time. Whatever your own beliefs, you are surrounded by ritual. The changing of the guard at Arlington National Cemetery, yellow ribbons tied around trees and telephone poles to welcome warriors home, the sight of elderly veterans saluting the flag as it passes by in a parade, the myriad flowers placed on graves on Memorial Day, the formal pinning of medals onto the heroic, and the presentation of a folded flag to the spouse or parent of a fallen soldier—all these are rituals performed as part of just one aspect of U.S. society, the vital bond between the country’s people and those who serve them in uniform. If people looked with open eyes to find them, imagine the number of rituals and the variety of their meanings they could identify in their own community.

A ritual is a symbolic experience or action that connects individuals to a deeper meaning or truth, enabling them to encounter that for which words alone are insufficient. Rituals can create a sense of connection with the transcendent, with nature, or with others. Most rituals contain cognitive, emotional, and behavioral components, allowing the participant to experience this transcendent connection with all parts of her or his being, not just with the cognitive or the emotional self. Speaking predominantly of shared rituals in society, Smart (2000) defined ritual as “performative acts in which communication is established with the Beyond, or in the case of secular ritual, with the nation or group” (p. 126). Ritual is a ceremonial activity often involving two or more people that is endowed with sacred meaning and confers on its participants a special sense of the sacred (Denzin, 1974). Not all ritual expression is collective, however. Miller (2003) defined ritual as “formalized behavior that draws out certain feelings and provides individuals ways to express their thoughts and feelings in a symbolic fashion” (p. 207).

If counselors seek to integrate either formalized religious belief or personal spirituality into the counseling process, it is important to understand the potential impact of ritual in each. To that end, I first turn to the nature of collective rituals as they exist in established religions, followed by an examination of personal spiritual ritual and its use in counseling.

**Ritual and Religion**

Many definitions of ritual present the concept as a collective one, existing in formalized religions and other cultural contexts. Rituals such as the practice of Salat (Islamic prayer), the Jewish Passover, the Christian Eucharist (Holy Communion), and Puja (the Hindu daily expression of devotion) are shared by and serve multiple purposes for a faith community (Shouler, 2010). Such rituals create a common identity, remind participants of foundational events in the history of their people, and provide a sense of unity around shared belief (Kenney, 2000).
Kenney (2000) further identified four primary functions of religious ritual:

1. Ritual can help to recreate an emotional connection to a seminal event in the religion’s history.
2. Ritual can provide a reenactment of a significant event.
3. Ritual can reveal to observers and to participants that those engaged in the ritual are committed members of the faith.
4. Ritual also enables people of faith to reexperience the foundational events of their people.

Community or cultural religious rituals are often enacted or performed, repetitive, standardized and invariant, deeply felt and meaningful, symbolic, and mystical and transcendent (Grimes, 1990).

Many religious rituals combine a remembrance of a meaningful story, or myth, with a repetitive or traditional set of behaviors that are performed or experienced by religious participants. For example, Salat contains multiple references to the naming of Mohammed as Allah’s prophet, a seminal event in the story of the emergence of Islam. The tradition of the Passover meal (Seder) shared by the Jewish community is rooted in the story of God’s deliverance of his people from slavery in Egypt. The Christian Eucharist recalls the death of Jesus, in which bread and wine symbolize his broken body and shed blood at the crucifixion. The Baha’i celebration of the Ridvan festival refers to the time in the life of Baha’u’llah when he sojourned in a garden in Tehran before being banned to Constantinople, marking the beginning of the Baha’i religion. In each of these rituals, and others of great significance to religious practitioners, the meaning is contained not only in the story that spawned the ritual, but in the spiritual focus and devotion expressed in the practice of that ritual.

Among others, Jung (1933, 1968), Tart (1983), and Wyrostok (1995) have noted the healing power of ritual. Rituals grounded in the client’s established religious beliefs, like those of a more private and personal spirituality, carry their ultimate meaning not in thought or in feeling alone but in experience. Such rituals gain their validity and their impact from the feelings they evoke and the visions they help create (Smart, 2000). Whether collective or private, just how does ritual work to affect the human psyche?

Rituals combine myth and symbols in a ceremony that creates a new meaning or reality for the participant (Kessler, 2003). Often, the experience of ritual is accompanied by powerful emotional release and phenomenological change. In the rituals of organized religion, the myth is the story of seminal events in the history of its people. This myth provides the context from which the ritual emerges. The symbol in such cases is the collective behavior or rite performed by the religious community that expresses a shared meaning. Sometimes the most powerful components of these rituals are performatives, words or actions that carry more transformative power symbolically than literally (Kessler, 2003). Examples of socially recognized performatives include a judge’s “not guilty,” a marrying couple’s assertion “I do,” or a smile and a wink from the attractive person across the room.
Recall that it is important to recognize the client’s beliefs as central to her or his worldview and psychosocial functioning. In seeking to integrate the client’s spiritual practices and religious beliefs into the counseling process, it may be important to know what established rituals he or she finds meaningful, and why. For some clients, discussion of participation in their religion’s rituals enables both counselor and client to identify the helpful relevance of those rituals to the client’s concerns. Other clients may indicate that their religion’s rituals have become meaningless tradition that no longer brings the connection and blessing they once experienced. After all, true ritual is more than a matter of repetitious behavior; its essence is the creation of meaning (Parker & Horton, 1996). Let’s look next at the impact of this meaning in the creation of individual spiritual rituals.

The Power of Personal Ritual

In contrast to the rituals of organized religion, personal spiritual rituals are unique to the identity and needs of the client. The myth, in this case, is the client’s own story, including such things as past events, important relationships, unresolved problems, or painful emotional states the client is facing. The symbol in a personal ritual is the representation of the client’s deep needs or experience. “Symbols are the way we register meaning in our inner being” (Parker & Horton, 1996, p. 86). A true symbol emerges from within, carrying meaning and emotional power. Jung emphasized the importance of symbols as expressions of inner truth, of unresolved tension or longing in the psyche (Hall & Nordby, 1973). Often, a person’s need for change and healing cannot be resolved by talking it out, by emotional catharsis alone, or by learning new behaviors. Much of what captures people in sorrow or in anger lies beyond words and cognitive expression. What is needed is an experience that is symbolic, one that carries a deeper spiritual truth and means of expression than they can readily articulate, one that takes them through to the resolution of that which is unresolved within. This life-altering experience of symbolic truth is “of the very substance of the spiritual life” (Eliade, 1991, p. 11).

Understanding the client’s story is somewhat easier to grasp than is the way in which symbols gain their meaning. Imagine that you are standing in front of a majestic, ornate building. In one sense, the building simply is what it is—wood, steel, concrete, and decoration put together in such a way as to maintain its shape and function. But what if the building was a temple, a sacred place to those who entered? It may appear to be just a building to you, but to others it is endowed with the meaning of something transcendent. It is a symbol. What causes it to be sacred and meaningful to some, but just an object of curiosity to others, is what emerges from within the observer.

This knowing from within is the “gnostic dimension” to ritual that reflects the client’s inner truth about what should be or might have been (Smith, 1982, p. 63). In fact, no actual difference exists between symbolic and literal objects except that which the mind creates. The ordinary objects or actions used in rituals are spiritually significant only because people’s attention is drawn to them in a special way. Once the power of a symbol has emerged from within
one, however, it can have tremendous impact as an agent of meaning in one’s life. The power of symbol to affect people is the result of their identification with that symbol and the meaning they give it.

Berger (1990) provided a helpful model for understanding the interactive process of ritual. He theorized that societies create a “sacred canopy” of meaning that is eventually constellated in the culture’s religious beliefs, an explanation that accounts for religion as a sociological phenomenon. Society’s creation of this sacred canopy involves three steps: externalization, objectivation, and internalization. *Externalization* includes all the creative activity of human beings that exists to meet the essential needs of the species. In *objectivation*, that activity becomes organized into a created reality composed of such things as family, moral codes, and the invention of the automobile. *Internalization* is the reappropriation of what has become real in the external world and now affects people. Humans create, their creation becomes tangible or “real,” and that new reality subsequently alters their lives. For example, once there were no automobiles, then humans created them (externalization). A culture of the automobile became a real phenomenon that did not previously exist, but that now surrounds people (objectivation). Finally, even the inventor of the automobile becomes subject to traffic laws, the possibility of flat tires, and the potential worry that accompanies them (internalization).

To apply Berger’s (1990) model to the creation and experience of symbols in meaningful ritual, whether collective or individual, symbols are created when one thinks, feels, and imagines (externalization). A formerly static object or activity becomes spiritually “real” because people endow it with meaning, granting it far more power than it contains in its literal essence (objectivation). Finally, the symbolic object or activity affects people as they internalize its power in the ritual experience. Thus, the use of ritual in the resolution of client needs is a creative, experiential restructuring of the client’s constructed reality. This restructuring is accomplished through the client’s identification with externalized symbolic objects and action that, when internalized, alter that reality not factually but phenomenologically. The client’s perceptual stance is changed, relieving suffering or creating empowerment. Quite simply, the impact of ritual replaces the old with the new in the client through the effect of powerful symbols interacting with people’s personal myth (Somé, 1997).

To further illustrate Berger’s concepts, consider the story of Emily.

Emily came to the counseling center at her university to talk about multiple unresolved issues from her family of origin. She had been particularly close to her father as a child, and her memories of special times with him were very strong. Her parents divorced when she was 10 years old, chiefly because of her father’s affair with another woman whom he eventually married. Emily and her brother remained with their mother, and she had no contact with her father after he left. Because her mother was bitter about the divorce, she made certain that her children blamed their father for abandoning them. While Emily was in college in another state, her brother tracked down their father to reestablish a relationship with him. Her brother discovered that their father had tried to contact them over the years, but their mother had intercepted his letters and used an unlisted phone number to block any contact with the
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Emily’s father and his second wife had one son. Emily’s brother was also married and had a new baby. It did not take long after reestablishing contact for the two families to become bonded. Emily’s father tried to contact her as well, but she refused to talk with him, believing her mother’s description of his character. Her brother helped Emily to understand what had actually happened when their parents divorced, but she was unable to talk with her father or reconnect with him before he was killed in an auto accident. Emily talked to her counselor about this tremendous loss, wishing she could have told her father that she loved him and missed him, but it was too late. Together Emily and her counselor explored that loss and how Emily might find a way to tell her father what she felt for him. Emily wrote a long letter, pouring out her heart to her lost daddy, but still felt unresolved. Eventually, the counselor helped Emily create a way to symbolize the act of communicating with her father, as she longed to do. She went to visit her brother and his family, asking him to help her with the ceremony. She tied a copy of her letter to a helium balloon, sang a little song that her father taught her to sing long ago, then let the letter soar up to heaven. She knew that her father would not literally get to read the letter, but it was her way of sending the love and forgiveness that she missed giving to him in person. Emily remained close to her brother and eventually came to love her father’s widow and child as members of her own family.

In Emily’s case, the myth of her life was that of an abandoned little girl who missed her father but was taught to believe that she should not love him. The myth unfolded to include the tragedy of his death before she could be close to him again. Note that the letter, whatever its contents, symbolized her longing to communicate with him and that singing a childhood song and releasing a balloon are both things that a child might do. Although she knew intellectually that her deceased father could not read her letter, the symbol of her love floating skyward to him met the emotional need of a child to be with him and to say “I love you.”

Emily had a longing to communicate with her father that she could not fulfill. With the counselor’s assistance, however, she created the idea of reaching him symbolically by sending a letter skyward; something came from within her that she could externalize in action. In writing the letter, calling her family together, and performing the ritual exercise of releasing her letter while singing to her father, she accomplished an objectivation of her inner longings to communicate and be connected. Watching the balloon float skyward with both its literal and deeply emotional meaning, she internalized the event as an experience of having the connection with her father for which she longed. This reinternalizing of her own symbolic but now experiential truth enabled the healing to occur.

**Types of Rituals**

Different types of ritual have differing effects on the participant. Parker and Horton (1996) identified three types of therapeutic ritual that can easily be connected with client religious and spiritual beliefs: liberation, transformation, and celebration. As you read through the stories of personal spiritual ritual presented
in this section, try to identify elements of myth (the client’s story) and symbol in each case. Seek to understand how and why each ritual was a healing experience.

**Liberation**

Liberation rituals involve restoration via symbolic removal of or disengagement from some form of oppression, such as a toxic relationship with a person, place, institution, or even self. The goal of a liberation ritual is release. Such rituals contain an element of paradox in that they sometimes involve an act of destruction to effect healing. Liberation rituals that address the severing of destructive relationships may involve selecting a meaningful location and the destruction of symbols of that relationship, various forms of grieving, and the inclusion of positive affirmations about self and one’s future. Specific examples of this general scenario are limited only by the imaginations of the client and counselor working together. The story of David illustrates a ritual of liberation.

David’s wife had left him for another, making it clear to him that she had not loved him for years and was leaving in part to attain a higher level of material status with her new partner. David found it difficult even months after the divorce to begin the process of grieving and letting go. He was a gentle, thoughtful person who enjoyed nature, hiking into the wilderness, and reflective writing. Much of his spirituality was expressed in his closeness to the land and to the creative symbolism that he enjoyed. With this in mind, David’s counselor helped him to create a liberating ritual about his divorce and new life as a single man. After talking through his feelings with his counselor, David and a close friend hiked into a wilderness setting to a high mountain meadow with a stream rambling through it. There David placed several large stones leading out from the near bank of the stream, careful not to block the flow or to redirect its course. It was hard work that took several hours to complete. When he was able to stand on a rock midway across the stream, he imagined his ex-wife standing on the opposite bank. He had a conversation with her as he stood midway in the stream at the end of the bridge he had built. In this cathartic expression, he was able to say without restraint all he thought and felt about her, their marriage, and the loss of their life together. When he had finished, David left the rocks in the stream to symbolize his perception that he had worked to build a relational bridge to her over the years, but that its incompleteness was inevitable because she had not built her half of the bridge. Standing on that rock halfway across the stream, he also experienced the truth that he could not stand there forever, angry and longing for her. By expressing his feelings fully, then turning to walk away, he began the journey to his new life, leaving behind a monument to how much he had loved her and how hard he had tried to make the marriage work. Although he was still grieving, he was free to grow and to heal.

What are the components of myth and the powerful symbols in this story? The myth of David’s life included an unrequited love for a woman who humiliated and abandoned him, leaving him standing alone in his life. It also contained a persistent inability to move on, to leave the past behind, and to continue building a good life for himself. The symbols include building a
literal bridge halfway across the stream, representing how hard he had tried to save his marriage without his wife’s attending to her own responsibility to reach out to him. The rocks and his physical efforts were far more powerful in their symbolic meaning than just building a literal walkway through the stream. Discovering that he could not stand on that bridge forever but must eventually turn to walk away was a symbol that enabled him to release his feelings and his being stuck in longing for her. Leaving the rocks in the stream created a permanent representation of his efforts, a sign that he could leave freely with the experiential knowledge that he had not, in fact, failed.

**Transformation**

Transformation rituals may have elements of both liberation and celebration in them, and they often have a particular emphasis on life transition events—passages from one state to another. Religious examples include the seven sacraments of the Catholic Church and other Christian denominations, the specific funeral rites of Zoroastrians, bar and bat mitzvah in the Jewish tradition, and related passage markers in all the world’s major religions and indigenous spiritual traditions, including christening, puberty rites, marriage, ordination, and funerals (McDowell & Brown, 2009). These are rites of passage events, rituals of initiation and formation wherein a new identity is affirmed, nurtured, and empowered. The goal is the cultural or societal confirmation of a new condition or state through relinquishment of a former way of living and being. In some cases, however, cultural or religious institution-sanctioned passages may not have the psychological impact of a client-developed counterpart. Couples designing their wedding ceremony and writing their own vows are examples of the importance of ownership by the participants in the ritual. Other life transitions not necessarily institutionalized by religious or civil authorities may also be important opportunities for transformation rituals; losses of all kinds (including miscarriages, abortions, and jobs) are powerful and potentially debilitating examples. Other examples evoking the entire emotional spectrum abound in family therapy literature (Frankl, 1993; Imber-Black, Roberts, & Whiting, 1988; Kaslow, 1993). The following story illustrates the creation and effect of a transformative personal ritual.

Kimberly and Angela were best friends who grew up in a small farming town in the western United States. Their community was politically and socially conservative, which made it impossible for them to be open about the true nature of their love for each other. Because a marriage of two women was illegal in their state and unacceptable in their community, the two decided to create their own simple wedding, binding their hearts together in a meaningful, private ceremony. They went to the bank of a nearby river where they had spent happy hours together. Each placed one hand in the flowing water, at first not touching each other. Then they intentionally found and took hold of each other’s submerged hand. This action signified to them both that they were joined in spirit, as they were in touch, as the stream of time flowed by them. With joined hands hidden in the water, they spoke vows of love and commitment to each other. Then they lifted their clasped hands out of the river, a symbol that their love would continue even when they were no longer
part of the river of life. In their hearts, they were one in the eyes of nature and of their god. Years later, still living together and still happy, they invited their supportive friends and family members to observe their anniversary. But this time, their hands joined and entered the water together in celebration of their union, as they had in that place and on that date each year since the day of their bonding ritual.

Kimberly and Angela’s wedding ritual helped them to experience the permanence and sacred meaning of their love and union, countering the part of their myth that said, “You may not be together.” Performing their ritual alone at a place where they felt safe and happy in a sense shut out the rejection of their neighbors. It also enabled them to experience a transformation in their relationship. Before the ritual they longed to be one but could not, at least not in the way granted to others by society. After the ritual, however, they were one as never before, bonded by an experience of nature and each other that social disapproval could not destroy. The symbolic meaning of touching and holding on to each other in the stream of life, represented by a literal river, is self-evident.

Celebration

Often, celebration rituals are associated with cyclic events of remembrance such as religious holidays, birthdays, and anniversaries of major occurrences, including life transition episodes. As with transformation rituals, many of these ceremonies are religious, cultural, or socially sanctioned events. Additionally, celebrants often wish to add their own unique contributions (ideas, symbols, speeches) to the event. Counselors of religious clients may encourage them to explore and possibly enact some elements of their faith tradition in a new and meaningful way. Counselors with spiritually oriented clients may assist in the cocreation of personally meaningful experiences by encouraging them to find their own symbolic objects and actions, synthesizing them into a private ritual of celebration. The following story illustrates a different kind of celebration ritual that connected an elderly veteran not so much to his god, but to himself and his old friends.

Just before dawn on a cold morning in November, he walked quietly to the sacred place he visits alone each year at the same time. He could have taken the paved path through the park, but instead moved silently and undetected through the trees to the memorial on top of the hill overlooking the city. Waiting in the predawn shadows was a bronze statue of a soldier, a 10-foot likeness of every young man who had served in the Vietnam War. Doc sat pensively on a park bench at the base of the statue, drinking his coffee. As he does each year on Veterans Day, he read the names cast in bronze of all those from his city who were killed or still missing. Alone with his memories, he watched the sun rise, bringing the light and the healing and the remembrance of what they had all suffered, now dulled with age. Years ago, he had watched the sunrise with his friends, knowing that the coming light would end the terrors of the night attacks they faced. The last parachute flares threw eerie shadows across the barbed-wire perimeter, the sounds of incoming rounds and automatic weapons fire growing more and more distant as the sun appeared.
over the eastern sea. He was alive for one more day. He moved from man to man along the line, to reassure and to comfort and to check once again on the wounded. Now, 40 years later, he remembers his friends, fallen and living; remembers the hope and gratitude that came with sunrise; and finds a private peace in the gray light that brings him home again. He is not there anymore. He is here, and although his sorrow is bittersweet, he is no longer trapped in memory. When the sun was full in the sky, Doc said farewell to his old comrades once again, tenderly touched the statue that represents the young warrior he once was, and walked off the hill in the sunlight to have breakfast with friends.

Doc’s ritual of greeting the sunrise at a memorial to fallen soldiers was a celebration because it reminded him of moments in the horror of war that were healing and hopeful. The myth of his life was that of having endured combat as a healer of others and of carrying with him still the memories of the darkness of war. His symbols were the statue that reminded him of himself, the darkness just before sunrise, and the joy of watching the light emerge once again. He went back to the memorial at dawn to remember and to reconnect, not with sorrow and fear, but with the experience of being with his friends in the dark of war, which had been his only hope—that, and the promise of sunrise. Reading the names of fallen soldiers he had not actually served with symbolized his remembrance of each of his friends. Watching the light emerge and being grateful once more to be alive enabled him to leave the war behind and continue with his life.

Now consider this final tale of a ritual experience created by Jennifer with her counselor’s assistance. What is the myth of her life and what are the symbolic meanings in the ritual? What kind of ritual is it? Remember that a given ritual may have characteristics of more than one type.

Jennifer came to counseling for assistance after her best friend MaryAnn died. They had been friends since elementary school, were roommates in college, and had been bridesmaids in each other’s weddings. Their husbands eventually became close friends as well. Tragically, MaryAnn was diagnosed with a terminal illness and died in just a few weeks, an event for which Jennifer was not at all prepared. Her counselor helped Jennifer process her grief. They talked about the strength of a lifelong friendship and of how Jennifer might create a symbolic way of recognizing her love for MaryAnn without remaining trapped in the sorrow of loss. The ritual Jennifer created with her counselor’s assistance enabled her to say good-bye while keeping MaryAnn’s memory alive in a positive way. Jennifer purchased a small, ornate wooden box for her ritual. She had MaryAnn’s name engraved into the lid, along with the image of two intertwined vines, signifying their friendship and their shared love of gardening. She placed photographs, letters, and other mementos of their friendship into the box. Jennifer, her husband, and MaryAnn’s husband buried the box in Jennifer’s garden, planting a small willow tree above it. Jennifer knew that the box and its contents would decay and be drawn up into the young tree as nourishment, strengthening it over the years. The tree served as a reminder of the strength of their friendship and as a sign that life goes on. In this new way, MaryAnn would always be with her in the garden
they enjoyed together. It helped her to turn her sorrow into something strong and hopeful. Also, each time that Jennifer took care of the willow, she was reminded of and felt connected to her friend.

**Creating Rituals With Clients**

Parker and Horton (1996) provided a thoughtful discussion of various considerations designed to maximize the therapeutic impact of ritual. These considerations include incorporating the five senses, creating sacred space and time for the event, and the use of potent symbolic objects and activities. Again, although some rituals may emerge from or be adaptations of those observed by the client’s religious community, others will be uniquely meaningful and therefore spiritually powerful to the person who creates them. Helping your clients to create and experience their own rituals can be a tremendous source of learning, healing, and growth.

Cole (2003) identified a five-stage process for creating personal therapeutic rituals with clients. First is **centering or grounding**, in which rapport is established and a safe, supportive environment is created for the client. In counseling relationships that are already established, the counselor should talk with the client to ensure that issues of personal spirituality and the creation of helpful ritual are acceptable topics. The second phase involves **assessment** of the problem, during which the counselor and client explore the nature of the concerns, including aspects of which the client is not currently aware. This phase is when the client’s story or myth emerges, providing the context for the meaning of ritual. **Gathering energy** is the phase during which the ritual itself is designed. The counselor assists the client in identification of meaningful symbols to represent specific issues, preparing a symbolic enactment. The fourth stage, **directing the energy**, is essentially the actual enactment of the ritual. The client physically engages in the action that represents the change he or she is trying to accomplish in life. Finally, the stage of **gratitude and closure** involves processing both the designing of and the experience of the ritual, as well as next steps to take.

Ethical considerations regarding therapeutic use of ritual begin with respect for the client’s cultural boundaries and beliefs. Whether the ritual expresses liberation, transformation, or celebration, counselor sensitivity to the client’s religious and spiritual worldviews is essential. Because ritual work can be very powerful and ego enhancing for the counselor and for the client, trust and respect between client and counselor are fundamental to client change. To ensure respect for client beliefs and boundaries, counselors would do well to bring an attitude of creative collaboration—power with rather than power over their clients—when facilitating construction of therapeutic rituals. In creating rituals with clients, the counselor’s stance should be that of a respectful “not knowing,” which will decrease the likelihood of imposing the counselor’s beliefs or symbols onto the client’s myth (Jankowski, 2002, p. 73).

Consequently, when counselors participate in construction of therapeutic rituals, several important questions should guide the counselor’s intervention:
1. Whose ritual is it?
2. Whose needs are being met?
3. What symbols can be incorporated to enhance the meaning and power of the ritual?
4. How will incorporation of a given activity or symbol relate to the purpose of the ritual?
5. Does the ritual involve multiple senses and some level of activity to engage the whole person?
6. Who will serve as the companion and witness to the ritual?
7. Is the use of ritual a good fit for this client, or is ritual likely to be a source of discomfort and confusion?
8. Does the client have the level and type of intelligence necessary to grasp the symbolic meaning of ritual?
9. Is the client psychologically stable enough to benefit from the powerful effects of ritual expression, or will the experience exacerbate the client’s problems?
10. Is the ritual as designed actually relevant and meaningful to the client?

This issue of relevance and meaningfulness is crucial (Miller, 2003). The positive impact of spiritually meaningful ritual is dependent on the connection experienced by the client between the ritual itself and the life circumstance being addressed. The symbols and activities must coalesce with the client’s story (myth) in a manner that enables her or him to create a new phenomenological reality, to feel and perceive the situation in a new way. Also, the ritual should be novel and different from the typical activities of the client’s life routine (Wyrostok, 1995). Another consideration regards the possible overuse of ritual that can dilute its impact (Miller, 2003). The seductive power of effectively used ritual can pose a temptation for overuse, with the accompanying consequences of using any therapeutic intervention too frequently.

A final thought on the creation of ritual experiences regards the importance of remembering the individual as well as her or his familial or social network. Some rituals may be appropriate only to the individual client and may be conducted by the client alone. In such cases, the counselor is the affirming party or witness who supports the client during the ritual enactment. In many cases, however, the client’s friends or family members will be the most helpful and supportive companions. In either case, the counselor should help the client bring full closure to the ritual experience by talking with her or him about the resultant thoughts, feelings, and perceptions.

Cautions

As beneficial as appropriate use of ritual can be in the client’s spiritual growth and expression, it is also possible for ritual to become a problem in the client’s life. For example, you may encounter clients who are experiencing the dark sides of religious ritual: idolatry and ritualism (Kenney, 2000). Idolatry occurs when the meaning of the ritual is misplaced. It emerges when the person...
begins to focus on the religious ritual itself rather than on the transcendent reality to which it points. For example, the celebration of Christmas has become for many a hectic exercise in materialism rather than a time of joyous celebration of nativity. Ritualism occurs when there is a loss of meaning in the ritual itself, as it becomes boring and devoid of symbolic truth. Consider the once-enthusiastic Muslim who now experiences Salat as a structured, rigid inconvenience, not a sign of faithfulness and spiritual identity, or the Hindu family that goes through the motions of Puja without experiencing any true devotion to their deity. In this case, talking with the client about her or his beliefs may help to identify the misdirection or loss of meaning, what led to it, and what steps the client could take to rekindle the power of religious ritual, including perhaps finding new and more meaningful rituals.

Personal rituals intended to express the unique spiritual journey of the individual can also hinder growth. First, even when the client creates a ritual that is at first quite meaningful, overuse can render it mundane and meaningless (Reeves & Boersma, 1990). How many letters can Emily send skyward before they become irrelevant? How many bridges could David build before his efforts turned to mere labor? Second, the client’s perceived meaning of a ritual created in counseling must be fully understood by the counselor to avoid misinterpretation or misunderstanding. If Jennifer’s counselor said, “As long as your tree grows strong, you won’t miss MaryAnn as much,” how would she feel? Third, the client must never see spiritual rituals as superficial or hypocritical. Although Doc could find something easier to do than to be outside in the cold of a mid-November morning, he would probably find an easy ritual to be less meaningful, especially as recognition of something difficult he had survived. Finally, to be effective each ritual must be a unique fit to the client and her or his issues, not casually repeated with the counselor’s other clients (Wyrostok, 1995).

Conclusion

Ritual surrounds people. It is embedded in and influences every culture, past and present. Ritual exists in both the secular and the religious collectives of society. Ritual can also be present in the private, personal journey of each person. The power of ritual as manifested in symbolic objects and actions affects the myth of an individual’s life to create a new and more adaptive personal reality.

The inclusion of ritual experiences is an effective way to integrate client spirituality or religious belief into the counseling process. If you choose to explore ritual with a client, be mindful that symbols and the deep issues they represent are to be considered sacred and powerful in their capacity to alter the client’s personal myth.

Perhaps you, too, are influenced by ritual in your life. Before bringing ritual experiences into the counseling relationship, explore the presence and meaning of your own rituals. Consider the following questions:

1. What are the components of your own myth?
2. What symbolic objects or actions are spiritually meaningful to you?
3. What new rituals might you create to bless, empower, or help you to grow?
Perhaps the best way to understand the healing impact of ritual is to open yourself to its powerful effects.

**Questions for Self-Reflection or Discussion**

1. In what religious or other collective rituals have you participated, and why? What was their effect on or purpose in your life?
2. What ideas do you have about where the power of ritual comes from?
3. Why can some things not be adequately expressed using words alone?
4. What is it about human nature that causes people to create symbols and rituals?
5. What important things in your own story (myth) could give rise to a personal spiritual ritual?
6. Describe a situation in which you helped a client to use the power of personal ritual to experience celebration, liberation, or transformation. Which kind of ritual was it?

**Recommended Readings**


**References**


In this chapter, we examine the healing factors, or “active ingredients,” in the 12-step spiritual approaches. We focus on the steps and the core spiritual dynamics that are central to the success of these programs. We first briefly address the history of the 12-step approach and some research literature supporting its effectiveness. Second, we review the 12 steps in three stages (early, middle, and latter stages) and discuss some (but not all) of the important spiritual themes inherent in these steps while providing issues and tasks for the counselor to consider. As we recently discussed (Morgen, Morgan, Cashwell, & Miller, 2010), spiritually based work translates across all counseling disciplines. Thus, the chapter is written in a nonprescriptive manner so that a counselor from any orientation can use it in conceptualizing her or his work.

Any serious exploration of the 12 steps must address the issue of spirituality. At the core of 12-step programs is an understanding of “the spiritual” and a way of living that is rooted in spiritual principles and practices and leads to a “spiritual awakening” (Alcoholics Anonymous World Services [AAWS], 1976, pp. 58–60). This awakening is the 12-step key to survival of alcoholism and addiction (Wilson, 1957/1988, p. 234). There may be other successful keys and other successful paths to recovery. For the 12-step participant, however, her or his sobriety is the “first gift” of this spiritual awakening (Wilson, 1957/1988, p. 234). This claim is notable for those who are in the business of facilitating, accompanying, and supporting change in the lives of their clients. Professional counselors should want to know more.

Today, many 12-step–inspired programs address a variety of disabling conditions, ranging from alcoholism (Alcoholics Anonymous) and drug addiction (Narcotics Anonymous or Cocaine Anonymous), often called *substance use disorders*, to so-called “process addictions” such as gambling
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(Gamblers Anonymous) or addictive sexual disorders (Sex and Love Addicts Anonymous), to eating disorders (Overeaters Anonymous). Twelve-step programs also facilitate recovery for many people affected by the addictions of others, such as spouses and children of people with alcoholism and addiction (Alanon, Naranon, Alateen). For a listing of available recovery programs, the reader should consult the Web site http://www.facesandvoicesofrecovery.org/resources/support_home.php.

We should note that the inclusion of a chapter examining 12-step spirituality in a book on spiritual themes, trends, and practices for professional counselors suggests that spirituality may also have value in addressing other conditions besides the addictive disorders. Some have said that 12-step work is both a spiritual path to sobriety and a sober path to spirituality. Often, step work is experienced by 12-step practitioners as a path to spiritual enlightenment (“awakening”) that can benefit people from all walks of life. We hope to provide some understanding of this phenomenon as well.

“Spiritual Rather Than Religious”

The 12 steps had an unusual beginning. They were originally written in 1939 by William Wilson, cofounder of Alcoholics Anonymous (AA) and revised by the earliest recovering members of that organization (Kurtz, 1979, 1992, 1996; Wilson, 1953). They were an attempt to provide insight into the recovery process as they had experienced it or, as they said, “how it works” (AAWS, 1976, pp. 58–71; Forcehimes, 2004).

These recovery explorers were self-conscious about the variety of influences that affected their experiences (Wilson, 1953). They understood that the Oxford Group had provided something of a spiritual incubator for many of them, and yet they needed to declare independence from its religiosity (Kurtz, 1979). As their movement evolved, they valued contributions from such disparate sources as William James, Carl Jung, and physicians William Silkworth and Harry Tiebout (Kurtz, 1979). They honored the contributions of several clergy and religious leaders from different denominations, such as the Catholic priest Father Edward Dowling, SJ; the nun Sister Ignatia Gavin, and the Episcopal priest Reverend Sam Shoemaker (Kurtz, 1979). Nevertheless, they proudly proclaimed themselves “spiritual rather than religious,” believing that their experiences and the steps they offered provided a wide-open set of beliefs and practices that could complement any religion and accommodate those with no religious faith (AAWS, 1985; Kurtz, 2008).

In the end, the development of the early recovery movement was guided by (a) the personal experience of the earliest recovery members, primarily in AA; (b) how they understood what had happened to them; and (c) how they transmitted their experience to others (Kurtz, 1979, 1982; White & Kurtz, 2008). The “red thread” running through early AA members’ self-identity and understanding is epitomized in the story about the initial meeting between the two cofounders: Bill Wilson, a failed Wall Street consultant, and Dr. Robert Smith, a physician. When Bill Wilson’s fragile sobriety was threatened, he reached out to “Dr. Bob,” who at that time was still drinking, and they
found common cause in one drunk (addict) telling his story to another. The meeting kept Bill sober and began Dr. Bob’s recovery journey.

The telling of one’s story—not only to inform the other but to keep oneself sober—became the model of self-understanding. This model is enshrined in the classic formulation of the 12 steps, each one beginning with the communal “we.” Beyond establishing a sense of common purpose, this small word highlights the fact that the steps are what “we” did; as AA says, “If you have decided you want what we have . . . then you are ready to take certain steps?” (AAWS, 1976, p. 58). As we show, the understanding and telling of one’s story is a spiritual practice that is central to recovery and to spiritual growth more generally.

Contrary to the misunderstanding of some (e.g., Lé, Ingvarson, & Page, 1995), the founders and earliest members of the 12-step recovery movement underscored “the vital importance of the spiritual” (Kurtz, 1988) while integrating it within a new notion of illness. They did not simply accept a medical view of addiction. Addiction, they said, is a threefold malady—physical, mental, and spiritual—a “disease with a difference” (Morgan, 1992, p. 34). This redefinition of illness, away from the purely medical and toward a notion of the spiritual, may be one of the keys to 12-step healing (Morgan, 1992; Siegler, Osmond, & Newell, 1968).

**The 12 Steps: Structure and Coherence**

How might one understand this notion of the spiritual in the steps? An examination of their structure may provide a clue.

Kurtz (2008, pp. 146–151) expressed the structure and style concisely. Step 1 captures the experience of “utter defeat,” the equivalent of biblical surrender as crying “out of the depths” (Psalm 130). In 12-step spirituality, the starting point is “hitting bottom.” Steps 2 and 3, however, remind the addict that there is hope and that sobriety comes by turning over one’s life to another’s care, a more positive (and humbling) step than simply ceasing to use. If the addict is “powerless,” there is a “Power greater,” and that Power is available. When one is lost at sea, these first three steps are the life raft.

Steps 4 and 5 focus on self-knowledge and honesty. A complete self-examination, followed by confession, is suggested. Steps 6 and 7 assist the recovering person to accept his or her responsibility in life troubles and acknowledge openness to personal change. Steps 8 and 9 make the inventory and confession real; in the crucible of making amends face to face, honesty deepens.

Steps 10 through 12 are maintenance steps. The spiritual practices and attitudes one has learned are embedded within a new recovering lifestyle. Ongoing spiritual growth requires mindfulness, prayer, service, and ongoing practice.

The 12-step diagnosis of addiction focuses on “character defects” as the central spiritual problem (AAWS, 1976, 1981). In the 12-step view, only through a spiritual awakening can recovery begin (Morgan, 2002). A spiritual solution is needed for a spiritual malady. Many of the steps (Steps 4–7 and 8–10) focus on rooting out these “defects of character” and troubles that obstruct deeper connection to others, and several other steps (Steps 2–3 and 11–12) help to establish attitudes and behaviors that facilitate deep change. The core of addiction is understood to reside in character. Twelve-step literature, for example,
speaks about "selfishness–self-centeredness" and "self-centered fear," as well as "self-will run riot," as the root of the addict's troubles (AAWS, 1976, p. 62; Kurtz, 2008). This formulation is a far cry from the disease or medical model of addiction, and it may help to explain why the bulk of the 12 steps focus on spiritual attitudes and practices and a journey of life reform rather than traditional therapy (DiClemente, 1993). In fact, they encapsulate critical elements of traditional asceticism (surrender, self-examination, confession, service) from many global cultures, East and West (Kurtz, 2008; Kurtz & Ketcham, 1993).

Hopson (1996) understood the centrality of spirituality to be one of the distinguishing elements in 12-step practice. He connected spirituality to the development of full human maturity, the consequence of several conversions that are the result of 12-step work (Hopson, 1996, p. 543; Oakes, 2010). There is a spiritual conversion or surrender (Steps 1–3, Give Up); a characterological conversion that involves both acceptance and confession (Steps 4–7, Own Up) and forgiveness (Steps 8–9, Make Up); and a lifestyle conversion through ongoing spiritual practice and service to others (Steps 10–12, Grow Up). Oakes (2010) summarized, “The founders of AA recognized the significance of spiritual recovery and developed the Twelve Steps to facilitate the spiritual development of recovering alcoholics” (p. 11). The steps are intended to lead to a spiritual awakening as “the” consequence of practice (Step 12).

The 12 Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

The Twelve Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. (“AAWS”). Permission to reprint the Twelve Steps does not mean that AAWS has reviewed or approved the contents of this publication, or that AAWS necessarily agrees with the views expressed herein. A.A. is a program of recovery from alcoholism only—use of the Twelve Steps in connection with programs and activities which are patterned after A.A., but which address other problems, or in any other non-A.A. context, does not imply otherwise. Additionally, while A.A. is a spiritual program, A.A. is not a religious program. Thus, A.A. is not allied with any sect, denomination, or specific religious belief.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

**12 Steps and Counseling**

We are now beginning to learn about critical points of connection between 12-step healing and contemporary approaches to counseling and therapeutic change. Bristow-Braitman (1995) made a compelling argument for integration of evidence-based clinical approaches with more spiritually based change factors from the 12 steps. Indeed, movement toward such integration has occurred over the past 20 years, led by the transtheoretical (DiClemente, 1993; Prochaska & DiClemente, 1986) and motivational enhancement (Miller & Rollnick, 2002) models that are central to many contemporary counseling approaches.

The 12-step approach is not a clinical treatment, however, nor is it a model of therapy. It is primarily a spiritual practice. The evidence, however, makes a strong case for 12-step involvement as a complement to whatever other clinical interventions, inpatient or outpatient, are made with addicts. Twelve-step and peer support, integrated into continuing care or recovery-oriented systems of care (White, 2008), have now become best practice in addiction treatment (Gossop, Stewart, & Marsden, 2007; McLellan, 2006; Moos & Moos, 2004, 2006; Tonigan, 2001). Twelve-step participation, whether in combination with or after formal treatment, improves outcomes and may be equal or superior to current evidence-based treatments alone (Moos & Moos, 2004, 2006). Improved drinking and drug use treatment outcomes, greater rates of abstinence, and better long-term prognoses are associated with regular attendance and involvement in 12-step programs after treatment (Kaskutas, 2009; Kyrizu, Humphreys, & Loomis, 2002; Laudet, Morgen, & White, 2006; Tonigan, 2001).

What is it about the 12 steps that heals? Strausser and Byrne (2009) gathered a number of conclusions from the literature, indicating that some of the healing factors or “active ingredients” involved in 12-step affiliation included things such as self-efficacy, social support, positive psychology, and elements of spirituality. Although acknowledging this evidence, a recent study by Laudet et al. (2006) took the conversation one step further. They investigated the corresponding notion of “recovery capital,” that is, the amount and quality of internal and external resources that both initiate and sustain recovery from addiction. This includes behaviors and attitudes—“recovery investments”—such as having and using (and eventually becoming) a sponsor, regularly attending meetings, “working” the steps, and service. Recovering people have claimed improved
quality of life as a result (Laudet, Becker, & White, 2009). The promised spiritual awakening of the steps brings more than simple abstinence, it seems.

**12-Step Themes**

*Steps 1 Through 3*

_We rely on our faith and believe that this decision is one of the best decisions we’ve ever made._

—Narcotics Anonymous (1993, pp. 28–29)

**Essential Limitation**

Few things are more practical than a key spiritual insight. The core insight in 12-step spirituality is “essential limitation,” a “spirituality of imperfection” (Kurtz, 1982; Kurtz & Ketcham, 1993). The fundamental truth enshrined within Step 1 is also the founders’ vision of the truth about human existence: “To be human, to be essentially limited . . . is to be essentially dependent” (Kurtz, 1982, p. 54). To acknowledge powerlessness (Step 1) is to accept the truth of essential limitation, of fundamental finitude.

Just as the first step unfolds into the other 12, the notion of limitation gives birth to many other fundamental elements of 12-step spirituality. There is, of course, an acceptance, a choosing of oneself as limited and imperfect, that brings a calming realization—one does not have to be perfect or always in control. Undue stress and unrealistic expectations do not have to be one’s habitat. One can let go or let be, as people often echo at 12-step meetings. To accept one’s self as imperfect allows one to let go of the facades, masks, and illusions of mastery or control. It is okay to be human. The relief (even humor) that accompanies this realization is often palpable at 12-step meetings.

If one is fundamentally limited and imperfect, then so is everyone else. In accepting this, the possibility is opened for true mutuality, to relationship and acceptance of others. One is connected with other suffering people. In other words, one can belong; one has come home.

Gregory Bateson (1971) understood this change in perspective—what he described as the need for a “change in deep unconscious epistemology,” that is, “a spiritual experience”—in his discussion of the complementary and symmetrical perspectives of alcoholic thinking (Bateson, 1972, pp. 330–331). Harry Tiebout, MD, unabashedly referred to the same phenomenon as a conversion without which recovery is impossible (Tiebout, 1944). Facilitating this radical change in perspective and worldview is a core skill in spiritually sensitive counseling, whether with addicts or with others.

The following brief case study (Maggie) will highlight how the 12-step spiritual component of essential limitation is applicable to client experiences beyond drug and alcohol dependence.

Maggie came to counseling seeking ways to relieve stress. After several years in remission, her physician believed that she was experiencing a reoccurrence of systemic lupus erythematosus with exhaustion, skin lesions, and the onset of severe arthritic pain in her joints as current symptoms. This news made her anxious and depressed.
Maggie is married with two preteen sons who are active in sports and school. She is a school psychologist, president of the Parent–Teacher Association at her sons’ school, and has a busy social calendar. Her weekdays are hectic with work, meetings, and child transport. Her weekends are hectic as well because they are the only quality time she can spend with her husband, who commutes some distance to work. Yet they both run from one child’s game or practice to another and then socialize with friends in the evenings. Often their social time includes late nights, food, and alcohol. Maggie has put on 20 pounds over the past year and has curtailed her morning exercise regimen. These changes have compounded her stress.

After several sessions, it became clear that Maggie needed a lifestyle overhaul. She needed to make some decisions about her calendar, schedule, and lifestyle expectations. This practical focus, however, could easily obscure the deeper, more existential issues of acknowledging, working through, and coming to accept herself as a person with a chronic illness.

What would it mean to Maggie to face this issue? What would it mean to be a person with limits—limited energy, needs for rest and less stress, needs for self-care, looking perhaps at challenging medical treatments and an uncertain future? How does she find some balance that leads to hope and resilience and a new energy? She thought that she had faced and dealt with such issues years ago, but her life had gradually evolved back into a frenetic style of care for others, social overinvolvement, and lack of self-care.

Any therapy worth its name must address these important personal and deeply spiritual issues. The first step in such a process is acceptance of oneself with limits.

This case demonstrates the usefulness of 12-step spiritual themes in addressing a range of conditions beyond the addictions, here a potentially debilitating chronic illness. However, this crucial idea about human existence as essentially limited—broken and incomplete, as this book’s Chapter 1 introduction says; the “open secret” of the Sufi poet, Rumi (see p. 8)—also opens up a potential fault line between the 12-step approach and a variety of clinical perspectives. As Bristow-Braitman (1995) reminded, acknowledging the truth of oneself and accepting the help of others outside the self can provide enormous empowerment and a sense of efficacy. Accepting the paradox of limitation as the path to wholeness is not “contrary to the underlying principles of counseling [autonomy, self-efficacy],” as some have maintained (Lé et al., 1995, p. 605). Rather, empowerment and independence are often best achieved through conscious interdependence.

**Surrender and Confession**

Surrender is a paradox in that to regain power over his or her life, the client must abdicate any control he or she currently possesses (Jensen, 2000; Kurtz, 1982; Swora, 2004). Counseling a client through Steps 1 to 3 entails supporting the client in this difficult task of confronting shame and guilt over past actions (Swora, 2004). Of most importance, the counselor must understand that the addictive behaviors (e.g., drug or alcohol use, gambling, sexual acts) were only a symptom of a larger control issue.

Counseling through Steps 1 to 3 is actually counseling a client toward a state of willingness or readiness to change (AAWS, 1981; DiClemente, 1993).
Willingness to cease all addictive acts, expressing vulnerability, opening up to a client-defined higher power, surrendering and asking for help, and relinquishing maladaptive control are all steps the recovering person must take (Forchimes, 2004).

Gorski (1989) cautioned that before giving up control, the client will first attempt to control the problematic behavior (e.g., drug or alcohol use). Clients may adjust substance dosage or frequency, change the time of day the substances are taken, or even alter the substance used. The counselor should conceptualize these actions as a reluctance to surrender and confess the need for total life change.

Robert was a serial abstainer from cocaine. By stopping for several weeks at a time, Robert felt that he demonstrated authority over cocaine. However, Robert was simply stabilizing himself so that he could return to substance use. The abstinence was never intended as a life change, but merely as a “time out” so that he could return to cocaine.

Robert: If I can stop that means I am not addicted. If I ain’t addicted, then I have no need for the 12-step meetings or a sponsor.

Counselor: Why do you start up again? Especially after a few weeks of not using?

Robert: Let’s call it a controlled addiction.

Within these early steps, the counselor is not working within the spiritual process, but instead counseling to start the spiritual process. For instance, Robert’s statement that he is maintaining a controlled addiction highlights that a principal counseling task of Steps 1 to 3 is combating client narcissism. Narcissism manifests as a perceived ability to control addiction or that countless major life difficulties (e.g., financial, legal, marital, familial, occupational) can all be handled by the individual with no assistance (other than that of substance use). Narcissism is incompatible with spiritual development or spiritual maturity (Alcoholics Anonymous, 1981; Burijon, 2001; Hart & Hugget, 2005) because narcissism represents a closed mindedness and denial of the overwhelming and critical state within which the client currently resides. Regardless of counseling orientation, counselors should address the self-protective nature of narcissism as a revolt against the idea of surrender, confession of limitations and mistakes, and the need for support.

Twelve-step programs refuse “none who wish to recover” (AAWS, 1981, p. 189). Numerous counseling orientations and intervention techniques exist to facilitate enhanced desire for change. For instance, Martin and Simh (2009) highlighted the spiritual nature of Miller and Rollnick’s (2002) motivational interviewing through counselor facilitated self-exploration and continual support. However, motivation is never imparted but simply evoked if the client desires change. Gorski (1989) described the shift in motivation for a life change as a teachable moment. The counselor cannot deliver the teachable moment but can only be available when that moment arrives. If the moment does arrive, the counselor can support the client’s endeavors within the 12-step fellowship as she or he starts on the path toward a spiritual awakening, resulting not in sobriety but in an overall life change. The 12 steps are more
concerned with “a larger transformation of the individual” than with simple nonuse or nonparticipation in addictive processes (DiClemente, 1993, p. 95). The primary focus has been described as “spiritual actualization” (Brown, Peterson, & Cunningham, 1988, p. 179).

**Steps 4 Through 9**

*We are no longer ignorant of our character defects, and this awareness hurts.*

—Narcotics Anonymous (1993, p. 60)

**Humility**

Counselors working with clients should first and foremost praise the client and highlight strengths. Working Steps 4 to 9 means the client has initially overcome the defensiveness and denial resulting from the shame and guilt of past actions. Clients are ready for concrete and specific actions (DiClemente, 1993). The pivotal components of these middle steps entail the moral inventory and making amends. Jensen (2000) underscored the middle steps as being where the client’s newfound guide for living and being in the world will become clear. Steps 4 to 9 represent a juxtaposition of outward public expressions of regret and remorse coupled with strong internal debate and conflict regarding the direction of one’s new life direction (Maxwell, 1982).

The moral inventory is a fearless and thorough self-review of one’s past life in an effort to construct a new way of engaging with the world. The strength to build such a personal and brutally honest self-appraisal comes from the client’s newfound support from his or her higher power. The 12-step philosophy does not mandate with whom the moral inventory is shared. Although the 12-step sponsor typically works with the client on constructing the inventory, counselors can play a critical role in the construction and review of the inventory that leads to making amends. A counselor working with a client in Steps 4 to 9 can provide support and feedback for clients engaged in this process of self-evaluation, otherwise known as letting go (Kurtz & Ketcham, 1993).

The letting-go process is not as simple as humility influencing the creation of the moral inventory. Instead, the counselor works within the process in which the client builds the strength and willingness (through 12-step group support, sponsor mentoring, and higher power) to create a moral inventory (a humbling act) that in turn facilitates enhanced humility as the inventory delves deeper into prior wrongful and harmful acts.

Helminiak (2001) highlighted the important role of the counselor as the client addresses the introspective questions of “Who am I?” and “What do I want out of life?” inherent in a moral inventory. The counselor can work with the client and provide additional support as uncomfortable memories and actions are brought to light. However, Ford (1996) stressed that traditional substance abuse treatment programs fail to teach the client how to self-reflect and cope with the self-doubt and anxiety associated with making a major life change. Thus, the responsibility for teaching these skills may fall on the counselor.

Knack (2009) pointed out that the 12 steps (as per AA) and counseling–psychotherapy share the “talking cure” as a primary mechanism for change.
Integrating Spirituality and Religion Into Counseling

Although the counselor is not the 12-step sponsor or home group member, the counselor’s place in the client’s recovery comes in the ability to engage in psychological and spiritual discussions on despair, guilt, regret, and self-doubt. The client will need to have these negative emotions and cognitions under control to complete and implement the moral inventory effectively as well as to seek amends from those wronged by past actions.

In addition, counselor role is heightened if the counselor works with a client who is dually diagnosed with substance use disorder and another disorder (e.g., mood or anxiety). Prevalence rates of dual diagnosis within the substance use treatment population are quite high, with estimates anywhere between 18% and 70% (Center for Substance Abuse Treatment, 2005; McGovern, Xie, Segal, Siembab, & Drake, 2006). Consequently, if a client has a comorbid anxiety or mood disorder, the acts of creating a moral inventory and seeking amends become that much more challenging. The counselor must be cognizant of the increased psychological stress inherent in making a life change in that by combating one disorder the client may become more at risk for a relapse of the comorbid disorder.

**Steps 9 Through 12**

_The message we carry is that, by practicing the principles contained within the Twelve Steps, we have had a spiritual awakening._

—Narcotics Anonymous (1993, pp. 118–119)

**Storytelling**

As the counselor listens while the recovering client’s story unfolds, there are ample opportunities to affirm growth, to look for strengths, and to support hard-won efficacy. Strengths-based responses on the part of the counselor empathically support self-agency, communicate respect for the effort that early recovery entails, and convey optimism for the future. We understand this basic supportive approach to be both illustrative of good clinical care (e.g., motivational enhancement) and adaptive of basic spiritual skills that are already embedded within high-quality care. Spiritual understanding and skill are not an application of esoteric methods, but rather are already present within clinical care that addresses the client’s deep humanity (Morgen et al., 2010).

Recovery stories have a traditional pattern within 12-step programs. In many ways, 12-step recovery is a narrative form of spiritual practice. In listening to members tell their stories, the new member learns the pattern; in composing, reciting, and retelling her or his story, this new member begins to understand the story anew (reframe, reauthor), to see how things went wrong (character defects), to understand the spiritual malady and possible solutions (“working the steps”; recovery). In the telling of the story, a new recovering lifestyle is born that has deep cognitive, emotional, behavioral, and spiritual elements integrated for personal adoption (Brown et al., 1988; Morgan, 1992).

The following brief description of two recovering individuals underscores the role that storytelling plays in the recovery process.

Jody and Frank each came to counseling from separate social and cultural worlds, but share the commonality of being approximately 6 months in re-
covery from alcoholism. Jody is in his early 30s; Frank is 44. Each man began his recovery through a standard 28-day inpatient treatment stay; each is in counseling for work on relationships and anxiety. Jody attends AA regularly (four to five meetings per week, including a home group) and is working with a temporary sponsor. Frank is returning to AA with the encouragement of his counselor after a hiatus of several months. This time he is finding the meetings more helpful, and he is renewing a relationship with his previous sponsor.

Each of these men is in early recovery, and not surprisingly, each is struggling with previous years of poor choices and wounded relationships. Each is coming to terms with recurrent thoughts and memories from the past, intensified by a harsh internal critic that amplifies past mistakes and obscures successful choices in the recent past. Each is attempting to cope with the shame and guilt that often accompany his story.

How might a counselor who attempts to use a spiritually sensitive and integrative approach to counseling conceptualize and work with these two men? Could this work be replicated with others who are working on problematic relationships and anxious or depressed feelings, but without the backdrop of addiction?

The unfolding story of the costs—and fleeting benefits—of addiction inevitably leads to the experience of regret. Many poor and selfish choices form the heart of the addict’s career, and the labeling of one’s difficulties as illness or disease does not fully diminish the experience of guilt and shame. Indeed, understanding these choices as part of a spiritual problem invites application of spiritual principles for resolution. As the recovering client remembers poor choices and mixed motives, this regret and shame threaten to reignite stresses that can overwhelm the resolve to stay sober. They can become a catalyst for relapse.

Many people presenting for counseling, with or without a history of addiction, use stories that are riddled with content from the inner critic. Narrative therapists speak of problem-saturated stories that have the power to transfixed the client’s attention and shape her or his self- and worldview in distorted ways (Monk, Winsdale, Crocket, & Epston, 1996). Tara Brach (2004) spoke of the “trance of unworthiness” that many live with as a result of their personal narrative and choices. She spoke about the need for awakening to find healing and freedom.

In meeting these clinical presentations, the wise counselor uses the core spiritual insight of a “spirituality of imperfection” (Kurtz & Ketcham, 1993), accepting oneself as limited (“I am an alcoholic . . . my life is unmanageable”), which paradoxically brings wholeness. The counselor may also use the process of self-examination (Step 4), taking a full inventory of one’s life, and confessing (Step 5) both failings and strengths. These actions are critical spiritual exercises from across many religious and cultural traditions (Kurtz, 2008; Kurtz & Ketcham, 1993). They also demand humility.

Recovery programs offer a variety of formats for reviewing and recording one’s past and methods for revealing or confessing this past to another. These formats can be extremely useful for the recovering person and for others who could benefit from life review. Collaboration between counselors and recovery
coaches or sponsors in these tasks can be helpful. They aid the recovering person in self-review and self-acceptance and can lead naturally to taking action toward release through the making of amends and remaining mindful of one’s choices in the present and future.

Throughout, the counselor can also emphasize important life skills for dealing with negative thinking, rationalizations, and harsh accusations from the internal critic (“stinking thinking”), such as monitoring negative self-talk, countering false or overly negative accusations, acknowledging when one’s choices have caused harm, and making amends (DiClemente, 1993). Resolving interpersonal conflicts and healing broken relationships from the past, as well as silencing the voice of the inner critic (Schwartz, 2001), are integral at this stage of recovery.

**Fellowship**
The concluding three steps (10–12) stress the need for fellowship or social support (Kelemen, Erdos, & Madacsy, 2007). This type of support is critical to recovery (Laudet et al., 2006). Although much of the literature discusses the 12 steps, the concluding three steps were once eloquently summed up by a former client. She said, “The 12th step is never ending. It’s like a 13th step in perpetuity. So, you never really finish working the steps. The steps are your new life. That’s how you live a good life.”

Counseling a client working Steps 10 through 12 (or a client who has successfully worked all 12 steps) requires an understanding that the 12-step philosophy stresses a “keep coming back” philosophy in that a healthy life takes continual work across one’s lifetime. Thus, encouraging clients to continue attending their home group is a crucial counselor task. Knack (2009) discussed how client engagement in meetings can enhance self-esteem in that the client recognizes and highlights the value of his or her experiences to a newer 12-step member. Counselors should praise these occurrences and use the client’s newfound status as role model as a mechanism to demonstrate his or her progress in both combating the addiction and rebuilding a meaningful life.

Counselors also need to look out for clients who believe they no longer need the support of their 12-step group. For instance, De Leon (2000) discussed the flight-into-health phenomenon whereby individuals with addiction may begin to diminish their need for treatment after the first signs of progress. The same holds for those in recovery. Gorski and Miller (1986) discussed how the client’s new substance-free lifestyle needs continual maintenance. The joint role of the 12-step group and counselor is to continually reinforce that the outcome of the 12 steps is a spiritual awakening that influences all facets of life from here on out. “Spiritual awakenings are the true mechanism of change in A.A.” (Forcehimes, 2004, p. 504).

Recovery is a process and not an outcome. In addition, the counselor must stress the fragility of this new life. As daily life anxieties and stressors come into play, counselor support is crucial to assist the client in understanding how to cope with these issues within the context of her or his newfound existence after spiritual awakening. Counselors, sponsors, and recovery coaches all become integral companions to each recovering person who is attempting to live a full spiritual life.
The following brief case study (Tony) will highlight how the 12-step spiritual component of storytelling was applied to a specific instance of a client in need of a new perspective on his life experiences.

Tony presented for counseling, dejected and disheveled. He was in the depths. Since his teens he had had a series of relapses, often after significant periods of recovery. Here he was again, on a maintenance dose of suboxone that he was unable to terminate and feeling hopeless about his future. He was on a medical leave from a high-paying job, but unclear what health would look like for him. He had stopped 12-step attendance and involvement several years before. He did not think standard addiction treatment or meetings would be helpful.

Over a period of months, the counselor worked to help Tony reauthor his current story. Highlighting strengths and good choices, providing empathy around painful experiences and past traumas, supporting any glimmers of hope or positive thinking, galvanizing new hope and motivation for change, and helping Tony reconnect with family and other resources, the counselor walked beside Tony as he made his way back to a sound emotional and spiritual foothold.

A recent e-mail indicated that Tony has rediscovered recovery. He returned to 12-step work and is preparing to celebrate 1 year of solid recovery. He has returned to his job, been promoted, and is enjoying the creativity of applying his talents to meaningful work. Life is going well. He has a deeper sense of himself and his place in the world. He is again part of the “we.”

**Conclusion**

In this chapter, we have tried to lay out some of the essential themes in working with clients from a 12-step, spiritually sensitive perspective. We have also tried to provide the reader with background information regarding the beginnings, history, effectiveness, and healing factors involved in a 12-step spiritual approach. We have both used this perspective with a variety of clients and presenting conditions and find it a helpful paradigm from which to work. Our view is that any significant change in a person’s life is always a more comprehensive lifestyle change as well, a process well captured by the term *spiritual actualization*.

**Questions for Self-Reflection or Discussion**

1. What is your knowledge of 12-step spirituality? What are your experiences with people who participate in 12-step communities?
2. What are your initial reactions to the fact that 12-step spirituality begins with the assertion that one is powerless over the addiction and that one’s life has become unmanageable? How does this relate to the spiritual precept of surrender?
3. Do you believe that 12-step work can benefit all people, or do you think it is useful only for those in recovery from an addiction?
4. What does it mean to you personally and as a professional counselor to practice a spirituality of imperfection?
5. What spiritual themes do you see in 12-step spirituality?
Recommended Readings


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The Use of Prayer in Counseling

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Prayer is the language in which we respond to that movement from blind desire to that desire that seeks insight and relationship and at least the first glimpses of inner understanding.

—Ulanov and Ulanov (1982, p. 14)

In this chapter, we examine the role of prayer within a spiritually sensitive approach to counseling. We begin the chapter with a description of prayer and explore research literature examining the individual benefits of praying. Next, we consider the use of prayer in counseling and the importance of assessing a client’s prayer life. Finally, we provide a consideration of the ethical implications of incorporating prayer into counseling, followed by a case study of how such a personal activity may appropriately be incorporated into the counseling relationship.

For many individuals, prayer is a vital spiritual practice. In fact, more than two thirds (68%) of respondents in one study indicated that they spent time in prayer each day (Gallup Organization, 2003), and 90% of Americans report that they pray at least occasionally (Gallup Organization, 1993). Researchers have found that 97% of Americans believe that prayers are heard, and 77% are satisfied with their prayer life (Gallup Organization, 1993). Prayer is a foundational practice in all Western (theistic) religions and in many Eastern religions (e.g., Buddhism, religious Taoism, Hinduism, Shintoism), although we should highlight that the form of prayer varies broadly by religion. Clearly, then, prayer is a part of life for many individuals. It seems clear also, however, that many counselors largely ignore the prayer life of clients (Cashwell et al., 2010). For some counselors, there is an element of fear (“I don’t want to offend or impose my beliefs”), an element of safety in clinical distance (“I’m a counselor, not a pastor or priest”), or an element of relief (“I don’t have to address this uncomfortable area”). Nevertheless, it is quite likely that many clients are actively engaging in prayer as a means of coping and that the counselor is not addressing this aspect of the client’s life.

A review of the literature reveals that prayer is both a process and a lived experience and that words cannot easily capture the full experience. It is
noteworthy though that the word *prayer* and the word for one who prays, the *pray-er*, are the same. Perhaps this is because the pray-er cannot be separated from the action of praying.

Prayer occurs in counseling whether the counselor believes in it or not, whether the counselor thinks it is important or not, or whether the counselor wants to discuss it or not. Clients may pray while in session, asking that the counselor understand what they are saying or that the counselor can help them. The counselor can pray for insight or guidance during a difficult moment. If one is both the pray-er and the prayer, then prayer is always occurring.

O’Donohue (1998) described prayer as the action that is happening:

> When the body gathers itself before the Divine, a stillness deepens . . .
> distraction ceases and the deeper tranquility within the heart envelops the
> body . . . a sense of vulnerability and fragility. . . . Prayer is an ancient
> longing . . . it is an attempt to enter into harmony. . . . Prayer issues from
> that threshold where soul and life interflow. (pp. 262–270)

From the perspective of O’Donohue’s description, many activities may constitute prayer, including a counseling session, a conversation with a friend, thinking positive thoughts about a person, a laugh during rough times, or a pat on the back. In short, wishing good thoughts, projecting desires, or truly being empathic involves an element of the spiritual transcendent connection to and with the holy.

**Efficacy and Use of Prayer**

Over the past 30 years, researchers have examined the impact of prayer on various physiological, psychological, and emotional outcomes. Although a comprehensive review of the literature is beyond the scope of this chapter, researchers have clearly determined that both psychological and physiological benefits to praying exist (McCullough & Larson, 1999). That is, the pray-er derives assistance from the process of praying, whether or not the prayer was answered in the manner desired. Several authors and researchers have connected prayer to psychological processes. For example, various authors have asserted that prayer resembles a hypnotic suggestion (James, 1902; Strunk, 1959), regression (Allinson, 1966), deautomatization of perceptions and cognition (Carrington, 1977), lowering of arousal through the induction of relaxation (Shapiro, 1980), and desensitization (Otis, 1974).

Also, prayer can involve breath control, mantras, and focusing, which reduce anxiety through relaxation and a deeper awareness of self in mind, body, and spirit. For example, Bernardi et al. (2001) found that engaging in activities such as mantras or rosary prayer have a positive impact on respiration rate, thereby inducing physical and psychological changes that improve physical health. Clinebell (1963) proffered that prayer, similar to psychological introspection, satisfies the need for a sense of meaning, purpose, or value to one’s existence. Moreover, Clinebell also stated that a deep trust and relatedness to life can result from prayer. Therefore, prayer is an elaborate and complex activity that can affect all parts of human experience similar to psychotherapy.
Although there has been much research on the effectiveness of prayer in enhancing well-being and reducing negative mental health symptoms, research findings have been mixed, and the therapeutic efficacy of prayer remains unclear. A recent meta-analysis (Masters & Spielmans, 2007) found no discernible benefits from prayer. They highlighted, however, that most research studies on prayer are fraught with methodological limitations, including imprecisely defined constructs, cross-sectional designs, inaccurate measurements (including monomethod bias), and overreliance on self-report. Moreover, many researchers have used correlational designs with large samples, garnering findings that are statistically significant but that lack clinical significance (cf. McCullough & Larson, 1999). Often, researchers rely solely on measures of frequency and type of prayer. Such an approach has obvious limitations, however. It is quite possible that two people would pray the same type of prayer with the same frequency, but that one person is simply repeating meaningless words from rote memory, whereas another is having a heartfelt and soulful connection to the sacred. Are these two the same?

Some well-designed studies have, however, shown clear benefits of prayer. One example is Byrd’s (1988) study of intercessory prayer. Byrd conducted a double-blind study of 393 patients in a coronary care unit. One group of patients were prayed for by volunteers using distant intercessory prayer. The other group received no prayer. The prayed-for group showed significant improvement above and beyond that in the control group. Harris et al. (1999) replicated Byrd’s study, expanding the sample to include 990 patients while still using a randomized, controlled double-blind design. Consistent with Byrd’s findings, Harris et al. concluded that remote intercessory prayer was effective in improving patient symptoms and that prayer is an effective adjunct to standard medical care.

A more unusual study of the effectiveness of prayer is found in the quantum science literature. Researchers Bruce and John Klingbeil (Sweet, 2007) asked participants to pray over live molds grown in adverse environments and other live molds, experiencing similarly difficult growing conditions, received no prayer. The prayers that were nondirected (with no goal in mind for the molds) yielded better results than when the prayers were directed toward a particular goal. In other words, nondirective prayer (simply holding the molds in prayer) was always answered in the direction of what was best for the mold. Although the results of the study are clearly not generalizable to humans at a literal level, they may have metaphorical importance. One possible implication is that prayer need not focus on a specific desired outcome for positive results to occur. Instead, praying for the best outcome for the parties involved may be sufficient. It may be in this vein that people in addiction recovery who are working a 12-step program are instructed in Step 11 to pray only for knowledge of God’s will for them and the power to carry that out.

Commonalities Between Prayer and Counseling

*It is surprising that there is not more written on the use of prayer in counseling.*

—Ulanov and Ulanov (1982, p. 24)

Many writers have observed a parallel between how counselors envision the practice of psychotherapy and the practice of prayer. Thorne (2001) stated
that counseling and spirituality both embrace “the yearning within the human being for meaning for that which is greater than the encapsulated individual, for interconnection with all that is. It is an expression of the whole person, physical, emotional and intellectual” (p. 438). London (1985) and Thorne (2002) furthered this idea by stating that a search for meaning, purpose, and fulfillment suggests that the counselor cannot avoid encountering spirituality in the counseling room with clients. They stated that a counselor takes on the role of secular priest in that confidentiality is maintained and clients often confess that which has been withheld from others. Gubi (2008) and Rose (2002) compared the commonalities between prayer and counseling, indicating that both contain:

- Search for a trusting relationship that creates a sense of safety in which transition can occur;
- Time to explore inner and outer reality, as well as to experience the self in relationship to an other (counselor or creator);
- Time to seek the deepest elements of human life;
- Exploration of physical, intellectual, and emotional dimensions and where one’s woundedness can be explored and healing can be engaged;
- Opportunity to gain insight and motivation to make change, some of which will be unexpected or inexplicable;
- Setting aside time to attend to specific behaviors and issues; and
- Expectation that the experience will be beneficial.

Both counseling and prayer involve a deepening awareness of others, self, and the world; a place where one can be authentic, letting go of worldly matters, and can gain perspective on experiences, behaviors, thoughts, and beliefs, thereby making the changes that create peace.

Types of Prayer

Inward, Outward, and Upward: Cognitive Aspects of Prayer

Grounded in Foster’s (1992) conceptualization that individuals use cognitions when praying, Ladd and Spilka (2002) asked participants what they thought about while praying. Ladd and Spilka determined that these cognitions fell into three categories: inward, outward, and upward. Inward prayers (connections with oneself) were found to arise spontaneously, without self-censorship. These prayers had three foci, the experience of abandonment, honest self-evaluation, and the expression of one’s flaws. The inward cognitions during prayer seemed to focus on relinquishing desires, seeking personal formation, or entering a covenant with the holy. Inward prayers may be an expression of psychological issues and may inform the counselor of the client’s sense of self.

Outward prayers (human–human connection) focus on other people and the physical world. Prayers in this category include petitions for assistance with personal needs and intercessory prayers for others. Understanding outward
prayers might assist counselors in knowing how well connected a client is to others and the world in general.

Upward prayers (human–divine connection) involve the worship of the divine in which prayers seek a resting in the moment, meditation practices, and contemplation of the human–divine relationship. Other types of cognition included greater thankfulness and a desire for the divine relationship to continue, prayers that express love for the divine, and sacramental prayers such as traditional or religious prayers. Exploring upward prayers can be helpful in assessing a client’s reliance on God and spiritual practices.

This conceptualization has practical utility. It is not uncommon, for example, for a client to respond to a question about spiritual practices by saying that he or she prays daily. To be useful therapeutically, however, the counselor needs to know how the client prays. Acting as a curious consultant, the counselor can gently and supportively probe about the types of prayers used by the client. The counselor can then explore client openness to expanding the use and types of prayer. For example, many clients may disclose that they pray rote prayers before meals or at bedtime. Such a client might be encouraged to engage in more colloquial prayer because such prayer has generally been more clearly associated with positive gains than has rote prayer (McCullough & Larson, 1999). Another client may communicate that her prayers fall into the categories of petitionary and intercessory prayers, that is, her prayers are all of the outward variety. Exploring the possibility of using prayers of lamentation (inward) or adoration and thanksgiving (outward) might be useful.

Additionally, many who are acculturated in Western religions think of prayer as “talking to” and not “listening to.” That is, many clients have not been taught methods of contemplative prayer. In cases in which the client shows interest in such approaches, referrals to groups or in-session training may be appropriate. Such clients may find helpful such forms of prayer as contemplative prayer (Keating, 2006) or breath prayer (DelBene, Montgomery, & Montgomery, 2005).

**Use of Prayer in Counseling: Covert and Overt Prayers**

Gubi (2004) separated prayer within counseling into two distinct subgroups: covert and overt prayers. Internalized prayer occurring without another’s knowledge is considered covert. As Gubi stated,

> The use of covert prayer is perhaps less controversial than the use of overt prayer, in that it does not engage with the client directly, or influence the client’s agenda during the session, or impact directly on the counsellor/client dynamic. (p. 466)

**Covert Prayer**

Covert prayer is used by some counselors to prepare for the therapeutic process, when client issues seem insurmountable, or to hand the client over in trust between sessions to a higher power. Silence in the session can also be covert prayer and can be particularly helpful when being is more important or productive than doing (Gubi, 2008). Covert prayer can occur during pauses in conversation or simply to respect silence. The preponderance of writers have
considered covert prayer to be personal, easily justified, and not an ethical issue for counselors. Overt prayer, however, is a much more contentious topic.

**Overt Prayer**

Overt prayer is the in-session use of prayer by either the counselor or the client, even when the prayer is silent yet acknowledged by both parties (Gubi, 2008). Overt prayer is considered useful only if the client benefits from it (Gubi, 2008). Beneficial prayer is considered to be prayer that (a) is culturally appropriate, (b) is chosen and expressed by the client, (c) is never forced on the client, (d) relates to the client’s treatment and difficulties, (e) relates to the client’s presenting problem, (f) is explored carefully for the client’s motivation for using prayer, and (g) emerges naturally as a part of the counseling relationship.

At times, a client might request a counselor to pray with or for him or her. When a client requests the counselor pray (and the counselor agrees), the prayer should be affirmative, giving the client the sense of being supported, cared for, and understood (Koenig & Pritchett, 1998). By contrast, prayer with a client should never involve assurance of God’s intervention, magical ideas, beseeching the creator for special treatment, telling or insisting that God act in a certain way, or used to avert the therapeutic process (Gubi, 2008). Even with the preceding guidelines taken into consideration, praying overtly with a client is controversial.

McCullough and Larson (1999) believed that praying with clients should occur only when three specific circumstances converge:

1. The client requests prayer in session;
2. The therapist is convinced that after careful reflection the therapeutic boundaries will not be breached; and
3. Competent psychological care is being practiced with alertness to ethical boundary concerns.

McCullough and Larson (1999) suggested that the use of prayer with highly religious clients can facilitate cognitive–behavioral change by encouraging the use of coping skills involving prayer. In addition, this type of prayer can assist both the client and the counselor to better understand the client’s schemas and may become an important way to facilitate change with self-talk (pp. 99–103). In addition, overt prayer provides the counselor the opportunity to gain insight into the client’s God-concept and religious coping style. The potential downsides of overt prayer, however, are a blurring of boundaries between counselor roles (counselor, spiritual director, clergy) and the potential for both transference and countertransference to be exacerbated.

Bullis (2001) investigated the perceptions of mental health practitioners with regard to professional ethics and levels of personal comfort with the use of religious and spiritual interventions. Results indicate that 83.5% of respondents felt that praying for their clients was ethically appropriate, with 70.5% reporting that they were comfortable praying privately for clients. These numbers dropped substantially, however, when the question was about praying with
rather than praying for. When asked about in-session prayer, 37.1% reported the belief that it is ethically appropriate to pray with a client in session when the prayer is client led, but only 24.5% actually felt comfortable praying aloud for the client themselves in session. Gubi (2004) found similar results in a study in Britain. Substantive numbers of counselors reported that they prepared for sessions using prayer (51%) and prayed silently for guidance during a session (37%). Only 6% of respondents, however, reported that they used overt verbal prayer in session. Although covert prayer is clearly a vital part of the counseling process for many counselors, overt prayer remains controversial.

Categories of Prayer Outside of Sessions

Counselor Prayer for Clients

McCullough and Larson (1999) supported counselor prayer about and for their clients outside of session but suggested that counselors should seldom disclose this prayer to the client. Counselors might meditate, pray, or simply take time to focus before sessions or after sessions when the client is leaving with a heavy burden. Such activity is not unethical, inappropriate, or therapeutically counterproductive. A counselor who believes in the power of prayer should feel confident in using such prayer on behalf of clients. McCullough and Larson also recommended short periods of intense prayer focused on a particular client for the purpose of opening the counselor’s mind and yielding insights unobtainable in any other way. Through prayer, the counselor may receive a transcendent, transformative, or empathic perception of the client and his or her needs (McCullough & Larson, 1999).

Client Prayer for Self

Counselors may also encourage clients who report using prayer to pray outside of the session as an adjunct to the therapeutic work. The client’s prayer can reinforce in-session progress, ease distress, boost the client’s morale or hope, and help the client to obtain guidance (McCullough & Larson, 1999, pp. 99–103). For clients who already use meditation skills, prayer, or other means to connect with the transcendent, these activities should be supported as part of the client’s portfolio of health. The client’s spiritual skills can be the very behaviors, beliefs, and traits that reinforce resilience, thus strengthening the resolve to make changes.

Client Prayer for Counselor

Sometimes a client will acknowledge that he or she prays for the counselor outside of session. As with any gift, whether you desire it or not, acceptance of the intention is the gracious thing to do. Thorne (2002) recommended accepting prayer in the spirit with which it is given. He cautioned that rejecting the client’s prayer may not only send a message of being judgmental, of dismissal, or that the client is doing something wrong, but may also indicate to the client that praying is frowned on. The counselor should be alert to the possibility, however, that the prayer indicates that the client is overly

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concerned for the counselor or taking responsibility for the counselor, which could indicate a transference issue that must be monitored. This information can be integrated with other indications of potential transference issues and, if necessary, be addressed therapeutically.

**Assessing Client Prayer**

West (1998) argued that a thorough spiritual and prayer assessment in the first session is a wise course of action so that the counselor understands what values, beliefs, and religious experiences the client possesses and is made aware of the client’s needs. One of the counselor’s early tasks is to assess the salience of spirituality and religion for a given client. For those clients for whom spirituality or religion is highly salient, an assessment of spiritual practices follows, often leading to an assessment of client prayer. Such an assessment informs the client that the counselor is open to discussing spiritual or religious issues.

Counselors using prayer without a thorough assessment of the client’s spiritual or religious belief system, practices, and cultural implications risk entering into a practice without the knowledge of how prayer will affect the client and the counseling relationship. McCullough and Larson (1999) recommended that counselors assess the types of prayer used by clients to understand their religious coping styles. These styles may reveal information about not only religious coping but also the client’s psychosocial functioning and resources. A thorough spiritual assessment will also assist the counselor in recognizing when prayer becomes the defensive means to defer responsibility to a higher power and the client therefore stops assuming personal responsibility for his or her own search for growth, avoids uncovering issues that need addressing, or dilutes the impact of other psychological problems by using prayer rather than his or her own resources for self-discovery. Assessing a client’s relationship with the transcendent provides insight into the client’s presenting issues.

Insight can be gained by an open discussion of client prayer content, even if overt prayer is not occurring in the counseling session. An elderly female client dealing with depression and anxiety mentioned that she “prays constantly.” The simple question of “What do you pray for?” yielded important insight. She said that her prayers were for others—prayers of intercession—asking God to aid and assist friends and family with their needs. A follow-up question of “What do you pray for yourself?” provided the other side of the puzzle. Her prayers for herself—prayers of petition—were asking for strength so that she could do good things for others. Subsequent discussion elicited the theme that other people deserve God’s love (and her prayers), and it is freely given to them. She did not believe, however, that she deserved God’s unconditional love, and therefore she must earn it by helping others. This belief was echoed in part of her presenting problem: anxiety, guilt, and depression partly triggered by needing to accept help for and assistance with things she could no longer do for herself.

A client overtly prayed in session a prayer of lamentation that God would explain why as a child she had experienced incest. She had prayed to God for the abuse to stop, but it did not stop for many years. She openly expressed
her anger at God, the Father, blaming him for failing to stop the abuse, and thus she believed that God had sided with her abuser against her. She insisted on rejecting God, the Father, until one day in mentioning God the counselor used the pronoun she when referring to God. The client stopped, turned her head slightly, and said, “Could God be female?” The counselor did not answer because the client was deep in thought, but the counselor noticed a subtle change in that moment. The counselor prayed silently (covertly) as she watched the client. That night the client asked God, the Mother, to bless her and aid in her healing. That petitionary prayer was a turning point in therapy as she reassessed her view of God and herself, connecting through their mutual femininity.

**Prayer Activities**

Forms of prayer activities, including meditation, breathing, focusing, and behaving differently, can be beneficial to clients in getting in touch with their inner selves, awakening their own wisdom centers. Some specific approaches as to how to encourage prayer activities in a therapeutic manner are described next.

**Gestalt Empty Chair**

The Gestalt empty chair technique is helpful for clients who talk about their relationship with God rather than experience God personally. The counselor can simply ask gently, “What would you say to [client’s deity’s name] if he [or she] were sitting in the chair next to you?” and then ask, “What would he [she] reply?” This modest interaction may spur a unique discussion that is palpably different from previous conversations in which the client intellectualized this relationship. Clients become more centered and thoughtful in their responses as they process their desires, needs, and plans. If appropriate, the counselor can ask, “What would [client’s deity’s name] say to you if you asked for advice?” For nonreligious clients who define themselves as seekers, the counselor can use the question, “In 20 years when you look back on your life, what would you like to say about how you handled yourself in this situation?” These types of exercise facilitate a sense of attunement between counselor and client, experienced as a gift in the form of insight, calmness, or a commitment to making a change.

**Off-Road Prayer**

Clients sometimes report feeling stuck in their prayer life or believe that their prayers are not working. A method to become “unstuck” is to suggest a change in the type of prayer used or in the focus of prayer, thus creating a different space for transcendent dialogue to occur. For example, repeating a word or phrase can be a helpful meditative technique. The use of rote and repetitive prayers, however, may also become a means of deflection. One means to assist clients who believe that God is not listening (or responding) to their prayers is to encourage spontaneous prayer, meaning prayer that is conversational in tone, unscripted, and flowing naturally from the prayer’s heart. For example, a client might be encouraged to ask a question while in prayer and then quietly
and patiently wait for a response rather than continuing to talk. Also, a client may need assistance in understanding that the answer may not come through words from God, but through an event, another person’s comment, a feeling of peace, or even a dream.

**Prayer and Behavior**

Connecting prayer with a behavior can also be therapeutic. Petitioning, requesting, or praising is prayerful but when connected to a behavior or deed, the prayer becomes active and life enhancing. One client prayed dozens of times a day for her husband to cease his addiction to pornography. She began to believe that God was not going to answer her prayer to change her husband. The addiction persisted. One day in therapy, she reported that she had given up asking God to change her husband; instead, she asked God to walk with her as she packed her bags to move out. She changed the focus of her prayers from her husband to asking for strength and guidance for herself. Through her tears and prayers, she observed the look on her husband’s face as she packed. He reached out and stopped her from putting more clothes in the suitcase and told her he would seek help if she stayed.

**Social Interest**

Clients are naturally self-absorbed in their pain, confusion, hurt, or anger. Subsequently, their prayers are delivered from that vantage point. Often, clients disclose that they themselves have tried everything possible, including prayer. Sometimes, however, clients forget that they are the prayer. Alfred Adler asked clients to create health by opening themselves up to others. He termed this behavior *social interest* (Sweeney, 2009, p. 23). When clients are stuck, giving of themselves to others can be a method of prayer. One client who had recently been through a divorce was devastated to learn that his adult children were planning on spending Thanksgiving with his ex-spouse. He begged and angrily threatened his children for the closeness he wanted. He prayed with all his might but nothing worked. Using social interest as a tool, the counselor asked him how Thanksgiving could become meaningful. He decided to volunteer at a soup kitchen that day, and he reported that it was the best Thanksgiving he ever had. He became the prayer, and the focus of the prayer shifted from changing his children to helping others.

**Ethics and Cautions Concerning the Use of Prayer in Counseling**

Richards and Bergin (1997) asserted that although counselors pray for and sometimes with clients, prayer should not be viewed as a substitute for professional competency but rather as an added resource. If overt prayer is used, the question arises as to how it can be ethically implemented. Ethical issues concerning prayer in counseling have been raised by several authors (Gubi, 2008; Richards & Bergin, 1997; Richards & Potts, 1995; Weld & Erikson, 2007). Concerns related to client welfare, whether the client wants in-session prayer, appropriateness of prayer in times of crisis of faith, and the counselor’s
competence to integrate in-session prayer are all important. These concerns relate primarily to overt in-session prayer.

**Client’s Welfare**

As with any clinical intervention or tool, client welfare and avoiding harm must be the primary concern (American Counseling Association, 2005, Sections A.1.a. and A.4.a). Even though some counselors might believe that prayer is always in the client’s best interest and can therefore do no harm, several authors have noted that in-session prayer is not always the wisest course of action. For example, the issue of prayer increasing client transference has been raised by Gubi (2008), who noted the possibility that the client will begin to see the counselor as a spiritual authority. A counselor who takes on both the role of therapist and the role as the pray-er may negatively alter his or her role with the client and unwittingly encouraging client transference. Furthermore, if the counselor verbalizes the prayer instead of allowing the client to pray, there is a risk that the counselor will defer the hard work of the therapeutic process to the client’s God. There are two potential problems here. First, the prayer may reinforce an external locus of control or a victim stance (i.e., “It’s in God’s hands), and the client may not follow through with important tasks. Second, if the counselor’s prayer is not answered in the manner the client desires, transference may become negative and interfere with the therapeutic relationship. Imagine the client who wonders whether the counselor prayed correctly, whether the counselor asked for the right answers, or whether the counselor is connected to God in a way that is helpful to the client’s cause. Finally, counselor prayer in session potentially does harm when the counselor prays in a manner that is inconsistent with the client’s beliefs or practices of prayer. A well-intentioned but poorly informed counselor may pray in session without doing a thorough assessment, overly generalizing on the basis of the client’s religious self-identification or projecting her or his own beliefs on to the client, which clearly has the potential to harm the therapeutic process and relationship.

**Clients Do Not Always Want to Pray**

Despite being religious or spiritual, clients do not always desire to pray in session. Counselors should never insist that prayers be spoken by either the client or the therapist. Clients’ reticence may result from a feeling of protection of their religious beliefs or a lack of openness to exploring personal faith issues or experiences at that time. Forcing prayer on clients who are not open to it is like forcing a client to participate in any therapeutic intervention or exercise with which he or she is uncomfortable (Tan, 1996). A counselor who asks a client whether he or she wants to pray may be quite embarrassed if the client says no. Or, even worse, the client may not have the ego strength to say no and may participate begrudgingly.

**Crisis of Faith**

Prayer is not always the most effective tool for clients struggling with anger toward God or a crisis of faith. For example, many clients who have been abused blame God for not intervening. Although the spiritual and sometimes
religious issues remain at the center of counseling in such cases, imposing prayer on a client during a time of crisis of faith may be disempowering and damage the therapeutic relationship and process.

Counselors’ Spiritual Competence

Counselors who endorse spirituality and use prayerful activities should pursue genuine spiritual experiences for themselves if they wish to work with clients around these issues (Simon, 1989). Thorne (1998) agreed, suggesting that these activities are helpful in cultivating one’s personal spirituality: (a) Attending prayerfully to the body; (b) reflecting on thoughts and feelings, especially self-deprecatory ones; (c) prayerfully reflecting on relationships with others, surrendering to God; and (d) experiencing the self as a unique spiritual being. To work ethically with prayer as a therapeutic tool, counselors need not only practice prayerful activities themselves but explore and understand their own religious, spiritual, and faith beliefs and practices, including personal prejudices, to avoid unwittingly imposing their beliefs on clients and doing harm. The case study presented next explores a time when the use of prayer emerged naturally as part of a spiritual approach to counseling.

Case Study

Jan arrived for counseling looking tired and pale. She stated that she had just celebrated her 35th birthday 5 days ago. On her birthday, instead of cake and ice cream and presents, Jan buried her 3-year-old son, Andrew. She reported that she has yet to get a full night’s sleep, has lost her appetite, and is angry at God. In addition, Jan is 5 months pregnant with her second child, a girl. Andrew was a healthy active child who seemed to be in constant motion. Ten days ago, Andrew was running across the kitchen, slipped, fell, and hit his head on the floor tiles. He cried a little and rubbed his head. Jan went to him and soothed him, and asked whether he was OK. He said, “Yes,” and then he laughed and ran into the next room. That night Andrew died in his sleep, and an autopsy revealed that when he fell, he had burst a small blood vessel in his temple that bled into his brain while he slept and caused his death. Jan is married to Fred, who is deeply in shock, emotionally numb, and leaves the room every time Andrew’s name is said.

Jan spent the first session crying and telling her story of intense grief. The counselor was the mother of a 4-year-old and was acutely aware of her need to stay present with the client and not be distracted by wondering whether this could happen to her daughter. The pain in the room was so palpable that the counselor found that the only way she could be attentive was by praying silently. Inwardly, she asked God to give her strength to stay present, to hear the client’s story without allowing personal fears to enter the room. In constant prayer, she found herself feeling the love surrounding her with strength to attend to Jan. At the end of the session, Jan lifted her tear-stained face and said, “Thank you for allowing me to tell you the whole story without interrupting me. Most people cannot sit with my pain without wondering how they would feel if they were in my situation.” The counselor felt drained.
but also felt admiration for this brave woman and gratitude for the presence
that allowed her to stay fully present with Jan, despite her unease with the
magnitude of the client’s pain and her discomforting thoughts of whether
this could happen to her own child.

As Jan made another appointment and was collecting her things, she said,
“I sometimes feel God is standing beside me, but I am so angry that I am
pushing Her away.” The counselor surmised that Jan was telling her what
topic she wanted to delve into next week.

The second session began with Jan hardly talking. Mostly, she cried. The
counselor noticed that Jan’s belly had grown noticeably larger in 1 week’s
time, and she was rubbing it more than she had the week before. Jan retold
the story of Andrew’s death as if she had not told the story the week before.
The counselor remained quiet and attentive and prayed. In the last 10 minutes,
Jan stopped talking completely. Her counselor resisted the temptation to fi ll
the empty, quiet space. Finally Jan looked up and sighed and said, “God. You
are so cruel. How can I believe in your love?”

Her counselor realized that this question was a prayer. Jan had asked a ques-
tion of God, not of the counselor, and the counselor remained respectfully
silent. Jan fell silent again and softly said as she left, “Do you have any answers
as to why God let this happen?” The counselor shook her head and whispered,
“No.” Jan’s parting question stunned the counselor. “Pray for me this week.
I am at a loss. I pray and pray and what is coming from God? NOTHING!”

The counselor surprised herself with her response: “Your new baby girl.”
Jan looked at the counselor as though she were going to ask a question and
then left.

The counselor sat for several minutes after the session and refl ected on
what had just happened. She had not planned on saying anything in response
to Jan’s question. The counselor continued to pray that she would receive
wisdom to deal with Jan’s grief. She also prayed that she had not said some-
thing insensitive, too soon, or in the wrong way.

In the third session, Jan seemed less depressed. She sat silently for several
minutes and then began talking. The counselor felt confused because the
words did not seem to be directed to her. After a few moments, she fi nally
realized that Jan was praying with her eyes open. She was asking God to en-
lighten her. She begged for healing and a reduction of pain. She apologized
to God for being so angry. The counselor let her pray upward to her God,
feeling in the moment that she was sitting on holy ground and did not want
to disturb Jan’s process.

When she fi nished, the counselor looked at Jan and said, “That prayer
seemed to be different than the one you uttered last week.” Jan acknowl-
edged that she had changed her focus this week. “What created that shift?”
the counselor asked. Jan replied,

You mean you don’t know? You drew my attention away from my grief
and put it where it needs to be, on my future, on my little girl. I felt a
subtle but real shift occur in that moment and I began to heal. I’m not
saying I am okay, only that a subtle shift took place.
After a few moments of silence, the counselor asked, “What does your image of God look like?”

Jan paused and thought.

I think God is a loving creator that gave birth to the universe. She is the great mother who knows what it is like to give birth on a cosmic level and then She relives that experience when women give birth on an earthly level.

“So the birthing is universal and exciting but death is not able to be comprehended?” the counselor chanced.

“Right. Then I knew that we can’t have birth without death. I just didn’t want it to happen to my son, not now, maybe when he was 80.” She smiled.

But we don’t know or understand how life is supposed to be lived when a child dies all of a sudden. I didn’t think that my prayers were being answered until you said the words, “Your new baby girl.” You said the words that drew me from death to life. Those four words were a prayer for me to connect to life.

This story has a lovely ending. Her daughter was born healthy. Jan worked hard in therapy to shore up her parenting skills so as not to be overprotective. She and her husband worked on their marriage, which understandably suffered after Andrew’s death. Jan openly prayed in session, and the counselor allowed her the room to do so. She prayed outward, holding her husband, her family, and her new daughter in prayer. She prayed upward to God and, as counseling progressed, she used more praise and gratitude. And the counselor prayed inwardly, sometimes selfishly, that she would be spared what Jan had to endure. She also prayed, however, that she could be of help to Jan and asked God to sensitize her to Jan’s grief without feeling overwhelmed by it.

Without prayer in this process, the counselor was not sure how counseling would have turned out. Through their joint openness to talk about God and prayer, the counseling seemed to progress more quickly, and Jan reported that she felt safer. The openness to prayer put Jan and her counselor on the same wavelength. In supervision, the counselor told her supervisor that she felt that the sessions were out of control. Her supervisor smiled and said, “You mean out of your control.” She was right.

Conclusion

Johnson (1945) stated that both prayer and counseling result in an awareness of needs, emotional catharsis, peace of mind, broader perspective on problems, decisions, emotional renewal, social responsiveness, joy, gratitude, acceptance of one’s losses, loyalty, perseverance, and integration of personality. When a client already has a solid foundation in prayer as a faith practice, it seems logical to use that practice in service of counseling treatment goals. Audible in-session prayer is considered the most controversial method of using praying in counseling, but it is also just one of many ways to use prayer. The key is that any intervention be used with good ethical practice and at the right moment with a sensitivity to and awareness of the client’s needs and with the
right client at the right time. This information is gained by listening carefully to clients as they express their needs, incorporating methods that are in line with treatment goals, and proceeding cautiously (Gubi, 2002).

Counselors who use prayer personally may see the use of prayer in counseling as a natural progression. Centering prayer to prepare for a client, in-session silent prayer while a client is thinking, and prayer for insight and guidance may all be part of a counselor’s way of sitting with clients. If a counselor decides to use his or her personal time away from sessions to pray for clients, a consideration should be given to the spiritual activity of focusing on each client in prayer and imaging the client getting better, having insight, changing behaviors and thoughts, and being in healthier relationships.

We may not always know when or whether prayer is desired. I would maintain that as long as our efforts are filled with compassion, caring, and love, there is little reason to fear that our prayers for others without their consent are somehow unethical. (Dossey, 1993, p. 80)

Finding the exact words is not necessary; simply holding someone in prayer is enough.

Finally, for all our knowledge and techniques, there are times when we have experienced something within a counseling session that makes it seem as though we are merely observers in some sort of divine intervention. We might have said something that does not seem like a prayer but that seems benign or inconsequential, perhaps something that was said before and ignored, and then all of a sudden the client moves from Point A to Point B, and a metamorphosis occurs. We sit in awe. Our beliefs, our prayers, and our personal attending to the client with a belief that health can be attained become conduits for the divine, and we join that cosmic process as the pray-er and the prayer.

Questions for Self-Reflection or Discussion

Prayer is a deeply personal and mysterious process for many people. Many clinicians have traditionally left this practice to those who are well trained in theology and religious practices. However, prayer occurs all the time, and whether clinicians want to acknowledge it or not, many prayers are lifted up in the counseling room. Still, questions persist about the wisdom of openly including prayer in the therapy room. There are no easy answers except that if a therapist is not comfortable in addressing the practice of prayer with a client, then it is wise to avoid that arena. As you discern whether, when, or how you will embrace prayer as a natural affiliate of counseling, here are some questions that may assist you in your discernment.

1. What is prayer to you?
2. How might you use prayer in session? Out of session?
3. What are your thoughts about overt and covert prayer in session?
4. Should a counselor pray for a client outside of session without first informing him or her?
Integrating Spirituality and Religion Into Counseling

5. Should a counselor encourage clients to pray in session? Under what circumstances?
6. Should a counselor encourage clients to pray outside of session? Under what circumstances?
7. If a client initiates in-session prayer, how should a counselor respond?

Recommended Readings


References


Working With the Divine Feminine

Michele Kielty Briggs and Amy Tais Banner

Exclusive male imagery of the Divine not only instilled an imbalance within human consciousness, it legitimized patriarchal power in the culture at large. Here alone is enough reason to recover the Divine Feminine, for there is a real and undeniable connection between the repression of the feminine in our deity and the repression of women.

—Kidd (1995, p. 139)

Western religions have evolved with a distinctly patriarchal and hierarchical emphasis, in some instances disenfranchising women or reducing them to a “less than” status. This exclusion and oppression has caused many women profound personal and spiritual pain. In response, many women are reclaiming their power and are seeking a spiritual path in which they enjoy equality and affirmation. Counselors are in a unique position to offer support and encourage growth as these women pursue personal and spiritual development. Our purpose in this chapter, then, is to discuss the role of spirituality in working with women, including those who have experienced oppression or disenfranchisement in their personal spirituality—religion. It is important to note that we are of the Western worldview. Consequently, although we attempt to be inclusive of women from a variety of backgrounds, we want to be clear that this chapter, including the feminist literature cited, might resonate more strongly with Western women.

In the texts of the world’s primary religious traditions, women are often portrayed as sinful, untrustworthy, dangerous, and weak and as leading men into sexual temptation (Christ, 1982). In cases in which women are portrayed positively (i.e., the Virgin Mary), they are lauded for their unattainable perfection (Flinders, 1998). These portrayals of women as either sexual and disobedient or pure and submissive are harmful in that they provide a basis for the assumption that women, by their very nature, are “less than.” In addition, such dualism discourages, disempowers, and fails to provide women with appropriate spiritual role models (Flinders, 1998). For example, Paul’s
writings in the New Testament profess that women must remain silent and “in submission” while in church (1 Cor. 14:34, New International Version). Unfortunately, these historical texts have been and continue to be used to justify the exclusion and oppression of women by patriarchal religion (Christ, 1982; Flinders, 1998; Spretnak, 1982).

For example, women were not allowed to be ordained in mainstream Protestant and Jewish denominations until the mid-1970s (Hunter & Sargeant, 1993). To this day, some conservative religious denominations do not believe that women are fit to serve as clergy and do not consider a woman’s ordination to be legitimate (Fukuyama, Siahpoush, & Sevig, 2005). In addition, women in conservative religious denominations are often prohibited from participating as members of leadership and ruling committees. Moreover, in some religious communities, women are not permitted to worship alongside men and must endure segregation. These restrictions have stripped many women of their power, their voice, and their dignity.

For these and many other reasons, many women have abandoned traditional religion in a quest for less patriarchal and hierarchical expressions of their spirituality (Borysenko, 1999). Others maintain religious and spiritual traditions that they have carried with them throughout life, many with modifications. In many cases, spirituality is a natural part of women’s lives, and counselors can facilitate the inherent integration of spirituality and overall well-being in the lives of female clients.

Although women’s spiritual lives do have commonalities with a variety of spiritual and religious approaches, their individual paths are uniquely affected by the complex intersection of economic, political, social, educational, biological, psychological, relational, and religious forces (Spretnak, 1982). Thus, women’s spirituality can be considered a unique path in and of itself (Ruth, 1994). Moreover, even though women’s engagement with divinity is unique to each individual, there are often many shared themes.

We begin this chapter with a description of themes relevant to women’s spirituality. Experiential interventions designed to help women express and explore spirituality as relevant for their own lives are explained and connected to these themes. We share considerations for working with diverse groups of women throughout the chapter and offer specific examples and intervention strategies for use in working with women. Finally, we offer a composite case.

Themes Related to Women’s Spirituality

Counselors may encounter a number of themes, grounded in literature related to feminism and spirituality. Briggs and Dixon (2009) consolidated themes from the feminist spirituality literature into the main categories used in this chapter. These themes can provide a framework for understanding women’s spiritual development and expression. It is important to note that not all of the themes are relevant for every woman. They are general categories that can be considered when working with female clients who want to share and express their spiritual journey in the counseling process.

The first theme is that women’s spirituality is relational in nature. Joyce Carol Oates (1973) maintained that it is often through confusion and life’s
disruptions that women grow, as they are taken out of their own reality and encounter another person’s private world. Oates’s view highlights the necessity, amid the messiness and pain, of deep interrelatedness. It has long been known in the fields of counseling and psychology that although women are often pathologized for their need for interconnectedness, the desire to be relational is indeed relevant for most women (Gilligan, 1993). Specifically, for women, psychological well-being and decision-making processes are directly connected to relationships with others. Several authors have recognized women’s spirituality as a call to affirm the interconnectedness of all sentient beings and nature (Plaskow & Christ, 1989; Davis & Weater, 1982; Ruth, 1994; Spretnak, 1982). Specifically, Davis and Weater (1982) noted women’s innate ability to recognize that the whole is more complete than the individual parts and that coming together allows people to transcend their fragmented selves and unite for a more holistic approach to life.

Traitler (2008) recognized that for women, the divine is present where love is felt; thus, a sense of divine and spiritual connection often arrives in the form of relationships. For example, Miller (2000) noted that for one of her clients, meaningful relationships were the pathway to a spiritually fulfilled life. Briggs and Dixon (2009) advocated for including key relationships in recognizing, honoring, and working with the spiritual dimension of female clients. They stated that assisting women in identifying nurturing relationships that enhance spiritual well-being and growth can be a critical aspect of supporting women’s desire to connect with their spirituality, the divine feminine, or both. For those women who have experienced unhealthy or oppressive relationships, finding support for developing nurturing relationships may be even more important. Although women can benefit from strong and positive relationships, it is important to note that women often learn that maintaining relationships is more important than nurturing themselves. This may be particularly true for individuals from specific cultures, religions, and family backgrounds. Thus, whereas it is important to honor, validate, and support women’s deep connections to others, it is also essential to encourage a balance between respect for relationships and respect for self.

The second theme unique to women’s spirituality involves a circular, as opposed to a linear, journey of development. Marianne Williamson’s (1993) assertion that blessing another person results in feeling more blessed oneself is indicative of a give-and-take approach and of an open stance of experiencing the divine. Borysenko (1999, p. 166) stated, “For women, spirituality is less a hero’s journey than a finding our center in a God who is present in the homely practicalities of day-to-day life.” Fox (1990) and Borysenko explained this journey using the Biblical metaphor of “Sarah’s circle.” Sarah’s circle operates as a circuitous journey, having no beginning or end, and is a non–solution-focused approach to the spiritual life. Jacob’s ladder, another Old Testament story, illustrates a more masculine journey of goal attainment. Spretnak (1982) expanded on this circular approach by highlighting women’s inherent connections to the natural, circular rhythms of life (i.e., cycles of body and nature). This theme may be particularly important to address with women who feel the pressure of spiritual or religious perfectionism and who
have internalized society’s high valuing of efficiency. In these cases, a focus on this theme of organic circularity may assist women to be open to a more natural path of spiritual growth.

The third theme related to the expression of the divine feminine involves intuition. Lao Tzu’s quote “Abide at the center of your being. For the more you leave it, the less you learn” (as cited in Bynner, 1986, p. 45) seems particularly resonant to women. Stone (1982) recognized women’s intuition as an important guiding force, motivating energy, and strength. Flinders (1998) recommended that women focus intently on finding their voices, deeply knowing themselves, and freely moving in the world as ways to experience spiritual growth. As a result of her journey with the divine feminine, Sue Monk Kidd (1995) concluded, “It is all right for women to follow the wisdom in their souls, to name their truth, to embrace the Sacred Feminine, that there is undreamed voice, strength, and power in us” (p. 228).

Counselors can help women find their inner strength and power and gain confidence in that inner guidance system, otherwise known as intuition. In fact, because women have often been socialized to acquiesce their power, it may be critical for women to trust their intuition to gain personal freedom. Unfortunately, many women have ignored their inner truth and instead placed their trust in outside sources of authority, namely men or male-dominated institutions. As women grow in their ability to honor their own intuition, they will become more adept at recognizing their deepest desires and will know how to reach out for and pursue those things that matter most (Flinders, 1998). Thus, a client’s intuition can be a powerful resource when establishing and working toward counseling goals. Counselors may want to keep in mind that women whose background includes a culture or religion that encourages obedience to external authority may find this theme especially challenging, liberating, or both.

Fourth, women often connect with the divine feminine by diving below the surface. O’Hare-Lavin (2000) highlighted women’s ability to access a “lower, deeper” power as opposed to a higher power by being able to stay with and learn from descent into the darkness. Many women find that connecting with the divine feminine involves descending into the darkness of painful emotions, experiences, and realizations before emerging with a newfound strength. According to Borysenko (1999), although the darkness may involve wrestling with pain and brokenness, the challenging road can lead to healing and personal power. One vital role of the counselor is to affirm this existential questioning as a natural part of the spiritual journey (Fukuyama & Sevig, 1999). Affirming the normality of experiencing the darker emotions such as sadness, fear, and anger as a natural part of the spiritual journey may be particularly important when female clients have cultural or religious backgrounds that teach that negative emotions are wrong. If these clients continue to have trouble allowing themselves to express challenging emotions or to access difficult memories or feel that they are out of line with their religious teachings to do so, counselors may encourage clients to search for text or stories in their holy scripture that affirms a full range of emotional expression.

Related to this lower, deeper power is the fifth theme of embodiment or immanence. This theme refers to the immanent, or indwelling, nature of...
the divine feminine. Unfortunately, patriarchal religion often identifies the divine as separate from the body (Spretnak, 1982) and teaches that flesh is sinful, whereas spirit is holy (Flinders, 1998). In contrast, feminine spirituality acknowledges the inseparability of the divine and the body (Ruth, 1994). The body is viewed as a conduit of spirit and of the divine feminine (Ruth, 1994). Moreover, all beings are part of the divine, not separate creations of the divine (Spretnak, 1982). When this embodied nature of the divine is recognized, the divine is innate and accessible to all in the here and now, free of stipulation (Spretnak, 1982). Furthermore, when the divine is immanent, the body is appreciated and is sacred (Flinders, 1998).

Given that many women struggle with painful body image issues that are fueled by societal expectations and media portrayals, this aspect of women’s spirituality may serve a powerful role in clients’ lives. Specifically, female clients may be encouraged to move toward an appreciation of their bodies when they embrace the embodied nature of the divine. In addition, focusing on immanence may help women to trust their own wisdom and to experience themselves as strong and powerful (Christ, 1982). Female clients who have been physically or sexually abused may have difficulty regarding the body as holy because of a sense of shame about their own bodies. It is also true, however, that these same clients may find the exploration of this theme especially healing.

Sixth, women are often reliant on new images of the divine. Christ (1982) claimed that because symbols function at a subrational level, they still affect people even if they do not agree with them; thus, she advocated for replacing patriarchal symbols with alternate images that affirm the female body, power, and will. Sue Monk Kidd’s (1995) view that “if the key symbol of God is that of a male king (without any balancing feminine imagery), we become a culture that values and enthrones men and masculinity” (p. 153) affirms the view that positive images of the feminine divine are needed.

Feminist scholars Simone de Beauvoir (1953) and Irigaray (1993) also claimed that because male religious leaders have historically created Gods in the male form, women need symbols to connect to the divine. Because many women feel the need to reject male-based images of the divine because of a sense of disconnection, woundedness, or simply a desire for a more complete experience, new patterns of relating to the divine emerge. For example, some women may tap into their lower, deeper power (O’Hare-Lavin, 2000). Others may relate to the Goddess figures, which celebrate strength, creativity, and power (Christ, 1982).

Female seekers can incorporate many images into their conceptualization of a divine entity. Specifically, Shekinah, the feminine face of God, is supported by the Jewish tradition. Original religious texts relevant to Judaism, Christianity, and Islam incorporated Sophia—the feminine term for God’s wisdom. Some women find a deep connection to the divine through Mary (the mother of Jesus in Christianity) or via mother earth in the Native American tradition (where the circular earth form embodies and celebrates femininity). In Eastern traditions, the Impersonal Divine is nondual in nature and incorporates both male and female characteristics. Finally, Hinduism and a variety of ancient Goddess cultures, as well as newer traditions such as Wicca, include a plethora of images related to the divine feminine. Some writers believe that the Goddess
figure is ultimately empowering, whereas Judeo-Christian heroines like Mary and Eve are still seen as subservient or less-than in relation to men.

Consistent with the need to connect with new images of the divine because of oppression and nonrepresentation, many women experience feelings of anger or despair associated with injustice toward women, which is the seventh theme of women’s spirituality. A sense of anger or despair may emerge in women because they have trouble relating to traditional religion’s definition of holiness as separation and its promotion of obedience to a father figure (Keller, 1988). In the quote at the beginning of this chapter, Kidd (1995) reminded the reader that by repressing the feminine form of the divine, culture actually oppresses women because gender imbalance migrates from symbology into consciousness and action. Parallel with media literacy research, women are devalued via acquiescence to male prowess and power. Specifically, “women are more likely to encounter images of subjugated, emaciated, dependent, and silenced or weak females as opposed to strong, spiritually centered, self-sufficient, positively relational, well-rounded women” (Briggs & Dixon, 2009). As they are confronted with subjugated images, unattainable religious ideals, and lack of a “god of their own,” women might naturally experience despair and anger.

Because women’s bodies, their presence, and their need for authentic spiritual expression are often not honored, women may develop a simmering sense of anger and injustice toward the patriarchal systems at work in their own lives. These systems may include relationships, family roles and expectations, and work scenarios, among others. Anger may be directed at religious institutions for failing to provide nurturing environments to honor women’s spiritual growth needs (Borysenko, 1999). Ruth (1994) noted that patriarchal religious teachings involve inherent hostility to more than half of the human population—women. Ruth suggested that women create an alternative to this “devastation” that many women have connected to patriarchal religions. According to Borysenko (1999), although such anger can be a motivating movement toward authenticity, it also can be painful and needs to be addressed directly. Otherwise, the anger can be linked to depression, broken relationships, lack of trust, and a sense of loneliness.

The eighth theme includes women acting as agents of change for selves and others toward an authentic spirituality. Often, women find connection to the divine through relatedness to others. Celebrating and enhancing women’s desires for community and connection is critical. For many women, mothering, participating in positive relationships, and working collectively toward social justice is the embodiment of their spiritual selves. Spirituality in action often means confronting injustice, engaging in mindfulness practices alone and in community as a call for peace, and moving toward connection with the deeper self and others via advocacy. Keller (1988) explained that women’s power to produce change through connection has been made to seem repulsive and frightening. Such interconnectedness, however, is ultimately empowering for women as contributors to the greater good. Keller expressed, “I am not simply one, but many ones, a new one each moment, and each one integrated the many ones of the open world surrounding me” (p. 228).
The ninth and 10th themes of women’s spirituality involve honoring the power of being inexpert and recognizing the presence of divinity where there is love (Briggs, Wasik, & Staton, 2009). Mother Teresa (2002) deeply understood the power of humility through simple presence. She believed that if individuals were humble, they would be affected by neither praise nor criticism. Mother Teresa also recognized the depth of the power of love in her view that there is no greater sickness in the world today than the lack of love. Although women are still deprived of personal power across the globe (i.e., power over their bodies, economics, or family decision making), many still embrace the joy of being inexpert. Tolle (2008) hypothesized that women have less ego interference than do men and are thereby less prone to extreme narcissism and can access the peace all people are searching for more readily via ego suspension and the practice of presence. Perhaps most powerfully, Traitler (2008) indicated that when there is love, women often experience the divine. This love may take many forms, including mothering, social justice, self-care, and care of others. It is important to reiterate that women’s desire for connection, intimacy, and giving needs to be celebrated and enhanced, not pathologized.

Methods of Exploration and Intervention Related to Women’s Spirituality

We have reviewed in detail the themes associated with women’s authentic search for the divine. We now provide information that counselors can use to respectfully assist women in exploring and expressing their spiritual selves. We organize the interventions using broad categories of narratives, artistic expression, body exploration, transcendent practices, and exercises aimed toward meaningful connection. Within these broad categories, we share a variety of interventions and connect them with some of the women’s spirituality themes.

Narratives

Narratives are tools that can be used to help women discover, honor, and share their voices and stories. Tapping into personal stories could address many themes, including honoring intuition or inner voice, diving below the surface, feelings of anger or despair, honoring the power of being inexpert, and recognizing the presence of divinity where there is love.

Hodge (2000) noted that when clients are able to view themselves as the main player in their own spiritual story, they become more encouraged toward continued growth. Briggs and Dixon (2009) suggested that counselors can encourage women to keep journals, record stories from their lives, produce audio and visual recordings of stories, or write about or share metaphors relevant to their spiritual path. Briggs and Dixon also suggested using narratives to promote community via exercises such as group sessions in which each woman is given a turn to tell her story creatively (i.e., read, sing, dress up and act, play an instrument, share a drawing) and other group members can witness her spiritual tale. Also, storytellers could be asked to tell a futuristic story, depicting their hopes and dreams for potential phases of their spiritual journey.
Formal tools, such as spiritual genograms, lifemaps, or ecomaps (Hodge, 2005) are excellent tools to encourage narrative expressions. Spiritual genograms are a visual representation of a client’s spiritual world (Frame, 2000). These genograms include immediate family and important spiritual figures. Colors can be used to indicate initial spiritual approaches and changes and developments in one’s spirituality. Important spiritual events and experiences may be noted with text, and spiritual closeness or conflict may be indicated using lines drawn between figures. After completion of the spiritual genogram, the counselor can ask a series of open-ended questions that encourage spiritual reflection. More detailed information can be found in Frame’s (2000) article about the spiritual genogram and in Chapter 7. Spiritual lifemaps “are a pictorial delineation of a client’s spiritual journey” (Hodge, 2005, p. 316). Clients can make a timeline and draw or write about significant events along their path. Spiritual ecomaps (Hodge, 2000) describe spiritual and religious perspectives of the immediate family. To create an ecomap, a genogram of the immediate family is placed in the center of the page, and a circle is drawn around the family. Outside circles are used to represent spiritual themes relevant to the family such as religious structures or beliefs. Heavy lines (strong connections), jagged lines (severed connections), regular lines, or broken lines (which symbolize severed relationships) are drawn from family members to each domain. Themes can be shared through narratives about the family and the woman’s perspective on or role in that system.

One additional narrative technique developed by Michele Kiely Briggs includes a meaningful event narrative exercise. Women first participate in a mindfulness centering experience. After about 15 minutes of mindfulness practice, the women are asked to allow three meaningful experiences from their lives to come into their consciousness. Next, women briefly sketch a symbol of each event. Then, each woman allows the experience that is most strongly calling to her to emerge. She then writes in detail about the event. She is encouraged to write about the physical sensation, sights, sounds, colors, and smells as well as the cognitive, emotional, and spiritual happenings. She writes the story to “bring us there with her.” Women are reminded that meaningful may involve peak, valley, or middle-of-the-road experience from their lives. Often, women choose to dive below the surface and explore difficult scenarios that altered their lives in meaningful ways.

**Artistic Expression**

Artistic expression includes powerful tools for creatively accessing the divine feminine as well as emotions related to spirituality. Art may allow women to express and explore their circular expression of spiritual relatedness; rely on their intuition; dive below the surface; explore and express feelings of injustice or anger; advocate for change in self or others; express self as inexpert; connect with new images of the divine; and depict divinity through expressions of love. In a sample of female breast cancer patients, Puig, Lee, Goodwin, and Sherrard (2006) found that by participating in creative arts therapy, the experimental group reported decreased negative emotional states and increased positive ones. Thus, increased mental health may be an additional benefit of creative arts therapy.
A plethora of ideas for artistic expression are available for counselors to explore. We share just a few for illustrative purposes. Some expressions might involve drawing, painting, creating or listening to music, movement or dancing, playing outdoors, or dramatic expression (Briggs & Dixon, 2009). Sharing meaningful music or poetry can enhance empathy and connection. Mandalas, which are Sanskrit tools, can be created to illustrate many aspects of the conscious and unconscious self as well as one’s connectedness to the universe. Cunningham (2003) asserted that creating mandalas can affect the way individuals view themselves and their unique purpose as well as the universe at large. To facilitate mandala creation in the most effective way possible, specific training can be obtained. Another artistic activity explained by Briggs, Akos, Czyszczon, and Eldridge (in press) includes making life-sized portraits. Women can use butcher paper to create life-sized portraits of themselves, or they can work in groups to trace and decorate the life-size bodies with fabric, buttons, yarn, paint, and other art supplies. Gifts and strengths, hopes and dreams, and spiritual blockages or areas of growth can be depicted directly on the body.

Another activity used often by Michele Kiely Briggs is called collective painting. This activity can be used with a group of women who are exploring their spiritual selves and paths. Various types of canvases, paint, and paintbrushes can be used for this activity. Women are asked to identify a word or phrase relevant to their current spiritual life. They then write the word on the back of the canvas. Paintings get passed to the right, and each participant is allowed to paint on each woman’s canvas for 15 minutes. The woman can put the “finishing touches” on her own painting if she so desires.

Finally, Amy Tais Banner has guided clients through the creation of a personal reliquary as a way to use artistic expression to explore spirituality. A reliquary is a container or shrine in which sacred items or representations of one’s spirituality are placed. Reliquaries can be created by providing clients with a foam or wooden shadow box and a variety of materials such as magazine clippings, paint, beads, costume jewelry, seashells, string, and other craft supplies. Then, the counselor encourages clients to create a visual representation of their spirituality or of items that represent their perception of the divine feminine.

**Body Exploration**

Many techniques can be used to facilitate women’s expression and exploration of their connection with the feminine divine and their unique spirituality. The themes most relevant to body exploration are embodiment and immanence and getting in touch with one’s intuition. Certainly, the life-sized portraits described earlier are excellent venues for body awareness and connecting the body with divinity. It could be useful to share knowledge from traditional Indian medicine about chakras, energy centers that receive and transmit energy (including connection with the divine), and ask women to incorporate the chakras into their portraits.

Additional body awareness exercises that can facilitate women’s spirituality include yoga, Nia, tai chi, walking meditation, and dance. Yoga, a practice adopted widely in many forms in Western culture, originated in India. It is
form of fluid body movements, incorporating spirituality via meditation and physicality (strength and flexibility). In a study of 44 participants, all women with breast cancer, Danhauer et al. (2009) found that restorative yoga practice resulted in better outcomes related to emotional health and fatigue. The mantra of Nia (Nia Technique, 2009) is “through movement we find health.” Nia is a creative form of movement and dance that coincides with the body’s natural way of moving. It seeks to align with body awareness and health rather than seeing the body as something to be conquered or conditioned in punishing ways. Tai chi is a calming form of Chinese martial arts that also works to align body, mind, and spirit as opposed to “training the body” in a specific way.

Mindful body practices include labyrinths and walking meditation. Labyrinths have been in existence for more than 4,000 years, and they are now found in most of the world’s religions (Dunphy, Borsdoff, & Chambliss, 2000). They include circuitous paths on which the walker can meander, thus transcending the cognitive mind through the experience of walking. Labyrinths are designed to help establish a balance between the mind and the body and to foster harmony between the psychological and the physical selves through a spiritual awakening experience (Dunphy et al., 2000). Walking meditation can take place during a labyrinth walk or in any setting. Individual women or groups of women can quietly and mindfully move around the indoor or outdoor space, marveling in the magnificence of their bodies and the interconnectedness of the body with all that is around.

Another way to explore the embodied aspect of the divine feminine with mindful body exploration is to use the technique of focusing (Gendlin, 1981). Focusing is a way of listening to the body’s messages with compassion and without assumption or judgment. Typically, the focusing process begins by asking clients to close their eyes, take a few breaths, and bring their awareness into the body. Clients are then guided to ask, “What wants my awareness now?” If a physical sensation that has meaning, or “felt sense,” occurs, the client is encouraged to say an inner hello and to describe or name the felt sense. This process continues as the client is guided through a series of gentle inner questions with the purpose of getting to know more about the felt sense. This process honors the wisdom of the body and assumes that clients can grow by listening to the messages of the body. A more detailed explanation of this technique can be found in Gendlin (1981).

Transcendent Practices

For the purposes of this chapter, transcendent practices are methods that can be used to help women connect with a universal strength that is beyond their own ego or current cognitive or even affective state. Themes that might be addressed through transcendent practices include getting in touch with one’s intuition; diving below the surface; connecting with new images of the divine; finding strength for personal or social change; feeling the power of taking a “nonexpert” position; and finding connection with divinity in a space of love.

Spiritual practices such as meditation, centering prayer, breathwork, and yoga can assist people in connecting with their spiritual center. In working with women, it is important to keep in mind that spiritual practices need
not be done in isolation or in an achievement-oriented manner. Women can pray together, participate in body meditation practices together, and even sit in collective mindful practice. Mindfulness practice may involve creating a quiet space, bringing one’s attention back to the breath, and observing one’s thoughts and feelings without judging or acting on them. There are many methods for mindfulness practice (see Chapter 9 for additional information), and counselors are encouraged to explore these methods for themselves and mindfully integrate them into their work with women as appropriate.

Two activities experienced or facilitated by Michele Kiely Briggs in an intergenerational women’s spirituality group include visiting sacred spots and meditative intention setting. First, women can visit a mystical place identified by the group or by an individual. On arrival, women could sit and meditate or pray in silence; share a picnic and engage in silent, mindful eating; scatter thoughts, prayers, or hopes into the wind, water, or other space; or connect to new perspectives through a change of environment. To experience meditative intention setting, women are first led through a centering experience. Women are encouraged to connect with the inner self, identify a concern in their lives for which they seek guidance, and then see what thoughts and feelings emerge without judging them or evaluating their efficacy. Out of this space of peace and trust, women are asked to write a letter to the self about the inner guidance received. For example, a woman could choose a relationship difficulty. Examples of inner guidance that have emerged from this activity include examining one’s own contribution to pain; urgings to honor the self and personal safety by releasing this person; or taking an action such as writing a letter or making contact.

**Exercises of Meaningful Connection**

Finally, exercises of meaningful connection can be shared with female clients. Relevant themes from the divine feminine include all of the described themes because each theme promotes genuine connection with self, others, or internal–external divinity.

Many applicable activities have already been covered. These activities include group story telling, sharing meaningful event narratives, sharing meaningful music or poetry, dancing, collective painting, life-sized portraits, group body movement (i.e., yoga, Nia, and tai chi), group meditation practices or prayer, and sharing inner guidance.

Women’s emphasis on relationships can be drawn on in the counseling relationship. Maintaining a sense of positive interconnectedness with a spiritual community and with friends and family members is one significant aspect of spiritual well-being (Westgate, 1996). Supporting healthy and encouraging relationships is an important aspect of connecting with the feminine divine. Counselors may assist women, as individuals and in groups, to engage in meaningful community service projects or social justice activities that are particularly purposeful for women. Exploring the connection with the divine feminine or the authentic expression of women’s spirituality is encouraged in group settings, in which women can be affirmed and accepted for the joys and struggles they bring. Groups of women might choose to experience the
collective power of the divine feminine by developing shared rituals, celebrating events together, and expressing shared experiences, beliefs, values, and goals.

Case Study

In this case study, we demonstrate

- Some of the ways in which addressing the divine feminine in counseling can enhance a client’s overall well-being;
- Some of the ways in which issues related to feminine or women’s spirituality can play out in other areas of clients’ lives; and
- Several of the themes of women’s spirituality that were discussed in this chapter and an example of how to address these themes.

Nina is a woman in her mid-40s who is presenting in counseling with complaints of feeling depressed, exhausted, and unsure of her purpose in life. She is dealing with several significant life changes. Although she reports her marriage to be stable, she is dealing with the empty nest syndrome because her second child left for college. Although Nina describes her relationship with her husband as “working,” she reports feeling a lack of true connection, especially when it comes to discussing major life concerns that she has about finding a meaningful path in her life. Nina works part time as a nurse, and she spends most of her free time caring for her mother, who was recently diagnosed with Alzheimer’s and is declining both cognitively and physically.

Nina is spending her weekends taking care of her mother and is physically and emotionally drained. She is grieving the current and impending losses related to her mother’s health. Nina explains to the counselor that her main concerns include anticipatory grief over the loss of her mother (as well as grief and depression related to her mother’s decline); exhaustion in her position as a caretaker; and current feelings of anger toward her husband and her church community, who do not seem to understand that traditional religion no longer seems to be meeting her needs. Nina was raised as a Roman Catholic, and her religion is part of her culture as well as her religious identification. Her parents were immigrants from Peru and would be shocked to learn that she is considering changing her practices.

Although the counselor needs to specifically address Nina’s grieving, her feelings of disconnection from her family and husband, and her caregiver concerns and needs, giving her the space to explore and express her spirituality is also an important part of the treatment plan. Thus, the rest of this case study focuses on the spiritual exploration aspect of the counseling relationship to keep the discussion relevant to this chapter.

Nina explains that she is exploring her own spirituality by reading books and meditating in a women’s group that meets at the hospital where she works. She is beginning her own spiritual journey and relationship with the divine feminine and is reading books by feminist authors on the topic of spirituality. In particular, she has been deeply affected by At the Root of This Longing by Carol Lee Flinders and The Dance of the Dissident Daughter by
Sue Monk Kidd. She is feeling affirmed that other women also have felt this type of anger while participating in traditional religion. Nina no longer feels that she can attend communion because women are not able to hold high positions in the church. She recently talked with her priest, who told her that because Jesus’s disciples were all male, then priests had to be male. One of Nina’s close friends, a nun, empathized with her pain and urged her to make a difference from within the church. Nina is tired of feeling like a second-class citizen at work and in church because of her gender. She is observing her mother’s struggles with a major illness and wondering what will become of her and what difference she can make in this world before she potentially suffers a similar fate.

One place in which Nina feels at peace and purposeful is in her meditation circle. Nina reports feeling alive, engaged, and empowered while meditating with her women’s group. She is feeling a deep connection to the divine and is beginning to trust the inner self that she is accessing during her meditation sessions. The women in her group do not seem to be caught up in strict gender roles, and several have invited her to practice Nia with them, a practice that celebrates the body. Nina is finally beginning to feel more connected to and authentic in her spiritual life. She is still experiencing some disapproval and confusion from some of her friends and family related to this journey, however, and is feeling angry about this apparent lack of support.

The counselor decides to address the divine feminine theme of diving below the surface with Nina. To help Nina express her anger, exhaustion, and grief in counseling sessions, the counselor provides her with a variety of artistic materials and invites her to create a visual representation of her current emotional reality. Using fabric and metallic paint, she creates an image that is large, dark, and encroaching on the left side of the paper. From underneath this piece of the image emerges a bright circular image. When asked to talk about her creation, Nina says that it is a representation of her sense that a spiritual and emotional darkness is coming but that a great light will follow. This is an example of the descent into darkness, painful emotions, and difficult realizations and the ensuing emergence as stronger, deeper, more loving, and peaceful that is often inherent to women’s connecting with the divine feminine.

During another session focused on the grief around her mother’s illness, Nina expresses that despite her exhaustion and grief, she is experiencing a deep sense of the divine feminine through her love for and caretaking of her mother.

At this point, the counselor becomes aware that it is important to recognize the presence of divinity where there is love and the relational nature of feminine spirituality. The counselor takes the time to affirm Nina’s practice of caring for herself (i.e., continue Nia, continue meditation, consider couples counseling for more authentic communication with her husband) to nurture her spirit and spiritual growth because it is often difficult for female caretakers. The counselor also asks Nina to complete a meaningful event narrative exercise so that she can explore these events and possibly make connections to the relational aspect of caring for her mother.

Closer to the end of her counseling sessions, Nina becomes more comfortable sharing her authentic spirituality with her counselor and with others in
her life. She and her husband begin couples counseling to talk more openly about their empty nest and their hopes of moving toward more authentic and meaningful expressions of themselves. Nina decides to stay connected to her church community to preserve her cultural and religious heritage; however, she is finding new ways to express her views to others in the church. At the same time, she continues meditation, practices Nia, and is incorporating feminist art into her own life. She paints new images of the divine that have emerged from her meditations and readings, which have given her a new sense of the divine. Nina has become more willing to own her spiritual narrative and feels proud of her hard-earned ability to use her voice more authentically in the counseling relationship, with her family, and in her work and extracurricular endeavors.

The spiritual interventions helped the counselor indirectly address Nina’s depression because Nina is now able to use her voice and stop apologizing for who she is and what she is feeling. In addition, in exploring the relational aspect of her spiritual journey, Nina is able to engage more authentically with her mother because she is actually facing the darkness and pain instead of running away from her wounds. Nina also realizes the importance of simply being present with her mother and enjoying the small moments of laughter and joy that emerge.

Developing this case study was a challenging endeavor because we aimed to present important themes, honor each woman’s individual journey by deeply respecting this client’s experience, and provide suggestions that were relevant to the case and generalizable by counselors to other case scenarios. We hoped to illustrate the importance of truly honoring the client’s experience and understanding the multifaceted wounding that can occur in the complicated web of women’s lives. Sorting through these issues is an intricate process, and honoring and exploring the individual spiritual journey of female clients has the potential for tremendous healing and personal and interpersonal empowerment. Nina’s story includes elements of our own experiences and captures the challenges and rewards of honestly addressing women’s spiritual lives.

Conclusion

In this chapter, we reviewed themes associated with women’s search for the divine. We provided categories of intervention ideas and explained activities consistent with the themes. Finally, we used the case study of Nina to illustrate to counselors how pertinent themes and corresponding interventions could be used with a specific client. Our hope is that counselors will be better equipped to serve their female clients who have expressed their desires to foster their unique spirituality.

Questions for Self-Reflection or Discussion

1. The quote at the beginning of this chapter asserts that there is an “undeniable connection” between the repression of the divine feminine and the repression of women. Where have you seen this connection in your own life or in the lives of others? What are some of the effects of these experiences?
2. The topic of the divine feminine remains a hot-button or polarizing issue for many. How might your own experiences, opinions, and feelings related to this topic affect your work with clients who seek to explore the divine feminine?

3. In this chapter, we discussed the various themes of women’s spirituality. Of these themes, which do you feel would be the easiest for you to facilitate in your work with clients? Which do you feel would be the most difficult? Discuss the reasons for each.

4. If you were working with Nina, what kinds of strengths would you bring into the counseling relationship and process? What would be some of the major challenges you would face in working with Nina, and how would you address each of these challenges to serve her best?

**Recommended Readings**


**References**


Where Do We Go From Here?

J. Scott Young and Craig S. Cashwell

We shall not cease from exploration,
and the end of all our exploring will be to arrive where we
started and know the place for the first time.

—T. S. Eliot

Despite the exponential increase in attention given to spirituality and religion in counseling over recent decades, the fact remains that many counselors are uncomfortable working with spiritual issues in counseling. Through our research, teaching, and professional involvement, we have come to recognize several causes for this. To help readers evaluate their own growth as counselors who want to access the spiritual and religious domains in counseling, we offer the following challenges. A thorough self-examination in each of these domains will propel readers toward greater self-reflection and honesty about their growing edges as a counselor.

Overcome the Fear of Making a Mistake

We recently conducted a research study in which a number of participants (practicing counselors) revealed that they would only talk about religion or spirituality in session if a client brought it up first. Consider this for a moment. If you were supervising a counselor, what might you think if he or she said, “I only assess for suicidal ideation if the client brings it up” or “When I work with couples, I only talk about their sexual relationship if they bring it up.” Such statements are counter to the collected clinical wisdom of the field and would raise serious concerns about the counselor’s competence. In fact, an important component of working as a counselor is to help clients access and address aspects of their lives that they may not be entirely comfortable discussing.

Just as a competent counselor should ask a depressed client about suicidal thoughts, so should a skilled counselor address spirituality and religion, at least minimally, with his or her clients. Some clients will, of course, express no interest in integrating spirituality or religion into the counseling process.
In these cases, competent practice involves not integrating spirituality, at least not overtly. Nevertheless, the fear of saying something that will harm a client or of introducing a topic that the client will find challenging is not a rationale for avoidance. Extensive anthropological evidence exists that every culture (past and present) holds a cosmological explanation of its existence, where it came from, how it fits into the world, and what happens after death. Furthermore, within the psychological literature, Carl Jung (1958/2006) provided solid arguments for the psychological reality of God that exists in the human mind regardless of belief. In fact, inscribed on Jung’s tomb are the words “Called or uncalled, God is present.” Within the frame that we have tried to set throughout this book that God is a highly inclusive term, these words, “Called or uncalled, God is present,” are a guiding light for counselors. Spirit, in whatever form (beliefs, practices, experiences) it takes for the client, is present in the room. Subsequently, the counselor’s reticence is about her or his own fear. Each of us as counselors is inherently flawed and limited in our abilities. Accepting this and working from this framework allows us to enter the subjective world of the client as a colearner rather than an insecure “expert.” Grappling with large existential issues, including religious and spiritual ones, is a psychological reality inherent in the makeup of humans. To be effective as counselors, each of us must move beyond our fear and meet in the midst of these existential issues.

Embrace the Therapeutic Relevance of Client Spiritual Perspectives

It appears that many counselors do not fully recognize how a client’s spiritual perspective relates to his or her psychological well-being (Cashwell, Young, et al., 2010). In essence, one’s spiritual worldview is a central cognitive schema through which all experiences are filtered. Therefore, what an individual believes spiritually has an impact on his or her overall psychological reality. I (Scott Young) recently observed a counseling group for inpatient treatment of addictions. When these clients were questioned about beliefs that contributed to their current problems, the following themes emerged:

- “Nobody loves me (I am unlovable).”
- “There is no God.”
- “My anger and pain are someone else’s fault.”
- “I need to distract myself from my emotional pain.”
- “How could a loving God allow addiction?”
- “I can do this (recovery) on my own?”
- “No one gets me.”

Although the question was not explicitly framed around religious–spiritual beliefs, these themes clearly suggest a spiritual struggle. To avoid these beliefs and the spiritual discord they imply would be to overlook a central component of recovery. In fact, a challenge made to this group of addicts suggesting they were each, in their own way, grappling with the first three of
the 12 steps (e.g., surrender to something greater than themselves) brought a collective recognition among the members that they were indeed in need of “something greater.”

In the research project mentioned earlier, practicing counselors indicated that they were highly unlikely to challenge clients’ cognitive distortions or psychologically unhealthy beliefs around religion and spirituality. Our clinical experience tells us this reluctance is probably borne of fear of imposing values while not recognizing how problematic distorted spiritual beliefs can be. Consider, however, that challenging toxic cognitions is a foundational act of the counseling process. If a client holds a transparent belief (i.e., a belief of which she or he is not consciously aware) that she or he has been, is being, and will continue to be punished for past actions, this belief will become an organizing framework for her or his life experiences. Without challenging this belief system, the therapeutic process likely is doomed.

What matters, then, is not whether clients’ spiritual belief systems are relevant, but how one should go about working with them. Counselors may be hesitant to explore irrational beliefs around religious–spiritual issues (e.g., God expects perfection, I cannot be forgiven, my behavior makes me unacceptable to God, God has abandoned me) because they imagine the only way to do so is to directly challenge these cognitive structures, resulting in an imposition of counselor beliefs and values. Obviously, the rationalist approach (“I’m right, you’re wrong”) to religious–spiritual issues is unethical and clearly out of sync with the spiritual competencies. It is quite possible, however, to gently perturb client beliefs through a constructivist framework by helping the client explore the origin of these beliefs and review spiritual texts for cognitive counters (e.g., text stressing grace, forgiveness, and freedom) and to support the client in creating the space for grace when such beliefs are released and replaced with more psychologically adaptive ones. For example, for a client to come to the insight that his or her suffering can bring meaning or purpose to life is a far different frame than the view of suffering as punishment; the first brings hope, the latter despair.

For the counselor, the work is to develop the confidence in interventions aimed directly at the client’s spiritual issue. Generally, this involves recognizing that out-of-balance spiritual–religious thinking is similar to any other pattern of faulty cognitions. Helping a client identify, examine, and counter these distortions from within his or her frame of reference is the therapeutic goal. In addition, making meaning of the reframe is an important dimension of the work. An example of this may be helpful.

Jerrod, a 24-year-old man, sought out counseling to address his depressive symptoms. He was highly intelligent, easily making his way through a graduate program in computer science while finding the work to be only minimally challenging. In fact, he often felt guilty that he did not have to apply himself more to his studies to maintain his high GPA. Interpersonally, he viewed most people in the world as selfish and quick to take advantage of one another. This belief made him resentful and distrustful; subsequently, he was isolated and unable to establish meaningful relationships with male friends or with women, which he very much wanted to do. Interestingly, he
also considered himself a Christian and viewed his faith as a cornerstone of his ethical and moral decision-making framework, even though he believed that most people were sorely lacking in anything close to the minimal Christian standards of compassion and charity. A Minnesota Multiphasic Personality Inventory assessment (Butcher et al., 2001) revealed that Jarrod was indeed significantly depressed, was himself manipulative of others, and possessed tendencies toward paranoia and unusual thinking patterns, although he was not schizophrenic.

After referring Jarrod for a medication evaluation to secure a prescription for an antidepressant and after establishing an effective working alliance, his counselor began to systematically explore how his personal spiritual beliefs and practices aligned with his somewhat negative and distrustful appraisal of his fellow humankind. Over time, this exploration led him to directly confront the contradiction between what he purported to believe as a Christian and how he lived his life, in terms of both his mental habits and his interpersonal ones. Jarrod determined that if he indeed was to live in a manner consistent with his faith, he must adjust his distorted thinking about other people, no small feat given his long-term investment in a suspicious worldview. Nevertheless, in time he was able to recognize when he was thinking in a manner that was overly suspicious, dismissive, or critical of others and to methodically replace this perspective with a more compassionate, loving, and open perspective.

The approach used in counseling was similar to what Kelly (1995) described as spiritual cognitive–behavioral therapy. Given Jarrod’s naturally rationalistic temperament, this approach was a good fit and relatively easy for him to grasp. It is important to note that the intervention strategy was consistent with the client’s strengths (rationality), his faith (Christian perspective), and his goals (relief from depression). Counseling ended with the client’s depression much abated, with his having more friendships, and with him dating and having a more open attitude toward what his life brought. Perhaps most important, Jarrod possessed a renewed sense of himself as a Christian whose interpersonal interactions were more in line with what he believed as a person of faith.

Achieve Proficiency With Effective Intervention Strategies

Although likeminded practitioners increasingly understand that spiritually based interventions are therapeutically beneficial, it appears that the broader collection of mental health practitioners are unaware of the variety of interventions for addressing spiritual and religious issues. Clients exist on a continuum ranging from those who disavow the sacred in their life to those who are hyperfocused on spirituality or religiosity. The former group tends to deemphasize their spiritual life, and the latter group tends to deemphasize their psychological issues. Many people, of course, strike a good balance between the two. Consistent with this, interventions must be adjusted to fit client needs. The schema outlined in Figure 14.1 frames such interventions as existing along a continuum ranging from those aimed at enhancing clients’ attention to their spiritual life (e.g., meditation, relaxation and focusing, dream
Where Do We Go From Here?

work) to interventions aimed at deemphasizing the focus on spirituality (e.g., grounding, greater involvement in daily activities, slowing down altered states of consciousness; cf. Chandler, Holden, & Kolander, 1992). The premise here is that people develop optimally when they are attending to both the psychological and the spiritual aspects of life. Accordingly, interventions are aimed at bringing balance between the psychological and the spiritual.

When working with a client who needs a more heightened focus on spiritual dimensions (i.e., one who is spiritually disconnected) and who expresses an interest in spirituality or a longing for a connection to something beyond the self, the extant literature has described a number of techniques, including

- Prayer (Frame, 2003; McCullough & Larson, 1999; Tan, 1996)
- Teaching spiritual concepts (Eck, 2002; Fukuyama & Sevig, 1999)
- Forgiveness (Enright, 2001; Luskin, 2003; Worthington, 2005)
- Referencing sacred writings (Keutzer, 1984)
- Meditation (Schure, Christopher, & Christopher, 2008; Simpkins & Simpkins, 2009)
- Spiritual self-disclosure (Denney, Aten, & Gingrich, 2008)
- Encouraging altruism and service (Midlarsky & Kahana, 2007)
- Spiritual confrontation (Eigen, 2001)
- Spiritual assessment (Pargament & Krumrei, 2009)
- Spiritual history taking (Leach, Aten, Wade, & Hernandez, 2009)
- Spiritual relaxation and imagery (Maher, 2006)
- Clarifying spiritual values (Mutter & Neves, 2010)
- Use of spiritual communities and programs (Hodges, 2002)
- Spiritual journaling (Vaughn & Swanson, 2006)
- Experiential focusing (Gendlin, 1998; Hinterkopf, 1998)
- Encouraging solitude or silence (Elsass, 2008)
- Use of spiritual language and metaphors (Walker, 2010)
- Exploring spiritual elements of dreams (Bulkeley, 2009)
- Spiritual genogram (Frame, 2001).

Similarly, two bodies of literature are vital for counselors working with clients at the extreme opposite side of the continuum. As discussed in Chapter 8, some clients may present in a spiritual emergency. Such experiences occur when a person has nonordinary experiences that he or she is unable to integrate (Grof & Grof, 1989). The resulting symptoms and experiences may

![Figure 14.1 Selecting Interventions for Spiritual Development](image-url)
well be perceived as pathological by the person or by a counselor ignorant of spiritual emergencies. For example, a counselor may misdiagnose a dark night of the soul as depression, a kundalini awakening or crisis of psychic opening as anxiety, or many spiritual experiences (e.g., episodes of unitive consciousness or past life experiences) as delusional. The obvious starting place, then, is the capacity to make these distinctions in the assessment process. If the counselor is unable to do so, he or she is ethically mandated to consult with other clinicians more knowledgeable about spiritual emergency. Once the client’s struggles are determined to be a spiritual emergency, a more integrative approach such as psychosynthesis (Assagioli, 1971) is warranted to help the client ground his or her spiritual experiences. Such an approach supports a client in integrating imagery, emotions, and cognitions that may be overwhelming.

Alternatively, an imbalanced hyperfocus on spirituality may be indicative of spiritual bypass (Cashwell, Glosoff, & Hammonds, 2010). Common indicators of spiritual bypass include:

- Social isolation,
- Emotional repression,
- Spiritual narcissism,
- Spiritual obsession or addiction,
- Blind faith in charismatic spiritual leaders,
- Spiritual materialism, and
- Abdication of personal responsibility or external locus of control (Cashwell, Myers, & Shurts, 2004).

Such clients express a preoccupation or hyperfocus on spirituality and will often present in initial counseling sessions as seeking a spiritually oriented practitioner. By definition, though, spiritual bypass involves an avoidance of some aspect of the self (e.g., insecurity, insecure attachment, strong undesirable emotions). Focusing solely on spirituality with such a client serves to reinforce the avoidance and may, in the long run, cause harm. At the same time, spiritual bypass is an unconscious process that has likely helped the client through a difficult time. As such, clients in bypass are typically not initially ready to explore the psychological issues that they have historically avoided. To this end, motivational interviewing techniques (Miller & Rollnick, 2002) may be helpful. By expressing empathy, developing discrepancies in the client’s narrative, rolling with resistance, and supporting self-efficacy, counselors can help clients develop a more intrinsic motivation to face that which has been avoided.

Make Use of the Client’s Natural Spiritual Tendencies

In the classic work *The Religions of Man*, Huston Smith (1989) described four paths to the divine developed millennia ago within the Hindu tradition. These four paths help seekers identify their unique temperament and the best
means for pursuing a transcendent connection. According to Smith, people naturally fall into one of four basic types: reflective, emotional, active, or empirical–experiential. Because people are temperamentally unique, the way they will seek out a connection to God is similarly distinctive. Subsequently, Hindus allow for this uniqueness by encouraging adherents to pursue the path that is natural to them. The paths are

1. **Adoration (Bhakti yoga):** For people oriented to emotions, adoration involves fully directing one’s love to the divine and may involve the commitment to a spiritual teacher or guru.

2. **Service or work (Karma yoga):** For people more oriented to action, this path to God is through doing for others. Such was the path of devotion, for example, of Mother Teresa.

3. **Intellect (Jnana yoga):** For the intellectual type, this path involves hearing, thinking, and study so that one grows in one’s identification with God.

4. **Body (Raja yoga):** For the scientific type, this path to God is through experimentation, including practices such as yoga, breathing, meditation, and other concentration activities.

Counselors can help the spiritually curious client by discussing these types and exploring the client’s primary type with him or her, which can focus the discussion around spiritual or religious groups, practices, and readings that might best support the client’s development.

### Move Personal Prejudice Out of the Way

For many clients, spirituality and religion can effortlessly become an overt part of the counseling process. Typically, this occurs as a result of an invitation, of gently letting the client know that her or his spiritual–religious life is important, valued by the counselor, and important grist for the therapeutic process. A doctoral student recently commented that when she first began counseling as a master’s-level intern, it seemed that none of her clients had spiritually salient presenting issues. Now, she added, they all do. She said this with a large smile that acknowledged that the clients had not changed, but that she had. The integration of spirituality and religion into counseling does not begin with the client. It begins with the counselor.

Why, then, do some counselors resist integrating spirituality and religion into counseling? Their personal history with religion or spirituality has led some practitioners to dismiss the psychospiritual as unimportant to the therapeutic process. We would remind such counselors that the therapeutic process is not about the counselor but about the client. If spirituality and religion are important aspects of a client’s culture and sense of well-being, the counselor is not practicing competently if he or she summarily dismisses this part of the client’s life. A wealth of information is simply being missed. Perhaps this client has religious beliefs that perpetuate the presenting problem. Perhaps the client has a remarkable support network within a religious community...
that could be vital to him or her. Much is lost when the counselor summarily dismisses religion and spirituality.

As mentioned earlier, many counselors appear to avoid broaching religion and spirituality in the counseling process out of either a fear of imposing values on the client or a fear of being incompetent to work within the spiritual-religious domain. We hope this text makes it clear that a thorough assessment and an open-minded approach make it quite possible to explore clients’ spiritual and religious life without imposing values. Similarly, resistance to using beliefs far different than one’s own dims when one recognizes that the therapeutic process is coconstructed and that the counselor need not be an expert on all possible belief systems, practices, and topics that could arise when spirituality and religion are integrated, nor does the counselor have to personally embrace them.

Shift the Work Beyond Your Ego

As a result of reading this work, we hope you recognize that integrating spirituality and religion into counseling is a ongoing commitment. Because of the importance of counselor self-awareness, being a spiritually sensitive counselor begins before the client steps through your door, as you engage in processes of self-learning and self-discovery. Then, from the early stages of a first session, the spiritually sensitive counselor begins to listen for the spiritual themes in the client’s narrative. In the early stages of counseling, while you are trying to more fully understand the client’s spirituality and religiosity, this can be assessed more covertly, by asking questions about what brings meaning into the client’s life and on what or whom the client relies during difficult times. When client disclosures indicate a more direct commitment to religion or spirituality, this assessment can become more explicit. From there, developing interventions that are consonant with the client’s beliefs and that address major spiritual issues and themes becomes natural.

Moving Forward

Where do you go from here? The competencies discussed in this book are general guidelines consisting of six factors (worldview, self-awareness, human and spiritual development, communication, assessment, diagnosis and treatment) and 14 competencies. How the competencies will apply to a particular client depends on your conceptual skills as a counselor. Therefore, the competencies are a starting point rather than a set of rules. The competencies are not intended to communicate that you do not know enough to do this work; rather, the competencies provide a template for your development as a counselor who integrates spirituality and religion into your practice.

Reflect for a moment on your first client and the feeling that you did not know enough to help her or him. Neither you nor the client was hopelessly damaged because of your inexperience. The same is true of spirituality and religion in counseling. Your work will be sufficient if you are sincere in your seeking, are open to learning, and obtain supervision. As with all healing work,
intention is vital. You do not need to know everything about religion and spirituality to connect with a client around her or his religious or spiritual life. What you do need, what is absolutely required, is clarity about your purpose for doing this work and an awareness of when you are working beyond your competence. When counselors are not clear about their purpose, they often work in ways that are self-serving, blur the boundaries between counselor and clergy, and may ultimately do more harm than good. Remember, we do not fix our clients. Rather, through the counseling process, a healing space is created that exceeds either person’s ability alone. The power of intentionally including spiritual healing energy in the counseling process cannot be discounted. Working our own path and entering each counseling relationship with the intention of being a healer is enough.

Spirituality is not only understood through traditional ways of knowing (e.g., reading, remembering, recalling). Instead, spirituality is by design a movement into the unknown and mysterious. An anonymous mystic of the 14th century referred to spiritual development as necessarily moving beyond the constraints of rigidly held beliefs and dogma and passing through a cloud of unknowing. Such, too, is the mystery of developing as a counselor who integrates spirituality and religion into the counseling process. As Huston Smith (1996) wrote,

Problems have solutions, but mysteries don’t, because the more we understand a mystery, the more we realize how much more there is to it than we had realized at the start. The larger the island of knowledge, the longer the shoreline of wonder. (p. 4)

The counseling profession is at an interesting stage regarding the integration of spirituality and religion into the counseling process. The importance of this domain within the counseling process is clearly recognized, yet a substantial need remains for more writing on and training in methods for doing this competently. Collectively, counselors seem to have recognized the need for shelter, but they are still building the house. Our hope is that this text adds a few more bricks to the foundation of the house. Moving forward, much more empirical work is needed. Investigations of the impact of spiritually oriented interventions on counseling outcomes and methods for effective training to work with these issues are needed. At the same time, a balance is needed between scientific inquiry and accepting that faith rests in a cloud of unknowing that will never be fully understood. It is this balance of science and faith that will enable counseling professionals to more competently and ethically promote spirituality and counseling as an integral part of the counseling process.

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