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# Spirituality and Therapeutic Counseling

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SPIRITUALITY AND THERAPEUTIC COUNSELING

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## SPIRITUALITY AND THERAPEUTIC COUNSELING

### ABSTRACT

This study addressed the integration of spirituality and psychotherapy, and the saliency of spirituality among racial and ethnic minorities. The study is based on the premise that spirituality is more salient among racial and ethnic minorities (African Americans, Hispanic Americans, Asian Americans), than non-minorities (Caucasians). It further examines the notion that prospective clients (undergraduate students) are more likely to prefer a spiritually oriented counselor than prospective counselors/trainees (graduate psychology major students). Finally, the study explores the possibility that reported levels of spirituality will differ significantly between prospective clients and prospective counselor trainees. The study consisted of 169 college participants, 32% male and 68% female, ranging in age from 17 years to 54 years old. Thirty-nine percent of respondents were Caucasian, 20% Hispanic/Latino, 24% African American, 4% Asian, and 11% Other. The sample was further divided into two groups: prospective clients ( $n = 85$ , undergraduates) and counselor trainees ( $n = 84$ , graduates majoring in the mental health field). The Index of Core Spiritual Experience (INSPIRIT; Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991) and the Counselor Description Questionnaire (CDQ; Belaire & Young, 2000) were the instruments used to measure responses from the participants. A one-way analysis of variance (ANOVA), chi square tests of independence and goodness of fit, and  $t$  tests were conducted to analyze results. The results found that minorities scored significantly higher on the INSPIRIT scale than non-minorities, more

Caucasians selected a non-spiritually oriented counselor than racial/ethnic minorities, and there was no significant difference between prospective clients and prospective counselors counselor preference. The research concludes with a discussion and implications of the findings.

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## CHAPTER I

### Introduction

Traditionally, spirituality has been largely excluded from mental health counseling relationship and training programs (Miller, 1999). However, due to a resurgence of interest in spiritual fulfillment among clients, mental health professionals are being asked to acknowledge spiritual issues in counseling (Burke & Miranti, 1995). Within the context of this study, spirituality is defined as the transcendent relationship between the person and a higher power, a feeling of unity with the earth and all living beings, including the notion of a universal life force or divine presence, a quality that goes beyond a specific religious affiliation. In sum, the quality of spirituality goes beyond a specific religious affiliation. Some literature and recent studies indicate that many prospective clients are interested in addressing spirituality/spiritual issues within the counseling relationship (Cashwell, 2001; Constantine, 1999; Ellison, 1993; Kelly, 1994, 1995).

According to Benjamin and Looby (1998) all human beings inherently share spirituality, but it may be more salient among people of minority racial and ethnic backgrounds and require additional attention in the counseling process with individuals from those populations.



## Spirituality and Counseling Ethnic Groups

Worthington, Kuru, McCullough, and Sandage (1996) note that although the concept of spiritual issues and counseling has increased, racial and ethnic minorities view counselors as largely unwilling to explore spiritual issues and the potential therapeutic impact is often ignored or misunderstood. In the interest of psychological health and cultural sensitivity, mental health providers are being challenged to address spiritual issues that are salient in the lives of prospective clients. Constantine (1999) commented that spiritual issues are often embedded within the problems that drive racial and ethnic minority clients to counseling, and it is crucial that counselors are adequately prepared to explore such issues when warranted. The literature suggests that because of mistrust attitudes held by many racial and ethnic minorities toward professional psychological services (Biafora, Taylor, & Warheit, 1993; Constantine, 2002; Nickerson, Helms, & Terrell, 1994), it may be particularly important that counselors be competent in addressing racial and ethnic minorities' mental health issues in a culturally sensitive and relevant manner. For example, recent literature documents the fact that Hispanics and African Americans are underrepresented in counseling services (Constantine, 2002; Stone & Archer, 1990; Sue & Sue, 2000). Further, evidence has been found that when racial and ethnic minorities do enter into counseling, they are less likely to return for subsequent counseling sessions than are European Americans. Constantine (2002) refers to a study consisting of one hundred and twelve racial and ethnic minority college students who sought and terminated mental health treatment at their campus counseling center. Results from the study indicated students' perception of their counselors' general and multicultural competence each accounted for significant variance in their satisfaction

with counseling. It was further noted that racial and ethnic minority clients' ratings of their counselors' multicultural counseling competence partially mediated the relationship between general counseling competence ratings and satisfaction with counseling.

Cashwell's (2001) study examined the client's level of spirituality as a potential moderator of the effectiveness of including spirituality in the counseling process. Results indicated that clients who reported higher levels of spirituality rated the counselor as more trustworthy and experienced. Cashwell's (2001) sample consisted of European-American ( $n = 173$ , 76%), African American ( $n = 37$ , 16%), Native American ( $n = 6$ , 3%), Asian American ( $n = 5$ , 2%), Hispanic American ( $n = 1$ , less than 1%), and Other ( $n = 2$ , 1%).

#### Spiritual Issues in Training/Education

Despite well meaning efforts of counseling professionals, and the official recognition of the "Religious or Spiritual Problem" in the *Diagnostic and Statistical Manual-Fourth Edition* (Code V62.89; American Psychiatric Association, 1994), more often than not spiritual issues are ignored in practice, and in most training programs (Lukoff, 1998; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990). To document this issue, Kelly (1994) conducted a survey of counselor education programs in the United States. Kelly's sample consisted of the same 525 program chairs of counselor education programs discussed in an article by Hollis and Wantz in 1990; it was regarding master's and doctoral programs in counselor preparation in the United States and its territories. In this study, religious and spiritual issues occurred as a course component or significant non-course component in fewer than 25% of the programs surveyed. There

are several factors that may affect the inclusion or exclusion of spiritual issues in the curriculum. Kelly indicated that one assumption may be that spirituality is given explicit attention only in religiously affiliated institutions, whereas it may receive only slight attention in state institutions, which are major training sites for counselors. Studies indicating the possible effects of counselor-therapist spiritual/religious values in counseling (Beutler & Bergan, 1991) suggest a tentative but reasonable assumption that counselor educators' opinions about spirituality and religion will influence counselor education curriculum. Since program chairs exert influence over curricula, their opinions may also be an influence concerning the significance and impact of spirituality and religion in their respective counselor education programs.

This pattern was further evidenced in a survey conducted by Lannert (1991) at the Association of Psychology Internship Centers. Participants reported that little or nothing was being done at their internship sites to address spiritual issues. Results indicated that 83% of training directors reported that discussions of spiritual and religious issues in training occurred rarely or never. One hundred percent indicated no education or training in spiritual or religious issues during their formal internship and that most of the training directors did not review professional literature pertaining to religious and spiritual issues in treatment.

A national study of APA member psychologists found that 85% reported rarely or never having discussions focused on spiritual and religious issues during training (Shafranske & Malony, 1990). In another study, Shafranske (1990) examined 197 female and 299 male clinical psychologists' views regarding spirituality, use of interventions in psychotherapy, and training regarding spiritual issues. Participants

ranged in age from 29 to 88 years, but the ethnic identity of the participants were not described. Results indicated that religious and spiritual orientation affects clinical psychologists' attitudes as well as their therapeutic interventions, which may impact the therapeutic process and outcome of therapy.

Miller (1999) concluded that training programs have a responsibility to better address attitudes toward spirituality and religion, and to emphasize the importance of spirituality in counseling. Undoubtedly, there still remain counselors who tend to ignore such issues even when discussion is initiated by their clients; there are still numerous training programs that fail to include spirituality and religious issues in academic curricula (Richardson & June, 1997).

#### Spirituality and Client-Counselor Relationship/Process

An essential part of the counseling process is the relationship between counselor and client; many observers have described this relationship as central to therapy (e.g., Bordin, 1968; Gelso & Carter, 1985; Kelly, 1995). The relational component of counseling is primarily comprised of affective and attitudinal factors that bond the counselor and client in a therapeutic relationship and represent an important portion of the overall therapeutic alliance (Bachelor, 1995, Gaston, 1990, Gelso & Carter, 1985, 1994; Horvath & Greenberg, 1989; Rogers, 1986). Notable research has evidenced that the therapeutic relationship contributes significantly and substantially to positive outcomes (Horvath & Symonds, 1991; Marziali & Alexander, 1991). Literature further indicates that a counselor's ability to assess spiritual issues and incorporate spirituality into the counseling relationship is a significant component of the therapeutic process

(Bullis, 1996; Fukuyama & Sevig, 1999; Richards & Bergin, 1997). Fukuyama and Sevig (1999) noted that the impact of one being on another is meaningful and powerful. The therapeutic relationship can open doors and further develop by tapping into the spiritual dimension of life. Parish and Demer (2003) indicated that clients who expressed a close relationship with their therapist developed a stronger working alliance, experienced greater frequency and duration of therapy, and felt a greater sense of security.

In addition, Watts (2001) found that approximately 95% of Americans say they believe in a higher being, and for many spirituality and religion are important sources of strength and coping resources, and central to meaning in their lives and identity. Watts remarks that many populations are not understood without appreciating the history and spiritual practices of their community. The following sections address several reasons for therapists to develop competence in relating to spiritual issues in clinical practice.

#### Statement of the Problem

In general, today's counselors are being challenged to be more culturally competent in an effort to avoid culturally oppressive counseling practices (Chin, De La Cancela, & Jenkins, 1993; Montague, 1996; Sue & Sue, 1990), and the multicultural, competent counselor is aware of spirituality as an important component of self-identity. Spirituality connotes the possession of a force that divinely mediates, informs, and transforms human beings' capacity to create, center, adapt, and transcend the realities of human existence (Fukuyama & Sevig, 1999). In general, spirituality has been viewed as

an inner journey toward a relationship with a transcendent being (Frame & Williams, 1996).

In addition, despite the burgeoning interest in spirituality and therapeutic counseling among mental health professionals, a considerable number of racial and ethnic minorities view counselors as reluctant to explore spiritual or religious issues (Constantine, 1999). A significant factor to consider may be that despite the fact that spiritual and religious issues have been formally recognized by the helping professions in recent years (Bullis, 1996; Canda, 1998; Kelly, 1995; Richards & Bergin, 1997; Shafranske, 1996), most training programs continue to fail in their lack of response to spiritual issues in clinical training (Bergin & Jensen, 1990; Fukuyama & Sevig, 1999; Kelly, 1994, 1995; Miller, 1999; Shafranske & Malony, 1990). It is likely that clinicians' failure to address spirituality in psychotherapy may be a reflection of the lack of emphasis placed on it in training programs. Specifically, this lack may deprive clients of potential benefits in therapy.

Furthermore, on a spiritual level, Kelly (1995) notes that spirituality can inform and make the counseling relationship more meaningful for client and counselor. When the counselors ignore the client's spiritual or religious concerns with an unspoken assumption that it is irrelevant, their lack of attention to these concerns may jeopardize the formation of an effective therapeutic relationship and close the door to potentially pertinent intervention techniques (Burke & Hackney, 1999).

Considering the importance of religious and spiritual issues in the lives of many people of minority racial and ethnic backgrounds (e.g., Hispanic/Latino, Native American, African American, and Asian Americans), it is understandable that some racial

and ethnic minority clients may not trust traditional mental health systems and interventions (Constantine, 1999). Fukuyama and Sevig (1999) acknowledge several factors pertaining to spirituality and ethnic practice. For example, traditionally the role of the African American church is viewed as an important element of the community, social justice, and family life of American Blacks; moreover, many Hispanic Americans exercise spiritual rituals to address healing (physical/psychological problems), and Asian Americans report practicing exorcism for spirit possession, or soul loss. Although spirituality may play a more primary role in the lives of ethnic minority clients, Helminiak (1987) believed that "all human beings have the innate capacity to experience the spiritual dimension" (p. 4), and therefore, spiritual issues may persist for a majority of clients in psychotherapy.

#### Significance of the Study

The increasing racial and ethnic diversity of the United States mandates that mental health services be more appropriate for clients who seek counseling (Matthews & Hughes, 2001; Sue & Sue, 1999). Ethnic minorities have historically increased in the United States and have grown to be a significant segment of the population that continues to be inadequately served by the mental health system (Center for Mental Health Services, 1998; Myers, Echemendia, & Trimble, 1991). According to the United States Bureau of Census (2001), ethnic minorities represent 28.6% of the population, and a growing number of counselors and therapists are now confronted with working with persons who are culturally different from themselves. For example, the United States Bureau of the Census revealed that Latino(a) Americans are the fastest-growing

racial/ethnic group in the United States. During a ten year period the total United States population grew at a rate of 13.2%, whereas the Latinos(as) population grew at the phenomenal rate of fifty-eight percent. It is suspected that by the year 2050, it is quite possible that Latina/o Americans will number 98.2 million. According to the estimates from the Bureau of Census, this population will rise from 13% to 25% by the year 2050.

The present study focuses on the need to provide effective counseling to members of marginalized and under-served groups. Historically, marginalized and under-served groups have included four ethnic and racial minorities: African Americans/Blacks, American Indians, Asians, and Latinos(as). Many mental health professionals have begun to recognize the tendency among ethnic minorities to resist receiving psychotherapy or resort to premature termination (Arredondo, 2002). Sue (1981) reported the following, "ethnic minorities who seek counseling are frequently confronted with negative stereotypes, cultural assumptions, ineffective, antagonistic, and inappropriate counseling approaches to the values they subscribe to" (p. 27). More explicitly, some of the reasons why racial and ethnic minorities have been underserved by the mental health system include, but are not limited to the following: communication problems related to cultural nuances, language differences, factors related to lack of child care, time conflicts, transportation (inaccessibility of appropriate mental health services), and misdiagnosis of presenting problems (Bui & Takeuchi, 1992; Hoernicke, Kallam, & Tablada, 1994; Hough, Landsverk, Karno, & Burnam, 1987). Today many mental health professionals are beginning to recognize the fact that in the past a number of practitioners acquired the tendency to treat "mental disorders" rather than appreciate that practices must account for



how these disorders are situated within a broader cultural and ecological context (Sue, Bingham, Porche-Burke, & Vasquez, 1999).

Hines and Boyd-Franklin (1982) discussed the role that religion and spirituality plays in many African American families. In addition, the authors acknowledge that spiritual orientation may not only be salient among Black people of Africa, but also many other ethnic minorities. Indigenous people of ancient societies, Asians, Latinos(as), and in particular, people of African descent, have long since turned to some form of spiritual omen (often referred to as the shaman) to get advice and powers. They were chosen on the basis of their knowledge, spiritual gifts, sensibility, relationship to other shamans, or some uniqueness of strangeness about them (Maybury-Lewis, 1992). Shamans were also called medicine men, curanderos, and/or vegetalistas. The word "shaman" is derived from the Siberian Tungusic word for person in a tribe of indigenous people who used a type of magic to heal, foresee future events, and communicate with spirits, plants, animals, and other worlds. They either received a "calling" to their role, or were chosen by others who recognized their spiritual abilities.

African-based psychotherapy modalities have existed for centuries, long before the custom of psychotherapeutic medicine became known among the ancient Euro-American psychotherapeutic and medical communities (Oshodi, 1996). Ancient and contemporary Afrocentric worldview is grounded in principles concerning spirituality and holistic well being. An explosion of professional and popular literature, including music on spirituality is indicative of the resurgence of interest in this topic (Richards & Bergin, 1997).

More recently, psychological organizations and professionals are finding that spirituality can lead towards understanding of the meaning in life, even when life experiences result in suffering and degradation. The American Counseling Association (ACA) has committed to the recognition of a diversity of client values that includes spirituality (Miller, 1999) proposed that the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) incorporate spiritual and religious issues into their core curriculum areas to educate counselors. This study will provide additional data that may support the addition of spiritual issues to graduate training programs in psychology.

#### Definition of Terms

1. *Spirituality*: The terms religiosity and religion are often confused with spirituality. Spirituality is not associated with a particular religion per se. Religion has been defined as institutional expressions of spirituality (Grimm, 1994). Several contemporary psychologists view spirituality as a broader construct than religion, religiosity, and religiousness, which is more frequently associated with “institutional religion” (Fukuyama & Sevig, 1999). Spirituality is used interchangeably throughout the context of this study with religious beliefs and religious experiences. Spirituality is operationally defined as “spiritual experiences, spiritual beliefs, and spiritual practices” (Kass, 2002). For the purpose of this study, the level of spirituality is defined as the overall score on the Index of Core Spiritual Experience (INSPIRIT; Kass, Friedman, Leserman, Zuttermeister, & Benson), which measures the level of spiritual experiences, spiritual beliefs, and spiritual practices.

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) refers to spirituality as the following:

The animating force in life, represented by such images as breath, wind, vigor, and courage. Spirituality is infusion and drawing out of spirit in one's life. It is experienced as an active and passive process. It is an innate capacity and tendency to move towards knowledge, love, meaning, hope, transcendence, connectedness, and compassion. It includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses the religious, spiritual, and transpersonal. (ASERVIC, 1995, p. 1)

This definition of spirituality is mindful of an individual's spiritual and psychological growth. Much in line with ASERVIC, Shafranske and Gorsuch's (1984) definition for spirituality includes courage to look inside one's self, and the ability to trust and be open to infinite or unlimited possibilities. In a study by ASERVIC, it was noted that definitions of spirituality varied among professional counselors at a national convention (Forester-Miller, Keel, & Mackie, 1998) and inevitably settled on the following phrases:

Remembrance, connection to self and others and universe, relationship to a higher source, food for the journey, yearning, space in between the matter, purpose of existence, "here I am" presence, creative force, transformation, expansion, essence, peace, love, joy, poetic, inexpressible, sacred in ordinary and extraordinary, felt experience of wholeness, oneness, and grace. (p. 10)

This definition also represents the term transcendence (Fukuyma & Sevig, 1999).

2. *Spiritual Orientation:* Recent literature indicates the spiritually-oriented counselor is revered as one who is prepared to assess the therapeutic relevance of clients' spiritual and religious issues, just as they would any issue of interest to their clients (Kelly, 1995). Within the context of this study, *spiritually-oriented counselor* is operationally defined by counselor description number two which includes "encouraging spiritual exploration," on the Counselor Description Questionnaire (CDQ; Belaire & Young, 2000).

3. *Spiritual Issues:* Within the context of this study, spiritual issues are defined by the seven variables of the INSPIRIT scale (Kass et al., 1996). Variables of the INSPIRIT scale include: (a) spiritual-orientation, (b) spiritual practices, (c) spiritual force, (d) spiritual faith, (e) spiritual existence [the existence of a spiritual world], (f) spiritual power, and (g) spiritual experience.

4. *Counselor Selection:* For the purpose of this study, counselor selection is defined as a reported preference for either a non-spiritually oriented counselor (counselor description 1) or a spiritually oriented counselor (counselor description 2) on the CDQ (Belaire & Young, 2000).

5. *Spirituality and Client-Counselor Relationship/Process:* Throughout the context of this study, counseling relationship and process is referred to interchangeably. It is presumed that the counseling relationship would not exist without presenting within the counseling process. The counseling process is operationally defined as interactions between counselor and client that indicate the progression of the counseling relationship (Strupp & Binder, 1984).

### Purpose of the Study

The purpose of this study is to contribute to existing research that supports the value of spirituality in therapeutic counseling, and advocates a greater focus on spirituality/spiritual issues in counselor training (Fukuyama & Sevig, 1999; Kelly, 1994). The study will examine levels of spirituality between minority (African Americans, Latinos(as) or Hispanic Americans, and Asian Americans) and Caucasian groups, preference for a spiritually oriented counselor between minority and Caucasian groups, and levels of spirituality between prospective clients (undergraduates) and prospective counselors (students).

### Research Questions

This study will answer the following questions: (a) How salient is spirituality across African American, Hispanic American, and Asian American groups; (b) Does an individual's ethnic identity relate to his or her preference for spiritually-orientated counselors; and (c) Is there a significant difference in spiritual levels across ethnic groups between prospective clients and counselor trainees?

### Hypotheses

Based on research indicating the historical significance of spirituality in the everyday lives of many ethnic minorities (Ellison, 1993; Fukuyama & Sevig, 1999), a need for counselors' competence in addressing spiritual issues (Chin, De La Cancela & Jenkins, 1993; Montague, 1996; Sue & Sue, 1990), and prospective clients' tendency to be more attuned to spiritual issues than prospective counselors/trainees (Lannert, 1991;

Shafranske & Mahony, 1990), it is expected that this study will demonstrate the following:

1. Racial and ethnic minority participants will report higher levels of spirituality than will Caucasian participants;
2. Racial and ethnic minority participants will report stronger preference for a counselor who is spiritually orientated than will Caucasian participants; and
3. Reported levels of spirituality will differ significantly between prospective clients and prospective counselor trainees.

#### Delimitations

Several factors limit the generalization of the findings from this study beyond the study sample. Primarily, self-report instruments are vulnerable to inaccuracies because of the participants' possible desire to portray themselves in a positive light. In addition, this study was limited to a sample consisting of college participants from middle to upper middle class socioeconomic backgrounds, a factor that may influence values and lifestyles in comparison to other socioeconomic groups who fall at either end of the spectrum. Furthermore, different demographic variables may be considered in a follow up study, including various socio-economic groups, religious denominations, and ethnic minority groups not examined in this study (i.e., American Indians, East Indians, and Muslims).

## CHAPTER II

### Review of Literature

Today, some mental health professionals have begun to acknowledge and address the importance of spirituality in the lives of many racial and ethnic minority clients (e.g., Bergin, 1985; Boyd-Franklin, 1989; Constantine, 1999; Frame & Williams, 1996; Fukuyama & Sevig, 1999; Kelly, 1994; Miller, 1999; Sue & Sue, 1995; Weinrach & Thomas, 1996). The distinctiveness and uniqueness of United States minority cultures have been highlighted in several empirical studies and the special counseling needs of racial and ethnic minority clients have been noted (Atkinson & Lowe, 1983). Central to the African American worldview is a profound sense of communalism, a collective identity that manifests in strong kinship ties that often reach beyond one's biological family to an extended network of relative and other community members (Nobles, 1980).

Also integral to African American communalism is a deeply rooted sense of spirituality derived from the African legacy (Mbiti, 1990). There are two key features of African American spirituality that are salient: first, spirituality in African American culture is historically grounded in the quest for liberation from injustice, and the idea of "faith in freedom" continues to penetrate Black spiritual experience today (Hopkins, 1993, p. 3). Secondly, traditional African concepts of spirituality reflect the notion that it is manifested in every aspect of life (Mbiti, 1990; Mitchell & Mitchell, 1989). Frame and Williams (1996) noted that in order for mental health professionals to be effective in African American communities, nontraditional methods of service delivery are essential.

While spirituality is one of several ways in which culture is embodied and communicated, it also embodies universal values. Bullis (1996) describes spirituality as a relationship with transcendence, noting that it is eclectic and inclusive by definition.

Canda (1994) asserts that spirituality has both broad and narrow meanings:

In a narrow sense, spirituality involves the basic human need to strive for a sense of meaning, purpose, and moral relatedness with self, other, and ultimate reality, whether or not that reality is viewed in materialist, theistic, animistic, monistic, or in other terms. The broad meaning of spirituality, however, is not limited to any one aspect of the person. Spirituality is the wholeness of what it is to be human and is not reducible to any one aspect...Spirituality in this sense is a striving to actualize in awareness and behavior the wholeness of each person. (p. 34)

Others, such as Elkins, Hedstrom, Hughes, and Leaf (1988) emphasize that spirituality includes meaning and purpose in life, a sense of mission and goals, awareness of the sacred, helping others, and striving toward making the world better. Kelly (1995) advocates that spirituality is grounded in a reality that is clearly outside the boundaries of the empirical, perceived, and material world. Rabbi Michael Lerner (2000) has written about the necessity of practicing socially and environmentally responsible spirituality, and Elizabeth Lesser (1999) describes the uniqueness of the American search for spirituality in a religiously pluralistic nation. Spirituality in the context of culture, education, and interaction, is relevant to how worldviews and belief systems are formulated and exchanged.

Literature indicates there have been many recent calls for integrating the spiritual dimension into counselor education (Bullis, 1992; Burke & Miranti, 1992; Chandler,



Holden, & Kolander, 1992; Ivey & Rigazio-DiGilio, 1991; Kelly, 1994; Myers, 1991; Pate & Bondi, 1992; Payne, Bergin & Loftus, 1992; Walsh & Vaughan, 1993; Worthington, 1989), particularly in counseling African Americans and other racial-ethnic clients (American Psychological Association, 1990; Boyd-Franklin, 1989; Constantine, 1999; Frame & Williams, 1996; Fukuyama & Sevig, 1999; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 1990). It is essential that therapists/counselors recognize a strong spiritual base as being central to the history and resilience of many racial and ethnic minorities. Spiritual and religious issues are often embedded within the problems that inspire many racial and ethnic minority clients to seek counseling (Constantine, 1999).

Constantine (2000) addressed spiritual and religious issues in the context of counseling relationships with African American clients. Despite the possibility that some counselors may not be effective working with clients from diverse racial and ethnic groups, it is essential that they are adequately prepared to explore spiritual issues and problems which warrant intervention.

### Spirituality and Counseling Racial and Ethnic Groups

Spiritual or religious issues are often embedded within the issues that result in many racial and ethnic minority clients seeking counseling (Constantine, 1999). Many mental health professionals have begun to recognize the saliency of spirituality or religious issues in the lives of racial and ethnic minority clients (Boyd-Franklin, 1989; Constantine, 1999; Frame & Williams, 1996). It is incumbent upon practitioners working with racial and ethnic minorities to examine their assumptions and biases about their

clients' spirituality, to become familiar with their clients' spiritual characteristics and expression, and to draw on its power for therapeutic change (Frame & Williams, 1996).

Until recently, few traditional psychotherapy orientations, including multicultural therapy, have included spirituality (Lee, 1990) despite the fact that within the past two decades diversity-sensitive or culturally sensitive counseling has been a frequent theme at national, state, and regional professional conferences. Weinrach and Thomas (1996), among other mental health professionals have distinguished diversity-sensitive or culturally sensitive counseling to include a product of one's sexual orientation, language, gender, disability, ethnicity, race, and socioeconomic situation. In the past, more often than not, mental health professionals camouflaged their lack of experience in providing diversity-sensitive counseling by denying its importance (Weinrach, 1996).

Consequently, the struggle for recognition of diversity-sensitive counseling has been hard fought (Pedersen, 1991).

### *African Americans*

In the past African spiritual traditions formed an enduring framework for expressions of spirituality in Black culture (Evans, 1992). During slavery, spirituality was a means of connecting with others in an effort to survive, and continues to be a core component of African American identity today (Jones, 1993; White, 1984). Similar to the emergence of the Santeria religion in the Latino culture, which resulted from the cultural contact and struggle between West African slaves (Yoruba) and Spanish-speaking representatives of the Roman Catholic Church in the Caribbean islands, the enslaved

Africans transformed the enforced worship of Catholic saints into the worship of their own spirit ancestors (Gonzalez-Wippler, 1992).

African Americans have traditionally depended on spirituality and/or religion to cope with adversity, oppression, and maintain a sense of meaning in their lives (Hines & Boyd-Franklin, 1996). Hines and Boyd-Franklin's study explored the role that spirituality played in many African American families, and identified spirituality as a haven for many in the face of unbearable life circumstances. For many racial and ethnic minority individuals spirituality is not partitioned into systematized beliefs and practices but rather woven into everyday experience; the spiritual and the physical are indistinguishable (Mbiti, 1990). A majority of African Americans have been reared with a belief in God or a higher power (Boyd-Franklin, 1989), and baseline rates of religious participation in this group are generally higher than those of the general United States population (Chatters, Taylor, & Lincoln, 1999; Levin, Taylor & Chatters, 1994; Taylor, Chatters, Jayakody, & Levin, 1996). Taylor and colleagues (1996) indicated that African Americans are reported to have higher levels of attendance at religious services than Caucasians, read more religious materials and monitor religious broadcasts than Caucasians, and seek spiritual comfort through religion more so than Caucasians.

*The Black Church.* Traditionally, the Black Christian church is the primary means through which many African Americans experience their spiritual beliefs and values (Richardson & June, 1997). Historically, the expression of spirituality in the Black church developed partly from enslaved Africans who sought their own places of worship and a need to experience a sense of community (Moore, 1991). Black churches

have also played an instrumental role in the survival and success of many African Americans. Churches provided protection for slaves by embedding signals with the church services that indicated places and times of escape (Hines & Boyd-Franklin, 1996). Many African Americans continue to experience the Black church as a central force in their lives. Considering the result of racism, discrimination, and overt segregation (most evident in the South), many African Americans have experienced feelings of disrespect and helplessness. Consequently, the Black church became a place of refuge and thrived into a multifunctional force in the Black communities (Frazier, 1963).

*Black Pentecostals.* According to Synan (2002), in 1901, within the United States, Charles Fox Parham was the first Pentecostal who appeared as a holiness teacher and former Methodist pastor. The first person Parham baptized by speaking in tongues was Agnes Ozma, one of his bible school students. Parham later formulated the doctrine that speaking in tongues was “Biblical evidence” of baptism in the Holy Spirit. It was not until 1906, however, that Pentecostalism achieved worldwide attention through a revival in Los Angeles, led by African American preacher, William Joseph Seymour. Seymour learned about the “speaking in tongues” attested baptism in a bible school in Houston, Texas, that Parham conducted (Synan, 2002). This expressive worship and praise included dancing and shouting which was common among Appalachian Whites and southern Blacks. In 1906, Seymour presented a historic meeting in a former African Methodist Episcopal church in downtown Los Angeles. Seymour’s historic meeting gave way to a movement which would later be viewed as a merger of White American worship styles derived from African American Christian tradition that developed during the days

of slavery in the south. In 1906 through 1909, Seymour's revival brought Black and White Pentecostals together. By 1922, however, interracial praying was practically nonexistent, and today there still remain distinct Black and White Pentecostal organizations.

*Prayer.* The use of prayer among many African Americans is often reported as a means of coping with critical life issues (Menaghan & Merves, 1984), as it is amongst most religious and spiritual practices. Prayer is used to assist physical and mental health as well as interpersonal, emotional issues, and concerns with death and dying (Broman, 1996). Prayer is a coping strategy for many individuals, and often utilized by racial and ethnic minorities to minimize the potential stigma associated with formal mental health services (Broman, 1996; Pargament, 1997). Other traditional forms of oral expression among African Americans include proverbs, short sayings, spirituals, and folktales. Jones (1993) noted that spirituals were historically referred to as slave songs, and considered the intimate link in African culture between music and spirituality.

*Black Gospel.* Nelson (2001) notes urban and contemporary gospel is the product of sacred and secular spiritual music in America. It is a sacred music form that is accomplished from the psychological and cultural task of dealing with immediate problems and circumstances of life. Nelson notes that the Black gospel is a sacred music form that is significant for its documentation of the experiences of African Americans living in urban areas during 1980 through 1990. Nelson argues that Black gospel is an unwavering faith and hope in God through music and has been an inspiration to African

Americans throughout the beginning of slavery and still provides a sense of comfort for many who subscribe to that form of music. African American composers of Black urban and contemporary gospel accomplished the psychological and cultural task of dealing with immediate problems and circumstances of life through musical expression.

*Laying-on of Hands.* Another historical phenomenon not yet mentioned here, is what many refer to as “the laying-on of hands.” As far back as biblical times (Old Testament) to the present, the practice of laying-on of hands has been included in spiritual rituals (healing) and ceremonies among racial and ethnic minorities and majorities (e.g., Caucasian Fundamentalists and Black Ministers).

According to the writings in Genesis:

*48:14, 17-19:* A distinct transformation took place in the life and ministry of Joshua the son of Nun, after Moses had laid his hands upon him and given him authority over the people of God.

*27:18-23:* And the Lord said unto Moses, “Take thee Joshua the son of Nun, a man in whom is the spirit, and lay thine hand upon him; and set him before Eleazar the priest and before all the congregation; and give him a charge in their sight. And thou shalt put some of thine upon him, that all the congregation of the children of Israel may be obedient...”

*Deuteronomy 34: 9:* And Joshua the son of Nun was full of the spirit of wisdom: for Moses had laid his hands upon him...

Today, many denominations practice laying-on of hands in ceremonies and gatherings (Shurden, 2003). For instance, at the 209<sup>th</sup> Annual Council of the Diocese of

Virginia bishops who were consecrated had the hands of other bishops laid on their heads. Episcopalian followers who were ordained into the St. George's Episcopal Church (Arlington, Virginia) received the laying on of hands. Today, Baptists frequently associate laying on hands with the ordination of deacons or clergy. However, Baptists possess another tradition of laying on hands that is deeply rooted in their history, primarily the laying on hands to believers following their baptism was a symbol new Christians received through the church's blessing of "God" (Shurden, 2003).

*Islam and African American Muslims.* It is reported that there are between two and four million African American Muslims in North America today. It is estimated that there are more than three million Muslims in the United States, and one of the largest African American groups in America is the American Society of Muslims (ASM), the successor organization to the Nation of Islam also known as the Black Muslims. Muslims believe that the Prophet Muhammad is the last messenger of God, but other prophets like Abraham, Moses, and Jesus are recognized as important historical figures and messengers of God. One of the most challenging problems among the African American Muslims is to maintain their values and avoid compromises to appease the majority of American society (i.e., investing in modern commodities such as cable TV, the latest designer names in clothing, an occasional movie at the local theatre, and other such accommodations). Many psychologists in developing nations, including Arab and Muslim countries have thoroughly integrated their spiritual practices with positive mental health (Abou-Hatab, 1997). For instance, prayer may be recommended and viewed as a catalyst for processing mental health issues.

*The Islamic Model of Counseling.* Abou-Hatab (1997) described the Islamic model of counseling as an counseling approach that requires both client and counselor practice and a belief in the spiritual aspect of human beings and their relationships. The Islamic model emphasizes that essentially the purpose of life and life events is to help develop greater awareness of human abilities. Each human being is considered to be a perfect microcosm which contains the Divine Breath and which devolves to form a template of perfect potential for that individual. The counselor has the ability to gain conscious access to a set of “inner senses” (attribution of meaning, imagination, memory, thinking, and the common unifying sense), which serve to enable the client-counselor relationship to be bounded by Allah’s mercy. Abou-Hatab (1997, pp. 356-365) further notes that the Islamic Counseling Model consist of three states:

1. Beginning: Prepare oneself (connection), explore concerns, focus on specific issues, and communicate core values.
2. Middle: Reaffirm own connection with the Divine; encourage client’s connection with the Divine; reassess problems, maintain a working relationship; work to the contract; and enable client to identify emerging virtue.
3. Ending: Inspire the client to move towards ‘growth,’ reaffirm own connection with the Divine, encourage client’s connection with the Divine, focus on emerging virtue, decide on appropriate change, transfer learning, implement change, and end counseling relationship.

The Islamic counselor does not accept the limitations of other different theories; intellectual dependency is believed to lead to unwise cultural transfer, and concepts from the West are viewed as either simply commodities or of low value. Consequently,



psychology in most developing nations, including the Arab and Muslim countries, is often alienated from the traditional European theories, such as psychoanalysis.

Central beliefs in the Islamic tradition include the unity of God and all things, the recognition of Muhammad as prophet, the importance of a community faith, the innate goodness of human beings, and the value of living a devout and righteous life to achieve peace and harmony. Spiritual practices entail daily prayers, living in a faith community, giving to charity, fasting as a spiritual discipline, and making a pilgrimage to Mecca (Fukuyama & Sevig, 1999). At times, following the Islamic path may be difficult for young Muslims in the United States, given the materialistic influences that encompass much of American life.

*Christianity.* Christian traditions have also influenced the counseling field. Three key ideal beliefs are the essential goodness of human beings, unconditional love from the Creator, and that human beings are responsible for their actions under the concept of “free will” (Fukuyama & Sevig, 1999). Since the time of Freud, religion and psychology in the Western world have been separated. Storr (1988) noted that Freud viewed religion as regressive, and thought that “seeking God was an infantile wish to return to the mother’s breast” (p. 79). Hence, psychologists and counselors took over the functions of ministers and priests. Literature further indicates that many Christians are often apprehensive about entering counseling with counselors who are not explicitly identified as Christian (Atkinson & Lowe, 1983; Keating & Fretz, 1990). In a study by Keating and Fretz (1990) study focused on college students and adult participants who completed a religiosity scale and counselor description which consisted of Christian, secular, and

spiritual-empathic secular counselors. Results from the study suggested that participants with higher scores on religiosity had more negative anticipation regarding non-Christian and secular counselors and less negative anticipation about secular counselors who were spiritually empathetic.

### *Asian Americans/Pacific Islanders*

In the span of less than two decades, the population of Asian Americans/Pacific Islanders grew from more than 3 million individuals in 1980 to more than 7 million in 1990, and to more than 10 million (United States Bureau of Census, 1997). The United States Bureau of Census estimated that by 2020 the Asian American/Pacific Islanders population will reach 19.7 million. For many, this tremendous growth is viewed as the result of the Asians' immigration. As there is so much diversity in the Asian American population, so too does it apply to their spiritual practices, religions, and faith. As social scientists point out, these various forms of spirituality and faith help Asian Americans cope with the upheavals of immigration, adapting to a new country, and other difficult personal and social transformations, by providing a safe and comfortable environment in which they can socialize, share information, and assist each other. History shows that numerous churches and religious organizations played very important roles in helping immigrants from China, Japan, the Philippines, South Asia, and Korea adapt to life in the United States. In this process the spiritual/religious traditions have helped to form Asian communities by giving specific Asian ethnic groups another source of solidarity. Recent statistics give a general picture of religious affiliation within the Asian American community. The census was conducted by the Graduate Center at the City University of

New York entitled the “American Religious Identification Survey 2001” (see Table 1).

The sample included 50,281 households in the United States.

Table 1

*Religious and Denominational Affiliation of Asian Americans in the United States*

Religion/Denomination	% of all Asians	Number of Adults
Catholic	21.1	1,516,190
None/Agnostic	20.2	1,474,050
Protestant	9.6	701,940
Buddhist	9.1	660,020
Christian	5.8	425,700
Muslim	5.2	375,360
Baptist	4.6	333,830
Methodist	1.9	141,400
Presbyterian	1.5	111,920
Assemblies of God	0.8	55,250
Episcopalian/Anglican	0.5	34,510
Jewish	0.4	28,310
Churches of Christ	0.3	25,030

*Buddhism.* Buddhism originated in India; it is a philosophy of enlightenment. The *Buddha* means “awakened one.” The word *Buddha* is from the Sanskrit *budh*, which means “to fathom a depth, to penetrate to the bottom, to perceive to know, to come to

one's senses, to wake" (Campbell & Moyers, 1988, p. 96). The healer in the Buddhist worldview would be the "spiritual master, or teacher." The emphasis is upon consciousness, or the light within. It is the experience of knowing oneness with the Divine source and with all being. Cortright (1997) notes the following:

Through Buddhist mindfulness or awareness, one dissolves all illusions of separateness and gains insight into the impermanence of life. It is believed that the cause of disease and suffering is from attachments, selfishness and egocentrism. Religions such as Buddhism emphasize the illusory nature of self and "the existence of a formless, nameless, impersonal spiritual reality which is ultimately revealed as the ground of being. (p. 27)

In the Asian traditions, mysticism tends to emphasize the Impersonal Divine and the inclusive or connecting dimension of spirituality; there is no separation of self from the Divine. The goal is to merge the individual into the Impersonal Divine, and this is accomplished through spiritual practices such as meditation, karma yoga, and devotion. As the individual becomes aware of normal human conditioning and develops an observer self, a connection with the non-dual nature (or unity) of reality becomes possible. According to Buddha's teachings, he vowed to seek the meaning of suffering and pursued a path that traveled through the extremes of starkness and reached enlightenment at the age of 35 years and became known as the Buddha (the Enlightened One). The Buddha's teachings have been translated into the Four Noble Truths, which provide an explanation for suffering, and the Noble Eightfold Path is a means of coping with and transcending suffering. The Eightfold Path is a spiritual ritual that is practiced throughout Asian religions (i.e., Buddhism, Taoism, Hinduism) and viewed as the

prescription for becoming free of selfishness and egocentrism, through rituals that develop intuitive wisdom, moral purity, and concentration (McGuire, 1980).

*Hinduism.* Hinduism and Buddhism are much alike, in that they share a belief in reincarnation, the cycle of birth-death-rebirth. Hinduism values both the personal and impersonal. To the Hindu, God is both immanent (personal and present) and transcendent (impersonal and beyond our understanding). The life cycle is considered something that is without a beginning or end, despite biological death. The “law of karma” provides a thread of continuity between lives. Thoughts that are both good and bad, and actions are recorded in memory and influence the impulses that come up over one’s lifetimes. The “karmic memory traces from one life to the next and is carried by the body, which separates from the physical body at death” (Coward, 1997, p.7). The concept of “free choice” then determines good or bad actions and a gradual evolution spiritually. One is released from the birth and rebirth cycle through god realization or enlightenment (nirvana). “What matters is how one uses the circumstances that each life provides to work toward the ultimate afterlife of one’s choice” (Hopkins, 1992, p. 154).

*I Ching Readings.* Another interesting practice among many of the Asian community, is the daily *I Ching* readings. The *I Ching* is an ancient Chinese text that is considered to be one of the “Five Classics” of Confucianism; the main body of the work has traditionally been attributed to Wen Wang, a philosopher and father of the founder of the Chou dynasty, in the 12<sup>th</sup> century B. C. Much of the text, images, and concepts were mostly taken from oracles, mythology, history, and poetry of earlier ages. The *I Ching*

consists of eight trigrams, corresponding to the powers of nature. The trigrams are used to interpret the future with the textual help of supplementary definitions, intuitions, and Confucian commentary. Back then and continuing today, people used the *I Ching* as a spiritual “guidebook” to give them wisdom about events in their lives. The following is one example of a daily *I Ching* reading:

There is good fortune, but let him reexamine himself. Let him divine whether his virtue be great, unremitting, and firm. If it be so, there will be no error. Those who have not rested will then come to him. With those who are late in coming, it will be ill. (Berthrong, 1998, p. 2)

Similar to traditional Asian religious practice which refers to a connection with the “Divine” spirit and spiritual dimension, the Islamic Model of Counseling subscribes to the belief that an individual’s ability to communicate core values and connect with the Divine is one of the most relevant aspects of personal growth and realizing one’s highest potential (Abou-Hatab, 1997). Further, parallel to Asian religious practice, the Islamic Model of Counseling includes encouraging the individual to maintain a working relationship with the Divine and to identify emerging virtues.

#### *Hispanic Americans/Latinos(as)*

For many Latinos, psychological problems, physical symptoms, and the healing process are all integrated within their spiritual beliefs. A handbook based on information from a Latino community in Chicago, noted that most Latinas believe that “good health means that a person is behaving according to his/her conscience, to God's mandate, and according to the norms and customs of the group, church, family and local community”

(Centro San Bonifacio, 1997, p. i). Data for the handbook was collected through health promoters' personal experiences, focus groups within a Latino community, and interviews with residents of a Latino community. In the Centro San Bonifacio handbook, illness is viewed as the result of the following causes:

(a) psychological states, such as embarrassment, envy, fear, fright, excessive worry, turmoil in the family, improper behavior, or violations of moral or ethical codes; (b) environmental, natural conditions such as bad air, germs, dust, excess of cold or heat, bad food, or poverty; and (c) supernatural causes, such as malevolent spirits, bad luck, witchcraft, living enemies (believed to cause harm out of vengeance or envy). (p. i)

Traditionally, spiritual beliefs of Latinos are intertwined with healing, psychological problems, and physical symptoms. The Latino cultures recognize a number of common folk diseases such as *mal de ojo* (evil eye), which occurs when one experiences negative vibrations from another person's stare; children are regarded to be especially vulnerable. Other folk diseases include *susto* (fright, soul loss), which results from seeing something frightening; *mollera caida* (fallen fontanel), occurring when a child's soft spot sinks, associated with diarrhea; *dolor de aire* (air pain), when air gets trapped in specific areas of the body due to rapid changes in temperature; and *nervios* (nerves or stress).

#### *Protestants and Other Christians*

In conjunction with traditional spiritual beliefs and practices, a majority of the Hispanic community are also involved in more conventional spiritual and religious

practices, according to the Hispanic Churches in American Public Life (HCAPL, 2001), an affiliation of the Claremont McKenna College. One of the reasons why many Hispanics have integrated their traditional spiritual practices with more conventional religious practices may be due to a desire and effort to acculturate into the Western European culture. La Due (1994) notes that a spirituality of geographic place can succumb to direct conflict with colonization and private enterprise, similar to the indigenous people of the Americas (i.e., native Americans and Hispanics). According to La Due (1994), primarily, many Latinos(as) join conventional religious sects that subscribe to western religious affiliation to escape persecution. For instance the history of cultural genocide has included direct attacks on indigenous forms of spiritual beliefs, customs and practices, such as paganism (the term literally means “country dweller”). Disruptions and violence directed against earth-based religions (indigenous religions and spiritual practices) are cause for believers to be cautious in sharing their spiritual beliefs with others (p. 286). According to Parks (2004), today the HCAPL propose that the association between Latin Americans and Catholicism is so strong that almost one quarter of all Latinos in the United States are Protestants. Of the 35.4 million United States Latinos in 2002, approximately 23 percent (almost 8 million) identified themselves as Protestants or other Christians (most relevant is the fact that of this group, 6.2 million consider themselves Evangelical or “born-again”). To view these figures from a national perspective, there are more Latino Protestants in the United States than American Jews, Muslims, Episcopalians, or Presbyterians (Murray, 2004).

Despite the surprising percentages of Latino Protestants, the vast majority of American Latinos (70%) are Catholics. Although Latinos leave the Catholic Church, the



70% figure remains relatively stable due to the massive immigration from Mexico. Approximately 52% of all immigrants to the United States come from Latin America. Mexicans and Mexican-Americans make up 58% of all Latinos in the United States. Mexico, along with Brazil, are two of the largest Catholic countries in the world; the largest number of Protestant and Catholic immigrants to the United States come from Mexico. According to the HCAPL (2002) study the first generation of Latino immigrants was 74% Catholic, and 15% Protestant; the second generation was 72% Catholic, and 20% Protestant; and the third generation was 62% Catholic, and 29% Protestant.

In conjunction with many American Latino(a)'s affiliation with western, conventional religious sects, one of the most important factors in their religious practice is healing and empowerment (Murray, 2004, p.3). According to Shroer (2004) the Hispanic culture tends to be more aware of the spiritual world than most of American society; and as a result of ancient religions and Catholic mysticism, the Hispanic is very aware that spirits exist and that not everything can be explained by science. This becomes evident in the prevalence of *magia negra* (black magic), and the *curanderos* (spirit healers) in Latin America. Isidro Lucas (1981), in his book entitled *The Browning of America* writes that mystic rituals, spiritual beliefs, and religious experience apart from God's Word and the church is the basis of faith for many Hispanics. The institutional church does not necessarily relate to the Hispanic's religious or spiritual experience. For many Hispanics, spiritual awareness is not excluded to Catholic beliefs, rituals, relationships, or even behaviors. Hence, it does not necessarily include full participation in an organized church, with structures, authority, and obligations.

*Hispanic/Latina(o) Pentecostal.* According to Murray (2004) of the Protestants in Latin America, one out of every four is Pentecostal. Pentecostalism is by far the fastest growing denomination in Latin America. Cults such as the Mormons and Jehovah's Witnesses have also taken hold among Hispanics. One must be aware that many Hispanics have gone through a spiritual journey from Catholicism to either Pentecostalism or one of the cults (McClung, Jr., 2004). Some reasons may pertain to being frustrated with the Catholic Church or finally persuaded by Pentecostalism. Within the United States, the Pentecostal movement started in Topeka, Kansas and Los Angeles, California, at the beginning of the century. The Pentecostal movement was probably the climax of the modern missionary movement. Pentecostalism stated as a volunteer missionary movement of called and committed Christians. According to McClung, Jr. there are three elements needed to develop and understand a theology of mission from a Pentecostal perspective: (a) relate Word and Spirit as primary sources for the People of God, (b) a non-catholic dimension and tension, and (c) a sense of being called and empowered for a mission. The movement created expectations and many negative reactions among other churches, some who challenged the authenticity of the movement itself. In North America, the Pentecostal movement expanded with healing, and revival movements in every state, including Canada. In practice, Hispanic Pentecostals express, live, and sustain their religious experience through the transforming and guiding presence of the Holy Spirit.

*Santeria.* Santeria is well recognized within the Latino culture. According to Pedersen, Drazuns, Lonner, and Trimble (2002), Santeria is perpetuated primarily through oral tradition. For example, initiation and rituals of Santeria are generally kept secret from society partly due to the practice of making animal sacrifices. Because of this secrecy actual membership is difficult to estimate; nonetheless, Santeria is well recognized within the Latino culture. Pederson and colleagues note that the Santeria religion is often misunderstood as simply making animal sacrifices. Santeria is a Latino religion whose name means "worship of saints." Santeria has been described as a magico-religious system that derived from cultural contact and struggle between West African (Yoruba) slaves and the Spanish-speaking representatives of the Roman Catholic Church in the Caribbean islands. Enslaved Africans transformed the enforced worship of Catholic saints into the veiled worship of their spirit ancestors (Gonzalez-Wippler, 1992). The priests, known as santeros, mediate between humans and the gods. There are more than 600 *orishas* (gods and goddesses), only 16 of which are actively worshipped; they are believed to be messengers of one supreme creator, *Olodumare*. Those who practice Santeria believe that when people incur suffering it may be because they are haunted by a negative spirit or under a curse, "To identify with an orisha is to merge with nature, and it is considered the greatest gift Santeria has to offer" (p. 335). Followers of Santeria worship saints, observe feasts, holidays, obey commands, conduct rituals, and make offerings and sacrifices. Latino cultures reflect diverse beliefs about the causes of illness and necessary treatments; physical causes of ailments are sometimes perceived as spirit possession. Fukuyama and Sevig (2002) presented a fictionalized case of a Latin woman

who viewed her problem from a spiritual perspective; she received spiritual guidance and participated in spiritual rituals for healing.

Rosita is a 26-year-old Mexican American woman who suffers from obsessive-compulsive thoughts in her romantic relationship and begins making excessive demands on her boyfriend that lead to "fatal attraction" kinds of behaviors (e.g., "I can't live without you," she feels out of control). She is seen in a crisis stabilization unit for suicidal ideation, and the psychiatrist recommends that she be hospitalized briefly for stabilization...After Rosita gets out of the hospital, she visits with a friend's family and meets her friend's elderly aunt, who is known for her psychic abilities. The aunt tells Rosita that she is possessed by a "lost soul" of a woman who died a premature death and who is longing to be reconnected with her lover. She instructs Rosita to perform specific rituals to cleanse herself of this negative spirit, including lighting candles and saying prayers. She is reluctant to tell her psychiatrist about this belief in spirit possession or about the rituals, for fear that the psychiatrist will think she is "crazy." (p.285)

The above fictitious example illustrates that the process of assessing a client's spiritual and religious beliefs may entail assessing beliefs pertaining to spirit possession, spirit guides, and rituals for healing. Mental health professionals may consider referring clients to spiritual and religious leaders or to collaborate with such experts when such matters arise in counseling.

*Dia de los Muertos (The Day of the Dead).* As an ancient custom of Hispanic tradition, many individuals of Hispanic descent continue to "honor those gone but not

forgotten” (Palfrey, 1995, p. 22) with a colorful, festive ornament and ritual entitled “Dia de los Muertos.” November 1, All Saints Day, and November 2, All Souls Day, continue to be marked throughout the Hispanic tradition by a plethora of intriguing customs that vary widely according to Hispanic ethnic roots. Common to many in Hispanic communities are colorful adornments and lively reunions at family burial plots, the preparation of special food, offerings laid out for the departed on commemorative altars, and religious rites that are likely to include noisy fireworks. From mid-October through the first week of November, markets and shops all over regions of Hispanic communities are replete with the special accessories for the Day of the Dead. The accessories include all manner of skeletons, macabre toys, elaborate wreaths, and crosses decorated with paper or silk flowers, candles, and lights.

#### History of Spirituality in Psychology and Healing

Despite the early birth of spirituality in psychology across the oceans of the world, historically, spiritual and religious issues have been underrepresented in counselor training programs (Constantine, 2000). Although spiritual beliefs are a major component of the fabric of life in many cultures, the counseling field has overlooked its importance (Fukuyama & Sevig, 1997) .

From a European perspective, the idea of spiritual concerns in psychology occurred almost simultaneously with the birth of psychoanalysis. Between the years 1900 and 1910, two European analysts (Assaglioli, 1989; Jung, 1969) began to explore the integration of spirituality with analysis (Porter, Ganong, & Armer, 2000). Jung (1933), referred to human beings as not only being psychosocial and psychosexual, but

also psychospiritual. Jung asserted that all human problems were spiritual. He further suggested that healing is not possible without spiritual awakening or addressing the issues pertaining to spiritual distress (Porter et al., 2000). From a Jungian perspective, spirituality is indispensable because intellectual or moral insights alone are not sufficient to address human dilemmas.

However, it was not until the Japanese Zen scholar, D. T. Suzuki's famous seminar at Columbia University in the 1950s (attended by Erich Fromm, Karen Horney, and John Cage, among others), that spirituality began to truly enter the world of psychotherapy. Fromm (1947) described peoples' religious need for a frame of orientation and object of devotion. For Fromm, the need was authentically realized in humanistic religion that focus on human self-realization and the development of human potential in relation to a world approached with loving care. Humanistic religion is contrasted with authoritarian religion in which human power and potential are surrendered to an outside entity (e.g., God, a political leader, a guru), thereby alienating individuals from their own inner resources for reasoned and compassionate growth and development.

This theory was followed by the birth of what became known as the transpersonal psychology movement on the West Coast starting in 1969. Associated with it were such names as Abraham , Miles Vich, Stan and Christina Grof, Ken Wilber, Frances Vaughn, Roger Walsh, and Seymour Boorstein, among many others. In Maslow's (1968) humanistic psychology, the phenomena of the "peak experience" and "the plateau experience" express authentic religiousness. Maslow's experiential and cognitive paradigm of religiousness has essentially nothing to do with God, the supernatural, or traditional religious practices. However, a resolute atheist, Maslow developed a

psychology similar to what people were already familiar with from many of the world's mystics. The peak experience, in its ideal form, is an ecstatic, "god-like" experience; one transcends the limits of their ego and experience with wonder and peacefulness a sense of universal connectedness, as well as personal integration.

More recently, Worthington's (1989) literature review addressed five reasons why counselors need to understand spirituality. First, a high percentage of Americans consider themselves to be religious, however they may define that term. Second, people who are in emotional crisis often spontaneously consider spiritual/religious matters during this period of intense emotions and psychosocial disorganization. Third, clients may have spiritual/religious issues but feel reluctant to bring them up in secular counseling. Fourth, counselors are generally not as religiously oriented as their clients, and fifth, this lack of spiritual/religious orientation may make it difficult to work to the fullest extent with clients who have spiritual concerns. According to Kelly (1995), spiritual assessment is useful in diagnosis and treatment planning. The implementation of assessment methods may enable counselors to understand the spiritual worldviews of their client and the potential impact of those views on issues that manifest in the counseling process (Standard, Sandhu, & Painter, 2000).

Historically, the role of the indigenous Africans, Latinos(as), Asian/ Pacific Islanders, and Native American healers encompassed treating a person's symptoms holistically and spiritually. The shaman, as they are traditionally referred to, is a mystical, priestly, and political figure. Shamans have been referred to as healers, seers, and visionaries who have mastered death (Fukuyama & Sevig, 1999). They are in

communication with the world of gods and spirits. Shamanic practices are found in many cultures ranging from Siberia (Kharitidi, 1995) to Australia (Halifax, 1979).

In the United States, shamans are healers within Native American communities, and shamanism has been relevant as a spiritual practice for non-indigenous persons as well (Harner, 1982; Scott, 1992). Eliade and Couliano (1991) surveyed spirituality and religion as systems of thought and practice across time (history) and place (geography). Their research included active spiritual and religious practices associated with specific peoples and regions (such as the religion of the Yoruba practiced by more than 15 million people in Nigeria and the shamanistic religion practiced by the indigenous peoples of the North American plains).

Mircea Eliade (1964), a noted historian of religion, wrote a book entitled *Shamanism: Archaic Techniques of Ecstasy* in which he integrated the many worldwide tribal variations of shamanism into one unified concept. This book describes the ways in which shamanism has many points in common with Jung's archetypal psychology; the author contends that archetypal psychology is a modern subsidiary of ancient shamanism.

Walsh (1990) described shamanism as a family of traditions whose practitioners focus on voluntarily entering altered states of consciousness in which they experience themselves, or their spirit(s), traveling to other realms at will, and interacting with other entities in order to serve their community. Early Western researchers diagnosed shamanic experiences as clearly pathological (Noll, 1983); however, in recent years an opposite view of shamanic states or shamans has appeared in literature (e.g., Smith, 1997; TePaske, 1997; Walsh, 1989a, 1989b, 1990, 1994). Shamans are now being advanced as saints, sages, and even "masters of death" (TePaske, 1997).



Today spiritual and religious issues are beginning to be formally recognized by the helping professions. An increasing number of mental health professionals are beginning to consider that a comprehensive understanding of the role spirituality plays in the lives of many racial and ethnic minorities may assist in helping them identify a broader range of available options or resources to alleviate presenting problems (Constantine, 2000). Fukuyama and Sevig (1999) emphasized that the integration of spiritual and psychological spheres can assist counselors to begin addressing the important spiritual dimensions in counseling, make appropriate referrals when necessary, and working cooperatively with other healers (e.g., clergy, indigenous healers, alternative healers) in serving their clients.

#### *Spiritual Issues in Training/Education*

Given the importance of spirituality and religion in the lives of most the world's population, it stands to reason that mental health practitioners would do well to become versed in addressing spiritual and religious issues and would work within their clients' religious and spiritual beliefs. However, as discussed in Chapter I, the literature suggests that this is not the case (Bianchi, 1989; Prest & Keller, 1993; Reisner & Lawson, 1992). Kelly (1994) reported that a national survey of counselor education programs indicated that a minority of programs included religious and spiritual issues, although respondents who were predominantly program heads, generally considered spiritual issues important in counseling.

Many psychologists today advocate for students and professionals alike to engage in training, course work, supervision, and/or continuing education workshops on the topic

of spirituality in cross-cultural counseling (Boyd-Franklin, 1999; Constantine, 2000; Fukuyama & Sevig, 1999; Kelly, 1994; Miller, 1999; Pate & Bondi, 1992; Pedersen, Draguns, Lonner, & Trimble, 2002; Worthington, 1989). Mental health professionals who receive limited education and training in the area of spiritual issues may be ill-equipped to deal with many clients' who present with spiritual problems in the counseling process. In addition, counselors who dismiss spiritual and religious issues as beyond their professional domain may be greatly limited in their ability to understand the totality of issues faced by many racial and ethnic minorities.

Richards and Bergin (2000) described many compelling reasons for mental health professionals to develop spiritual/religious competencies. These reasons included the following: (a) religious diversity is a cultural fact, and counselors/ psychotherapists will encounter spiritual issues in their practices; (b) mental health professionals will be viewed as more credible and trustworthy by spiritually diverse clients, leaders, and communities if they develop competency in spiritual diversity; (c) mental health professionals have an ethical obligation to obtain competency in spiritual/religious diversity; and (d) gaining competency in spiritual diversity will help mental health professionals understand how to make fruitful uses of the potentially healing resources in diverse spiritual perspectives and communities to facilitate clients' growth and development.

Parallel to this viewpoint, Boyd-Franklin (1989) underscored the seriousness of ignoring the impact of spirituality in clients' lives. She urged therapists to resist the tradition in mental health practice to compartmentalize spirituality as an issue outside of the normal therapy process. She further recommended that therapists form connections

with Black pastors so that their expertise and resources of the Black church could be access easily when needed. Her suggestions were echoed and expanded by other researchers who also saw the Black church as a pivotal point of connection for many African American clients (Richardson, 1991).

In alliance with ethical and professional protocol, the Diagnostic and Statistical Manual of Mental Disorders, Fourth edition (DSM-IV; American Psychiatric Association, 1994) includes a category for religious or spiritual problems that may occur in counseling. According to the Association for Spiritual, Ethical, and Religious Issues in Counseling (ASERVIC) guidelines, counselors must be able to explain one or two models of human religious, spiritual, or transpersonal development across the life-span.

The Council for the Accreditation of Counseling and Related Education Programs (CACREP, 2001) has revised the core curriculum of counseling psychology programs to include spirituality in counseling. One of the courses approved by CACREP was entitled “Counseling and Spirituality”. The goals of the Counseling and Spirituality course offered for master and doctoral students attending a state university in Ohio are as follows:

- (a) to explore spirituality as an organismic element possible for all people that can be a focus for the counselor and client during the therapeutic process;
- (b) offer descriptions of spirituality and religion and distinctions between the two;
- (c) present role plays of interventions dealing with clients' spiritual issues;
- (d) present models for discerning the quality of a client's spiritual path;
- (e) discuss assessment instruments that deal with client spirituality; and
- (f) discuss models of spiritual development. The course is designed to help students (a) recognize

countertransference reactions to unfamiliar spiritual practices, (b) use basic counseling skills to learn about clients' unfamiliar spiritual paths, (c) weave spiritual dialogue with standard counseling approaches (e.g., client-centered, cognitive-behavioral, and psychodynamic), (d) understand certain cultural expressions of spirituality, and (e) articulate an understanding of the students' own spirituality and its development throughout their lifespan.

Training programs may consider taking a more proactive role in helping students explore their own spiritual and cultural values as a first step in counselor training.

Training in the area of spirituality requires a balance of personal exploration, experiential learning, didactic understanding, and skill building (Fukuyama & Sevig, 1999; Sevig & Etzkorn, 2001). Counselors can be trained to implement facilitative and challenging counseling skills to process experiences in the client's life (e.g., work, family and school; cognitive, emotional, and behavioral problems; or distress, confusion, and hopelessness) (Kelly, 1995). There needs to be a reassessment of how social ecological variables and spiritual issues contribute to the client's problems.

Sue and Sue (1999) referred to counselors thinking of the psychosocial problems of clients as a challenge, given the fact that the predominant number of mental health agencies and institutions favor models that focus on the diverse roles counselors have to assume when counseling racial and ethnic minorities. Atkinson and Lowe. (1993) proposed that counselors need to take into consideration three factors when counseling racial and ethnic minority clients: client level of acculturation to the dominant society (high or low), focus on problem etiology (external or internal), and goals of helping (prevention, education/development, and remediation).

Kelly (1995) further emphasized that the skilled counselor approaches the client's problems with relative ease, sensitivity, and knowledge about the therapeutic potential of their client's spiritual/religious dimension. Kelly discussed several ways in which the client's issues and problems may connect with the spiritual/religious dimension (e.g., a fear of losing one's faith, converting from one religious faith to another which may result from a conflicting conviction such as marriage, the death of a loved one, or terminal illness).

Fukuyama and Sevig (1999) posed at least five guidelines for counseling intervention and spirituality. First and foremost, it is vital to make sure that certain interventions are "grounded" in the genuineness of the counselor and the reality of the client. It is important to base interventions on information from the general assessment and, in particular, any spiritual and religious assessments conducted with the client. Second, it is useful to be aware of the full "canvas" of presenting issues in counseling. A counselor should fully comprehend how the client's issues are "real," and how those issues are similar to others and different. Third, counselors need to be aware of how spirituality can assist in the approach to certain content issues. Fourth, it is equally important for counselors to be aware of their own spirituality, spiritual worldview, and development. Fifth, counselors need to be aware of clients' support systems, which include spiritual teachers or guides, religious personnel, friends, and family.

Bergin (1997) presented an 8-point checklist of educational and training standards for professionals who deal with religious and spiritual issues in working with clients.

1. Therapists should study and be trained in multicultural counseling;
2. Therapists should read books on religious and spiritual issues in counseling;

3. Therapists should read current literature on spirituality published in mainstream mental health journals and in specialty journals devoted to these topics;
4. Therapists should take at least one workshop or class on spiritual issues in psychotherapy;
5. Therapists should read one or two books on world religions;
6. Therapists should acquire specialized knowledge about those specific religious/spiritual traditions frequently encountered in therapy (e.g., by inviting clients to share information about their faith and immersing themselves in the religious/spiritual culture when appropriate);
7. Therapists should seek appropriate supervision or consultation (or both) when first working with clients from a particular religious/spiritual tradition or when clients present challenging religious/spiritual issues the therapist has not encountered before; and
8. Therapists should seek appropriate supervision or consultation when they first begin using religious/spiritual interventions in their work or whenever they use new, untested spiritual interventions. (pp.170-184)

The authors reiterated that it is important to sustain clients' support systems because growth and change require multidimensional support (i.e., different types of support for different times in one's life, not expecting all support from one source, and learning how to ask for support).

### Models of Spirituality in Counseling

The degree to which spirituality is integrated into counseling will depend highly upon the individual counselor's spiritual orientation. This could range from an

occasional counseling inquiry or assessment to a fully integrated therapeutic style. Moreover, there are different types of spiritual interventions, ranging from philosophical positions to concrete behaviors. Interventions range from specific in-session questions or topics to more generally defined theoretical orientations; there are several models that have many characteristics in common as well as dissimilarity, and make a distinction between spirituality and religion.

For example, the Witmer and Sweeney (1992) model, *A Holistic Model for Wellness & Prevention Over the Life Span*, presents spirituality as the focus of a comprehensive conceptualization of a holistic paradigm of wellness and prevention. Spirituality is portrayed as a primary life task, and represents a fundamental sense of oneness in the inner life, a oneness with others, purposefulness or meaning of one's existence, hope, and moral values that nurture one's own well-being and that of others.

Similar to Witmer and Sweeney (1992), Ellison and Smith (1991) referred to spirituality as an integrative force interwoven in the whole of the person. Somewhat dissimilar, Fortunato (1982, as cited in Ellison & Smith, 1991) proposed a model for psychological and spiritual growth by using an analogy of a DNA molecule, a double helix:

One strand of the double spiral represents the psychological or ego dimension; the other strand, the spiritual dimension. Like the DNA molecule, there are a series of links between the two strands...The journey's progress is initiated on the psychic strand as some chunk of the ego is affirmed, and then achieves fruition by jumping across one of the links to the spiritual strand, as that chunk of ego is transcended. (pp. 22-23)

Fukuyama and Sevig (1999) suggested that the holistic model presents the spirit, body, and mind as equally significant and are intimately linked. In contrast, the double helix model of ego and spirit is a scientific reframing of ancient knowledge; human beings possess a spiritual source and wear socio-psychological masks (Fukuyama & Sevig, 1999). The authors further suggest that models that attempt to fully capture human development, growth and change, may consider integrating all elements of highly developed models.

Chandler, Holden, and Kolander (1992) developed a model for spiritual wellness that has components of healthy and unhealthy spirituality. They defined spirituality as “pertaining to the instinctive capacity to, and tendency to seek to transcend one’s current locus of centrality, which transcendence involves increased knowledge and love” (p. 169). Chandler, Holden, and Kolander further described a continuum from “repression of the sublime” on one end of the spectrum to “spiritual emergency or spiritual preoccupation” on the other end. When a balance is met between the two polarities, spirituality can develop. Individuals who have repressed their spiritual yearnings, are exposed to techniques for sensitizing them to the spiritual dimension, such as learning meditation, prayer, visualization, dream work, or relaxation. Individuals who are experiencing overwhelming energies associated with spiritual awakening, are provided grounding exercises that are more appropriate. Some of these examples include focusing more on the physical plane, such as connecting to the earth.

Atkinson and Lowe (1993) proposed a three-dimensional model that focuses on diverse roles. They suggested that in the process of selecting roles and strategies for minority individuals, counselors need to take into consideration three factors, each of



which exists on a continuum: (a) client level of acculturation to the dominant society (high to low), (b) locus of problem etiology (external to internal), and (c) goals of helping (from prevention, including education/development, to remediation). On the basis of these factors, Atkinson and Lowe identified eight therapist roles that intersect with each of the three continua extremes:

1. *Advisor*: The therapist serves as an advisor when the client is low in acculturation, the problem is externally located, and prevention is the goal of treatment.
2. *Advocate*: The therapist serves as an advocate when the client is low in acculturation, the problem is external in nature, and the goal of treatment is remediation.
3. *Facilitator of Indigenous Support Systems*: The therapist serves as a facilitator of racial and ethnic minority support systems when the client is low in acculturation, the problem is internal in nature, and prevention is the goal of treatment.

Richards and Potts (1995) surveyed Mormon psychotherapists on their use of spiritual interventions in psychotherapy. Respondents were asked how often they used their interventions and how successful or unsuccessful they were in practice. The authors noted the least used intervention was "laying on of hands." In addition, the Mormon therapists considered the following interventions inappropriate in psychotherapy: encouraging clients to confess and client and therapist in-session prayer. Spiritual interventions most frequently used by Mormon psychotherapists included therapist silent prayer (in-session), teaching spiritual or religious concepts, encouraging forgiveness, use of religious community as an extra-therapy resource, and encouraging clients' private prayers.

Fukuyama and Sevig (1999) described transpersonal psychology as “beyond the personal” or “across” the self (from the personal to the transcendent realms of existence). Earlier paradigms of transpersonal psychology were focused on altered states of consciousness. More recent developments included the “melding of the wisdom of the world’s spiritual traditions with the learning of modern psychology” (Cortright, 1997, p. 8). In other words, “transpersonal psychology is concerned with: developing a self while also honoring the urge to go beyond the self” (p. 9). Strohl (1998) cited Lajole and Shapiro’s definition of transpersonal psychology, which is: “concerned with the study of humanity’s highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness” (p. 397). Transpersonal psychotherapy is concerned with the integration of mind-body-spirit (P. Linn, personal communication, December 23, 1997) and of transcending the limitations of ego identification toward expanded states of awareness.

Existing therapeutic strategies may be strengthened by combining them with coping mechanisms (e.g., prayer/meditation) associated with their clients' belief systems (Broman, 1996; Pargament, 1997). Specific methods for assessing clients' spirituality and/or religiousness also depend on the counselors' theoretical orientation and the requirements of the counseling setting. For example, an existential-humanistic or person-centered mental health professional working at a site that requires no specific assessments will not use an assessment instrument; the counselor is the instrument of assessment, so to speak, facilitating the client's progress primarily on the basis of the therapeutic/ counseling relationship and self-exploration (Kelly, 1995).

Current literature continues to support the premise that it is important for mental health professionals to recognize the spiritual dimension in healing and integrate spiritual and psychological realms. Kelly (1995) noted that the role of spiritual assessment and methods in counseling could be appreciated from both the counselor and client viewpoint: e.g. from the counselor's perspective spiritual assessment is useful in diagnosis and treatment planning; from the client's perspective spiritual assessment is useful in self-exploration, self-understanding, and decision making.

### *Spirituality and Client-Counselor Relationship/Process*

A critical component of the counseling process is the counseling relationship. Many mental health professionals have described this relationship as central to therapy (Fukuyama & Sevig, 1999; Gelso & Carter, 1985; Kelly, 1995). One particular feature of Rogers (1986) person-centered application pertains to trust, as it relates to the therapist or facilitator and client/counselor relationship. In the early development of person-centered psychotherapy, emphasis was placed entirely on the client. The therapist provided continuous and consistent empathy for the client's perceptions, meanings, and feelings. However, with experience came a growing recognition that it was important for the therapist to be appreciated as a person in the relationship and to be regarded with trust. Approximately thirty years later Rogers, in a more intuitive and spiritual language, expressed such trust in therapists as a growth-promoting relationship, supplementing the classical conditions of congruence, unconditional positive regard, and empathy:

When I am at my best, as a group facilitator or therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am

somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. (p. 197)

The client may be reserved or talkative, address any issue of choice, and come to whatever insights and resolutions are personally meaningful without affecting the therapist's regard for the client. The therapist expresses the quality of genuine regard through empathy. The therapist's empathy should reflect an attitude of profound interest in the client's world of meanings and feelings. The client is received in an appreciative, understanding manner which encourages the client to go further or deeper. When empathy is at its best, the two individuals are participating in a process which may be compared to that of a couple dancing; the therapist is leading the client. This is described by Rogers (1986) as the smooth, spontaneous back-and-forth flow of energy and interaction with its own aesthetic rhythm. During the therapeutic process, the counselor's projection of empathy and understanding facilitates the client's ability to explicitly explore and reflect their spiritual or religious interest. Empathy represents and expresses the counselor's understanding and unconditional regard for the client's worldview.

Kelly (1995) referred to counselor's initial empathic response as "simple," which entails presenting an effort to communicate a sense of understanding the client's dilemma, and depth (advanced) empathy which is the second type of empathic response that requires the therapist and client to engage in an ongoing, profound interaction. Without a comprehensive conceptualization that explicitly includes the spiritual/religious dimension, counselors will tend to hear clients with limited attentiveness for their

spiritual/religious concerns, and reflect shallow empathic and nonspecific responsiveness in the counseling process.

Other counseling techniques to address the spiritual dimension would include open-ended questions, and confrontation, in addition to self-disclosure, which may also assist in facilitating an open, empathetic counseling environment (Healey, 1990). Questions do not in themselves constitute a facilitative or challenging responsive condition as do empathy and confrontation. Questions are, however, implemented for various purposes which entails obtaining initial intake information, articulating conditions such as empathy or confrontation, and applying specific techniques (e.g., constructing a family genogram). Relevant questions assist the counselor in expanding the counseling relationship and facilitating challenging responses. Types of questions asked as part of counseling a young woman who has expressed a sense of loss in faith and mankind are: "When did you feel your faith beginning to slip?" or "What was happening in your life during that time you began experiencing this feeling?" This will allow the counselor to project an empathic effort to comprehend the client's world by becoming more informed about that world (Kelly, 1995). The counselor relates personal events to the client that are relevant to the client's needs and help facilitate the client's self-exploration and comprehension of positive resolutions to problem. Counselors' self-disclosure should not disclose an experience that never took place. Counselors' self-disclosure has the ability to strengthen the therapeutic bond of understanding and provide a sense of general consensus. According to Kelly (1995) therapeutic self-disclosure is brief and crisp, it is lucid in respect to counselors' life events, personal reactions, and

client's needs. Constructive therapeutic self-disclosure has the potential to enable the client to open more choices concerning life issues.

Confrontation is a more challenging strategy. When applied constructively, confrontation can assist in deepening and clarifying the client-counselor relationship and process. Assuming a counselor has established a working relationship with the client and can identify the client's struggle with spiritual/faith issues, a constructive confrontive response might be expressed as, "You appear to derive pleasure from socializing with your friends, but you don't like compromising your spiritual beliefs," or "You are distressed in your spiritual beliefs by some of things your job requires of you." Although different, both confrontations specifically highlight discrepancies relevant to the client's behavior and spiritual beliefs.

This form of confrontation differs from Ellis' rational-emotive therapeutic (RET) technique during which the counselor fully accepts the client but criticizes and points out the deficiencies of the client's behavior. The RET therapist accepts the client as a fallible human being without necessarily giving personal warmth (Corsini & Wedding, 1989). Parallel to genuine empathy and self-disclosure, constructive confrontation is a challenging responsive condition that assumes that the counselor has established rapport with the client, and facilitates exploration to the extent that the client is able to constructively accept counselor's confrontations.

A vital component of the counseling relationship is the emotional bondedness between the client and counselor; this bondedness plays a significant role in an emotional alignment between the counselor and client (Gelso & Carter, 1985). A crucial characteristic of the client-counselor alignment and bondedness is the respect with which

the counselor engages the client. Counselors' responsiveness to the client helps bonding in the spiritual/religious dimension (Kelly, 1995), and this bondedness of respect is rooted in the counselor's genuine regard for the client. The concept of respect conveys the counselor's goodwill. Respect provides the counseling relationship with a benevolent care that guides the whole counseling endeavor (Gelso & Carter, 1985).

In the spiritual perspective, respect as manifested in the counseling relationship is rooted in and enriched by a belief that all reality is not only inherently interconnected, but it is also built up by our active concern for one another and the universe. A spiritually-instilled respect on the part of the counselor acts to enlarge the sphere of caring and safety for the client, within the demands of the counseling effort, and to assist the counselor and client in searching for growth and improvement (Gelso & Carter, 1985).

The relational bond between the counselor and client is built largely on the condition of hope, an "expectation of or trust in the satisfactory value of future experience" (Mahoney, 1985, p. 37). Yalom (1985) described the concept of hope as having significant influence on a bonding-effect, in addition to direct therapeutic power:

The instillation and maintenance of hope is crucial in all of the psychotherapies: not only is hope required to keep the patient in therapy so that other therapeutic factors may take effect, but faith in a treatment mode can in itself be therapeutically effective. (p. 6)

Therapeutic hope is conveyed to the client by three major counselor characteristics: a conviction about the potential for improvement, the expectation of a legitimately helpful process, and confidence in a positive outcome (Frank, 1985). Although all three of these characteristics are integral to the full counseling/therapeutic

endeavor, it is the counselor's attitudinal conviction about improvement that infuses the counseling relationship and the counseling process with the human vitality to move forward to the task of personal healing and change.

Unconditional openness is an inherent quality of spirituality. Spirituality in the counselor is a trust that is open to transcendence and infinity. Spirituality in this light can act as a deep motivating force to sustain the counselor and client through the often complex work of counseling, pain of change, and sometimes slow healing of deep hurt and sorrow (Kelly, 1994). When infused with the spirituality of trustful openness, therapeutic hope becomes an expectation filled with determined confidence, and persistence. Kelly (1995) suggested counselors need a framework of humanness that accommodates and taps into all major dimensions of clients' lives, including spiritual/religious, as well as behavioral and cognitive.

The relationship-building/exploratory component of counseling, therefore, places three demands on the counselor: (a) to acquire an explicit conceptualization of the spiritual/religious dimension within the totality of humanness; (b) to maintain a readiness to respond to that dimension in its positive, negative, and ambiguous aspects; and (c) to use exploratory-facilitating conditions that explicitly incorporate concrete terminology specifically congruent with clients' religiousness and spirituality (Kelly, 1995). In a profound and strong therapeutic relationship, the counselor utilizes challenging and facilitating conditions to assist clients to integrate relevant spiritual/religious elements into new, life-improving perspectives. With the assistance of the counselor, the client evaluates how spirituality and religion may be a factor to their new or altered conceptualization of themselves and their worldview. According to Kelly, these



spiritual/religious factors become an essential part of the client's revised comprehension of themselves, in the context of cognitive, experiential, and motivational base for making positive changes and decisions. Action-motivating strategies broaden and refine the therapeutic effects of the counseling relationship. Kelly concludes that the strategies presented contribute to a fluent and progressive counselor-client relationship which enables the client to self-explore, gain new understandings, and experience new perspectives.

Many authors have examined the role of spirituality in human development, and self-actualization, in relation to the impact of spiritual concerns on mental health (Brown & Peterson, 1991; Kelly, 1995; Richards & Bergin, 1997; Steere, 1997). The fusion of spiritual issues and psychotherapy inspires the exploration of psychospiritual themes in clinical practice (Cervantes & Ramirez, 1992). Consequently, there are many mental health professionals today who subscribe to the school of thought that the integration of spiritual models in training programs, as well as counseling practice, will produce more positive therapeutic outcomes and help facilitate bonding in the client-therapist relationship.

The literature presented in this study points to how and why spirituality has played a critical role in the lives of many individuals and continues to at present. In summary, the burgeoning interest in integrating spirituality and psychotherapy has encouraged mental health professionals to develop counseling models designed to address spiritual issues in the therapeutic process. Hence, the question is no longer how to incorporate spiritual issues in psychotherapy, but rather when; in other words, the therapist should acknowledge and be prepared to appropriately respond to the client's

need and/or desire to examine the spiritual dimension of their problems, or appropriately respond to the client's disinterest in the spiritual realm of their life.

## CHAPTER III

### Methodology

The sample consisted of 169 undergraduate and graduate college students. Prospective clients (undergraduate students) and counselor trainees (graduate students) were selected from a pool of Seton Hall University college students. Participants were from undergraduate, graduate psychology, and Educational Opportunity Program (EOP) classes scheduled during the spring, summer, and fall semesters of 2003. Overall, the entire sample consisted of 32 % ( $n = 54$ ) male and 68% ( $n = 115$ ) female; 39% ( $n = 67$ ) were Caucasian, 20% ( $n = 34$ ) Hispanic/Latino, 24% ( $n = 41$ ) African American, 4% ( $n = 8$ ) Asian; 11% ( $n = 19$ ) Other. Prospective clients (undergraduates) and prospective counselors and trainees (graduates) varied in majors. Ages for the full sample ranged between 17 years and 54 years old ( $M = 23$  and  $SD = 7.9$ ). For the prospective counselors, the mean age was 28.27 years ( $SD = 8.0$ ), while for the prospective clients the mean age was 19.61 years ( $SD = 3.1$ ).

### Method and Procedure

Two surveys (INSPIRIT, Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991; Counselor Description Questionnaire, Belaire & Young, 2000) and a demographic form were distributed to the participants in the classroom, before or after classes. On one occasion students who arrived after class began returned their surveys to the instructor.

Surveys were collected before or at the end of classes by the investigator, requiring one visit for each class. The surveys required approximately 10 to 15 minutes to complete. Distribution procedures for undergraduate students were adhered to in accordance to the Department of Psychology and the Internal Review Board policy, and surveys to graduate students were distributed and collected after receiving the permission of their instructor. With the exception of one occurrence, the distribution and retrieval of surveys required one meeting. Students were debriefed by their instructor regarding participation in the study. They were informed that nonparticipation would have no bearing on their grades, and they could simply decline from filling out the survey during the allotted time. Participants were informed that participation was entirely voluntary, there was no penalty for not participating, and they could discontinue at any time. Each participant received a stapled packet which contained a cover letter (explaining the purpose of the study), a demographic form, the Counselor Description Questionnaire, and the INSPIRIT scale. The possibility of participants receiving extra credit for participation was determined by the instructor.

## Instruments

### *Index of Core Spiritual Experience*

The Index of Core Spiritual Experience (INSPIRIT; Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991) was implemented to assess two core elements of spirituality: the individual's experience(s) that are conducive to the belief that God or a Higher Power exists, and a perception that God or a Higher Power dwells in the individual. In total, 7 items were worded as questions concerning spiritual beliefs and

experiences. The first 6 questions were scored individually, with different response options for each item: for example, “How strongly religious (or spiritually-oriented) do you consider yourself to be? (*Strong* = 4; *Somewhat strong* = 3; *Not very strong* = 2; or *Not at all* = 1)”. Item 7 has 13 parts; the first 12 are scored from a list of 12 types of spiritual experiences that may convince respondents God exists, for which the participants were asked to provide a rating on a 4-point Likert scale with the following anchors: Strong, Somewhat Strong, Not very strong, and Not at all. The final question of Item 7 (number 13) was open-ended and therefore respondents could list other spiritual experiences (Kass et al., 1991). Each question on the INSPIRIT numbered 1 through 6 received a rating 1 through four. The score for question 7 equaled the highest rating (1 through 4) for any one of the 13 items describing spiritual experiences, and the total score equaled the mean of 7 ratings.

The internal consistency reliability of INSPIRIT using Cronbach's alpha reliability coefficient was high at .90 (Kass et al., 1991). Concurrent validity was demonstrated by a positive correlation between the INSPIRIT and the Intrinsic scale of the Religious Orientation Inventory (ROI:  $r = .69, p < .0001$ ) and a weak negative correlation with the Extrinsic scale of the ROI ( $r = .26, p < .06$ ). Principal components analysis with varimax rotation of the preliminary INSPIRIT items yielded three factors with Eigenvalues greater than one. The first factor contained questions 1 - 7 and was considerably stronger than the other two factors. Questions 8 - 11 did not form a unified factor, and questions 1 - 7 contained the two fundamental aspects of the INSPIRIT scale. A principal components analysis of these seven questions retained all items in a single

scale (accounting for 63% of variance and loadings of individual items in that factor, ranging from .69 to .85).

### *Counselor Description Questionnaire*

The Counselor Description Questionnaire (CDQ; Belaire & Young, 2000) with a minor revision (counselors' geographic location was omitted) was distributed to participants. The CDQ described two fictitious counselor profiles, and participants were asked to indicate their preference for one or another counselor contingent upon spiritual orientation. The wording used to describe each counselor was deliberately altered to avoid over emphasizing the main theme: spiritual orientation. Counselor descriptions were equivalent with the exception of spiritual orientation. Pertinent dimensions included gender, level of training, and number of years pertaining to counseling experience. The primary difference between the two counselor descriptions was that one profile included a statement indicating counselor's expertise in working with spiritual issues, whereas the other description did not refer to spiritual skills. Counselor descriptions were adapted from Simon and Gerber's (1990) study and were judged by an expert rater for content validity. The expert rater was a professor of counselor education who had extensive research experience and was familiar with the literature pertaining to spirituality in counseling. The counselor descriptions appeared as follows:

Counselor 1: Counselor 1 is a licensed and certified counselor who has been practicing for 9 years. Her direct and active counseling style focuses on thoughts and behaviors. In therapy, Counselor 1 focuses on changing patterns, setting goals, and

personal growth. Counselor I provides individual treatment of adults, children, marriage/family therapy, and leads support groups.

Counselor II: Counselor II is a licensed and certified counselor who has been practicing for 9 years. Her direct and active counseling style includes changing patterns, setting goals, and personal growth. Counselor II provides individual treatment of adults, children, marriage/family therapy, and leads support groups. Her style encourages clients to explore their personal beliefs and spirituality.

### *Demographic Form*

The demographic form (Appendix A) provided information pertaining to each participant's gender, age, racial identity, and college level.

### Study Design and Statistical Analysis

This was a non-experimental research design. With the exception as noted below, all statistical analyses were performed using SPSS for Windows, Version 9.0. The analyses addressed two subgroups (psychology graduates, potentially future counselors and undergraduates as potential future clients) across four ethnic groups (Caucasians, African American, Hispanic Americans/Latinos(as), and Asian Americans); the independent variables were the future counselors, future clients, racial and ethnic minorities, and non-minorities. The dependent variables were spirituality, measured by the INSPIRIT scale, and preferred spiritual orientation in psychotherapy, measured by the Counselor Description Questionnaire survey.

### *Hypothesis 1*

Based on literature emphasizing the importance of religion in minority populations, Hypothesis 1 predicted that racial and ethnic minority participants would report higher levels of spirituality than would Caucasian participants. This hypothesis was analyzed using a One-Way Analysis of Variance (ANOVA), with race/ethnicity as the independent variable, and spirituality (defined as the total INSPIRIT score) the dependent variable. The two core concepts measured by the INSPIRIT were to what extent one believed God exists, and to what extent one encountered spiritual experiences.

### *Hypothesis 2*

Given previous research findings, it was predicted that racial and ethnic minority participants would report a significantly greater preference for a spiritually-oriented counselor than would Caucasian participants, regardless of counselor or client status. This hypothesis was analyzed using a Two-Way chi-square procedure, with race/ethnicity and counselor selection (1 or 2) as the variables. Because of small cell sizes for the Asian and Other groups, this analysis was conducted using two groups: racial and ethnic minorities and Caucasian participants.

### *Hypothesis 3*

Based on literature that indicated low levels of spirituality for counselor trainees and lack of spiritual focus in training programs, it was further predicted that prospective clients would report higher levels of spirituality on the INSPIRIT than would counselor trainees. This hypothesis was analyzed using an independent sample t-test of means comparing the two groups.



### Power Analysis and Sample Size

Power analysis was conducted using G\*power software (Erdfelder, Faul, & Buchner, 1996). The power analysis would provide information pertaining to how large is a sample was needed to detect effects of a given size for a specific analysis. For hypothesis 1, which was analyzed by using a one-way ANOVA with five groups, the sample size should be 159 for a predicted medium effect with a power of .80 and alpha = .05. For hypothesis 2, which was analyzed by using a Two-way chi square procedure, the sample size should be 108 for a predicted medium effect with a power of .80 and alpha = .05. For hypothesis 3, the sample size should be 102 for a predicted medium effect with a power of .80 and alpha = .05. The sample size of 169 is therefore adequate to detect true effects for all analyses in this study.

## CHAPTER IV

### Data Analysis and Findings

This chapter addresses the descriptive statistics for the variables in the study and the results of each of the three hypotheses tests.

#### Descriptive Statistics

As noted in Chapter III, among the prospective counselors 76% ( $n = 64$ ) were female, and 24% ( $n = 20$ ) were male. Prospective clients consisted of 40% ( $n = 34$ ) males and 60% ( $n = 51$ ) female. Descriptive statistics concerning the racial/ethnic identities of racial ethnic prospective clients and prospective counselors are listed in Table 2. College majors among prospective clients and counselors/trainees were not distinguished in this survey, nor were religious affiliations.

A chi square analysis was conducted to compare the racial and ethnic backgrounds of prospective counselors (graduate students) and prospective clients (undergraduate students). As shown in Table 2, prospective counselors were more likely to be Caucasian American, although there were no other significant racial and ethnic differences between these two groups.

Table 3 provides bivariate correlations for age, gender, counselor orientation, graduate or undergraduate status, and ethnic minorities. As indicated in Table 3, undergraduates (prospective clients) were significantly more likely to be male. Based on

the bivariate correlation, there is a positive relationship between counselor orientation and being an ethnic minority, meaning that ethnic minorities were more likely to select a spiritually oriented counselor. Further, racial and ethnic minority participants tended to report higher levels of spirituality, based on his or her INSPIRIT scores. Finally, age was significantly related to educational status, with graduate students in this sample as significantly older than undergraduate students.

Table 2

*Racial/Ethnic Identification among Prospective Clients and Prospective Counselors*

Prospective Clients			Prospective Counselors			Chi Square
Race/ Ethnicity	<i>N</i>	%	Race/ Ethnicity	<i>N</i>	%	
African American	23	27.1	African American	18	21.4	.024, $p = .876$ (ns)
Caucasian American	21	24.7	Caucasian American	46	54.8	22.70, $p < .001$
Hispanic/Latino(a) American	29	34.1	Hispanic/Latino(a) American	5	6.0	1.06, $p = .303$ (ns)
Asian American	0	0	Asian American	8	9.5	.037, $p = .847$ (ns) ( <i>Asian and Other</i> )
Other	12	14.1	Other	7	8.3	
Total	85		Total	84		

Table 3

*Bivariate Correlations among Study Variables*

Study Variables	a	b	c	d	e	f
a. Age			-.580**	--		
b. Gender				-.174*	--	--
c. Counselor Orientation					.266**	.274**
d. Grad or Undergrad					.307**	
e. Ethnic Minorities						.348**
f. Total INSPIRIT score						

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

## Tests of Hypotheses

*Hypothesis I*

The following describes the tests of each hypothesis. Hypothesis I predicted that ethnic minority participants would report higher levels of spirituality on the INSPIRIT than would non-minorities. Table 4 provides the mean INSPIRIT scores for each racial/ethnic group in this study.

A one-way analysis of variance (ANOVA) at the .05 level was conducted to address the primary research question regarding whether there is a significant difference between ethnic groups and reported level of spirituality. The results indicated a significant difference between the five racial and ethnic groups in this study [ $F(4,167) = 5.86, p < .001$ ]. A post hoc Sheffé test (Table 5) indicated that the mean INSPIRIT score

for African Americans was significantly higher than that for Caucasians,  $p < .01$ , and between Caucasians and “Other”,  $p < .05$ , but no significant differences were found between any other group.

Table 4

*Mean INSPIRIT scores by Racial/ Ethnic Group for the Full Sample*

Race Ethnicity	Mean INSPIRIT Score	SD	N
African American	3.27	.65	41
Caucasian American	2.74	.75	67
Hispanic/Latino(a) American	3.17	.48	34
Asian American	3.21	.74	8
Other	3.32	.58	19

*Hypothesis II*

Hypothesis II stated that racial and ethnic minority participants would be more likely to select a spiritually-oriented counselor than would Caucasian participants. A two-way chi-square test of independence was conducted comparing choice of counselor for Caucasian and minority prospective clients. The results of this analysis indicated a significant difference in choice of counselor for these two groups [ $\chi^2 (1) = 10.92, p < .001$ ]. As a follow-up analysis, four chi-square goodness-of-fit tests compared counselor selection for Caucasians and racial and ethnic minority participants. As shown in Table 6, results indicated that Caucasian participants were significantly more likely to prefer a

counselor with a non-spiritual orientation, while participants from racial and ethnic minority groups expressed approximately equal preference for the two counselors.

Table 5

*Post-Hoc Comparisons of Total INSPIRIT score by Racial/Ethnic Group*

Comparison		Mean Difference	Std. Error	Sig.
(1) Ethnic Identity	(J) Ethnic Identity	(1-J)		
African American	Caucasian	.52338	.13137	.004
	Hispanic/Latino	.09531	.15368	.984
	Asian American	.05749	.25608	1.000
	Other	-.05153	.18388	.999
Caucasian	African American	-.52338	.13137	.004
	Hispanic/Latino	-.42807	.13951	.056
	Asian American	-.46588	.24784	.475
	Other	-.57491	.17221	.028
Hispanic/Latino	African American	-.09531	.15368	.984
	Caucasian	.42807	.13951	.056
	Asian American	-.03782	.26035	1.000

	Other	-.14684	.18978	.963
Asian American	African American	-.05749	.25608	1.000
	Caucasian	.46588	.24784	.475
	Hispanic/Latino	.03782	.26035	1.000
	Other	-.10902	.27924	.997
Other	African American	.05153	.18388	.999
	Caucasian	.57491	.17221	.026
	Hispanic/Latino	.14684	.18978	.963
	Asian American	.10902	.27924	.997

Table 6

*Ethnic Identity and Choice of Counselor Orientation*

Ethnic Identity	Non-Spiritual Orientation	Spiritual Orientation	Total	Significance of $\chi^2$
African American	21	20	41	$\chi^2 = .024, p = .876$ (ns)
Caucasian American	53	14	67	$\chi^2 = 22.70, p < .001$
Hispanic/Latino(a)	14	14	34	$\chi^2 = 1.059, p = .303$ (ns)
Asian American/Other	13	14	27	$\chi^2 = .037, p = .847$ (ns)

As all three minority groups were equally split in their counselor choices, an additional one way chi square analysis was conducted comparing the choices of minority participants as a group to the frequencies observed in the Caucasian participants. This

analysis (see Table 7) shows that compared to minority groups, minority participants were more likely to select a spiritually oriented counselor [ $\chi^2 (1) = 43.714, p < .001$ ].

Table 7

*Counselor Orientation*

	<i>Observed N</i>	<i>Expected N</i>	<i>Residual</i>
Non-spiritual Orientation	54	81.0	-27.0
Spiritual Orientation	48	21.0	27.0
Total	102		

*Hypothesis III*

Hypothesis III stated that prospective clients would report higher levels of spirituality on the INSPIRIT than would prospective counselor trainees. A *t* test for independent samples yielded no significant difference between the mean INSPIRIT scores for future counselor trainees ( $M = 3.00, SD = .77$ ) and prospective clients ( $M = 3.09, SD = .62$ ),  $t(167) = -.795, p = .429$ . Therefore, hypothesis III was not supported.

Summary

As discussed above, only African Americans and those indicating their race/ethnicity as "Other" reported significantly higher scores on the INSPIRIT Index than the Caucasian participants, though the results for Latino/a participants approached significance. Therefore, statistical analysis partially supported the main premise of this



study that racial and ethnic minorities would score higher levels of spirituality than Caucasians. These findings correspond with a body of literature that indicated spirituality plays a vital role in the psychological health and cultural identity of many racial and ethnic minorities. In contrast, although results yield an even split among racial and ethnic minority groups in regard to preference for a spiritual-oriented counselor, there was a significant difference for preference of a non-spiritual-oriented counselor among Caucasians. Finally, although recent research supports findings that indicate traditionally mental health professionals tend to ignore spiritual and religious issues in the counseling process, results from this study produced no significant difference in levels of spirituality between prospective clients and prospective counselors. These results, however, may not be generalizable beyond the present study.

## CHAPTER V

### Discussion and Conclusion

The impetus of this study was to provide findings that support the integration of spirituality and psychotherapy. Primarily, it was hypothesized that racial and ethnic minorities (African Americans, Hispanic/Latinos, and Asian Americans) would report higher levels of spirituality than would non-minorities (Caucasians). Results from respondents indicated that African American participants reported higher levels of spirituality than non-minorities, which suggested spiritual issues may be more salient than not for some racial and ethnic groups during the counseling process.

Second, hypothesis two was based on the premise that the majority of racial and ethnic minorities would report a higher preference for a spiritually oriented counselor than would non-minorities. Although these findings indicated that among the racial and ethnic minorities there was practically an equal split regarding preference for the spiritually oriented and non-spiritually oriented counselors, Caucasian participants indicated a greater preference for the non-spiritual oriented counselor. In reference to the near equal split among racial and ethnic minority participants, this phenomenon might be explained by the fact that traditionally spirituality and other cultural issues have been excluded from the therapeutic process, and consequently many racial and ethnic minorities may have felt too distrusting or uncomfortable in a counseling setting to address that dimension of their lives (Boyd-Franklin, 1999; Constantine, 1998). Mindful

that there is a substantial amount of literature which refers to the absence of spiritual issues in counseling and training programs, Hypothesis three rested on the premise that prospective counselors and/or trainees would report lower levels of spirituality than prospective clients. The limited difference between prospective counselors/trainees' and clients' scores may be practically explained by the fact that most participants were at least familiar with, if not committed to the same psychology/counseling program that traditionally offers limited (if any) introductory or advanced courses that address spiritual issues in counseling. Consequently, it is not surprising that even though this study was conducted at an institution that subscribes to a religious affiliation (a Catholic university), the integration of spiritual issues in psychotherapy/counseling training, and across the curriculum would appear to be very limited for the study participants, which seems to be the case in both secular and religiously-affiliated institutions.

Despite findings that indicated statistical significance regarding the primary research question (will ethnic minorities yield higher levels of spirituality than non-ethnic minorities?), results cannot be generalized beyond the study sample, considering participants were recruited from a relatively homogeneous population. Although the distribution of ethnic groups among graduates and undergraduates was not addressed among the research questions in this study, it is interesting to note that within this sample, all but Asian Americans, exceed the number of Caucasian undergraduates, and there were twice as many Caucasians on the graduate level [24.3% ( $n = 18$ ) African Americans; 39.6% ( $n = 46$ ) Caucasian Americans; 20.1% ( $n = 5$ ) Hispanic Latino Americans; 4.7% ( $n = 8$ ) Asian Americans; and 11.2% ( $n = 7$ ) Other; and undergraduate participants consisted of 27% ( $n = 23$ ) African Americans; 24% ( $n = 21$ ) Caucasian Americans; 34%

( $n = 29$ ) Hispanic/Latino Americans; ( $n = 0$ ) Asian Americans; and 14% ( $n = 12$ ) Other]. This factor further describes the minority and Caucasian ratio of the selected university in this study, and may account for no significant difference in counselor selection between prospective clients and prospective counselors. In addition, scoring the INSPIRIT based on average scores restricted the variance of the measure and may have contributed to some of the non-significant findings.

As mentioned earlier in this study, religion and spirituality are distinguished as the difference between an institutionalized religious practice and spiritual beliefs/experience beyond an institutionalized setting. Given the limited range of focus regarding spiritual values, the study was based on spiritual beliefs, values, and experience, rather than religious denomination. Spirituality is not the special property of any one group or religion; it may exist in the hearts of men and women of all races, creeds, and cultures. However, for some ethnic groups, spiritual beliefs and values have provided a vital and source of strength and support through a turbulent era in time. Considering that spirituality was historically utilized as a source of strength and hope for minorities in the absence of socioeconomic equality and government assistance, it is understandable how spirituality became a viable component for the survival of many ethnic minorities. Among other ethnic groups, the African American and Hispanic cultures are rich with spiritual traditions and practices that have been largely ignored in traditional approaches to psychotherapy. Although the mental health profession has become aware that nontraditional counseling methods are essential to be effective in providing service to ethnic minorities, therapeutic approaches rarely include spirituality.

### Why Have We Ignored Spiritual Issues in Counseling Programs?

Freud's (1913/1955) view of religious belief as a neurotic illusion and contribution to the wall between psychotherapy, religion, and spirituality is being challenged today. From his perspective, religion/spirituality was indicative of repressed events and internal conflicts inhabiting individuals and society. Such a perspective helped in creating a fundamental mistrust of religion/spirituality by psychologists (Frame & Williams, 1996). This school of thought has dominated the mental health field since Freud, in addition, there are other mental health practitioners who point to the authoritarian and repressive aspects of some forms of religion (Butler, 1990; Pittman, 1990). From this perspective, spirituality is not perceived as a healthy means of coping with human problems. Some may argue that psychology has developed into a scientific practitioner paradigm, utilizing quantifiable "facts," assessment tools, and an objective view of clients in general (Shafranske & Gorsuch, 1984). In contrast, the integration of spiritual issues may be considered as the unquantifiable, mysterious aspects of human life, often dismissed as nonessential distractors from the truth (Boyd, 1996). As a result religion and spirituality were ignored or criticized by psychology and the modernist epistemological stance (Bianchi, 1989; Prest & Keller, 1993; Reisner & Lawson, 1992). Counselors trained in this school-of-thought learned to minimize or discard the role of spirituality and religion for their clients. Consequently, when these issues arise, therapists often are ill-prepared to address them.

Another issue to consider in regard to resistance, is the required self-exploration of one's own spiritual values and beliefs. Psychologists have been warned to explore how and to what extent spirituality is apart of their own life before inquiring about their

clients. Counselors' own traditions, rituals, and experiences with spirituality and religion may shape their assumptions and appraisal of spiritual practices or beliefs (Morrisey, 1995). Some counselors who feel confused, afraid, uncomfortable, ignorant, or abused by religion or spirituality may find themselves reacting to their personal issues, rather than to the clients' concerns. Thereby, the counselors' personal philosophy may have a significant impact on the therapeutic process. Similarly, the counselor with a positive orientation or sensitivity toward spirituality is more likely to make a positive clinical use of it in counseling, especially in dealing with religious clients. Ivey (1995) notes that one of the most important contributions of multicultural counseling theory and research to the mental health field has been the conceptual move from a narrow focus on the individual to a view of self-in-cultural context, which has prompted the recognition of spiritual and healing systems indigenous to racial-ethnic American cultures. Several mental health professionals concerned with the integration of spirituality in the therapeutic process emphasize the need for counselors to explore their own spiritual/religious beliefs before inquiring about their clients. Dialogue, group discussion and journal writing are all mediums by which one can explore how and to what extent spirituality is apart of their life (Fukuyama & Sevig 1999).

In October 1996, at the American Counseling Association winter conference, a session on incorporating spiritual dimension into the Counseling and Related Educational Programs (CACREP) core curriculum was held; nine competencies emerged concerning counselors ability to apply spirituality in counseling. The committee held that in order for counselors to be competent in helping clients address the spiritual dimension of their lives, they should be able to: (a) explain the relationship between religion and spirituality,

including similarities and differences; (b) describe religious and spiritual beliefs and practices in a cultural context; (c) engage in self-exploration of his/her religious and spiritual beliefs in order to increase sensitivity, understanding and acceptance of his/her belief system; (d) describe one's religious and/or spiritual belief system and explain various models of religious/spiritual development across the lifespan; (e) demonstrate sensitivity to and acceptance of a variety of religious and/or spiritual expressions in the client's communication; (f) identify the limits of one's understanding of a client's spiritual expression, and demonstrate appropriate referral skills and general possible referral sources; (g) assess the relevance of the spiritual domains in the client's therapeutic issues; (h) be sensitive to and respectful of the spiritual themes in the counseling process as it fits each client's expressed preference; and (i) use a client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preference (Burke, 1998). The clients' perspective on spirituality maybe one of the critical aspects of culture and one that is the focus for a significant number of clients who seek psychological treatment. From a psychological perspective, spirituality is a universal experience, not a universal theology. Spirituality may be theistic as in Judaism, Christianity, and Islam, non-theistic as in Buddhism, or polytheistic as in Hinduism. It can also be humanistic, as expressed by Abraham Maslow (1970) in his research on peak experiences and transcendence. Spirituality can be found at the heart of the great religious and non-religious. Spirituality can be found everywhere, not only in temples, churches and synagogues, not only in the stars, not only in song, dance and beauty, but in every moment of every day life. However, it is often awakened in the presence of death, and whenever the heart opens fully to love without fear.

According to an extensive body of literature, choosing to ignore, discount, or “pathologize” the religious and spiritual beliefs of clients is unwise, unethical, and clinically irresponsible. Sensitivity and responsiveness to spiritual diversity does not require that one personally be a believer or share in their clients’ perspectives, any more than one must change skin color to respect and communicate across racial differences. There is an abundance of literature indicating that all counselors working primarily from within their clients’ framework of spirituality can practice both ethnically and effectively. They can generate useful research examining the relationship between spirituality and successful therapeutic outcomes. In attempting to understand important core beliefs and values that guide clients and decision making, spiritually sensitive counselors need not assume the role of clergy or spiritual directors. Attempting to understand the inner world and experience of clients, and using this understanding to help facilitate their growth and development is important in counseling regardless of the spiritual perspective of the counselor.

Cultural empathy is a therapeutic component in counseling that enables counselors to overcome cultural differences between themselves and their clients in order to facilitate therapeutic change. Becoming culturally empathic may be challenging for some, but necessary as an objective for counselors who work in multicultural contexts.

It would be beneficial to hear from counselor educators and counselors who do not support the integration of spirituality into counselor education curricula. Although most of the literature has been positive about including spirituality in counselor training programs, it is likely that there are educators who are hesitant to do so. Hearing from colleagues who are reluctant would create an intriguing dialogue on the topic, dialogue



that could generate solutions on appropriate ways to incorporate spirituality into counselor education. In addition, research is needed on how counselor educators can effectively integrate spirituality into counselor education programs. Some questions that need to be considered include the following: Is the multicultural curriculum the appropriate place to introduce spirituality in counseling? In what ways does spirituality have an impact on counselor education? What are some of the ethical challenges of incorporating spirituality into counselor training?

### Conclusion

In conclusion, in an effort to be more culturally sensitive and proficient in addressing issues concerning clients' ethnicity, spirituality, and values, students and professionals alike would benefit from engaging in training, course work, supervision, and/or continuing education workshops on the topic of spirituality. The spiritually oriented models presented in this study represent a new era of psychotherapy that address the cultural values and identity of the client. More than likely, racial and ethnic minorities who are not familiar with mental health services will feel less intimidated by a counseling process that incorporates their own cultural values and spirituality. In addition, racial and ethnic minority clients who experience a culturally sensitive counseling process may be less likely to abort services prematurely. The integration of spiritual issues in psychotherapy/counseling training and across the curriculum would appear to be very limited for the study participants, which seems to be the case in both secular and religiously-affiliated institutions. Training in addressing clients' spirituality and spiritual issues requires a balance of personal exploration, experiential learning,

didactic understanding, and skill building. Such training could also take the form of some nontraditional approaches within the traditional boundaries of counseling. For instance, Fukuyama and Sevig (2001) point out that collaborative conventional approaches such as cognitive behavioral therapy and spirituality may help the client integrate day-to-day spiritual practices with traditional psychological counseling. In closing, it is important to note that the therapists' ability to counsel clients of diverse culture is a task that involves unlearning and relearning the different ways people have been socialized to think of self, others, and the world – a truly valuable experience. Hopefully, this research will contribute to the burgeoning surge for mental health professionals to implement cultural sensitivity and address the spiritual issues that may be salient in the lives of individuals seeking therapy.

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Appendix A  
Demographic Form

## Demographic Questionnaire

Packet Number \_\_\_\_\_

Age \_\_\_\_\_

Gender: Male \_\_\_\_\_ / Female \_\_\_\_\_

Education Level \_\_\_\_\_

Racial Ethnic Identity: African American \_\_\_\_\_ / Caucasian \_\_\_\_\_ /

Hispanic/Latino \_\_\_\_\_ / Asian American \_\_\_\_\_ / Other \_\_\_\_\_