

# The Efficacy of Active Spirituality in Mitigating Burnout and Promoting Wellness in the Counseling Profession

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**Burnout presents an enormous risk to the helping professionals, and by proxy, the people they intend to help. The relationship between spirituality, religion, and burnout in the counseling profession was examined through review of quantitative, qualitative, and mixed-method studies on the subject of interest. Without challenge, the overriding results were that active spirituality and religious beliefs were instrumental in preventing burnout among helping professions. Special attention was paid to Catholic priests, mental health counselors, and graduate students.**

*Keywords:* spirituality, spirit, burnout, self-care, counseling, religion, competency, health, mental health, stress, compassion fatigue, vicarious trauma, higher power, healing profession, psychologist, psychotherapist

As active members in the counseling community, the authors were intrigued by the influence that active spirituality might have over burnout, existential growth, and overall wellness for helping professionals. Counselor burnout, being both physical and psychological, generally happens at some point within a counselor's career. Counselor burnout can occur through emotional depletion, vicarious trauma, and blurred boundaries to name a few. Burnout is operationally defined by Figley (1995) as "a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations". Burnout and compassion fatigue often overlap. They can include physical exhaustion, lack of concentration, general lack of pleasure, and overall cynicism that bleed into the personal and professional lives of the behavioral health provider (Maslach, 2003). Clinical burnout can be caused by neglecting self-care, lack of adequate support, failing to maintain healthy boundaries, thereby causing an overall imbalance between the professional's personal and professional life (Maslach, 2003; Williams, Richardson, Moore, Gambrel, & Keeling, 2010).

Self-care is the responsibility of all mental health professionals and is currently defined by the American Counseling Association Code of Ethics (2005): "counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (p.9). The American Association of Marriage and Family Therapy Code of Ethics (2001) defines self-care as "Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment" (p.1). It is the professional's ethical responsibility to ensure that they engage in adequate and appropriate self-care to mitigate factors that could lead to the possibility of potential burnout (Williams et al., 2010). If self-care is managed correctly through the integration of mind, body, and spirit, overall counselor wellness increases; thus, burnout

decreases (Rossetti & Rhoades, 2013).

When considering the implication of self-care on overall well-being, spirituality is a key component that counselors and helping professionals cannot overlook (Cashwell, Bentley, & Bigbee, 2007). Throughout history, it has been posited by various scholars that spirituality is a vital component of overall wellbeing (Chandler, Holden, & Kolander, 1992; Myers, Sweeney, & Witmer, 2000; Sweeney & Myers, 2005; Witmer & Sweeney, 1992). Spirituality can be defined as the integration of mind, body, and spirit, through a personal existential life experience, without the requirements of tradition and rituals that define the fixed system referred to as religion (Williams et al., 2010; May, 1982). In other words, spirituality is an all-encompassing belief system that affects the whole life system and is developed through personal experiences, but is not altogether entrenched in a set standard of rules or rituals.

## **Literature Review**

The relevant literature found for this review was a combination of quantitative, qualitative, and mixed method designs. The qualitative studies mainly consisted of a multitude of interviews and questionnaires (Williams et al., 2010; Day-Vines, 2007; Rossetti & Rhoades, 2013; Morrison, Clutter, Pritchett, & Demmitt, 2009). A multitude of the quantitative studies found utilized the Maslach Burnout Inventory and the Spiritual Wellbeing Scale (Sanderson, 2008; Koenig & Vaillant, 2009; Hardiman & Simmonds, 2013). The majority of the research was determined to be mixed method designs, incorporating surveys and questionnaires as well as regression analysis and standardized scales of measurement (Brelsford & Ciarrocchi, 2013; Graham, Furr, Flowers, & Burke, 2001; Puterbaugh 2008; Wolfe, Thompson, I.A, Thompson, E.S., & Smith-Adcock, 2014).

The population of the above study was helping professionals with the samples being drawn from the counseling profession, clergy, graduate students, and interns not yet licensed as therapists (Brelsford & Ciarrocchi, 2013; Graham, Furr, Flowers, & Burke, 2001; Puterbaugh 2008; Wolfe, Thompson, Thompson, & Smith-Adcock, 2014). The sample sizes ranged between ten and more than 4000 participants (Koenig & Vaillant 2009; Puterbaugh 2008). They were drawn from convenience samples as well as random sampling (Brelsford & Ciarrocchi, 2013; Morrison et al., 2009).

Throughout the review of the literature, it was compulsorily determined that the independent variables were spirituality and self-care. The dependent variable was identified as wellness and burnout. Wellness and burnout posited to be affected by active spirituality and appropriate self-care. The instruments used were the Five-Factor Wellness Inventory (5 F-Well; Myers & Sweeney, 2005), the Maslach Burnout Inventory-Human Services Survey (MBI), Spiritual Well-Being Scale (SWBS), Spiritual Disclosure Scale (SDS), and the Religious Well-Being Subscale (RWB) (Brelsford & Ciarrocchi, 2013; Hardiman & Simmonds, 2013). Questionnaires and surveys were also incorporated

(Graham et al., 2001; Puterbaugh, 2008).

Initially, participant samples were chosen from the population of interest. Convenience and random sampling were responsible for the majority of the participants selected throughout the literature (Brelsford & Ciarrocchi, 2013; Morrison et al., 2009). After the participants had been chosen, they were assessed for demographic information to control for variables (Koenig & Vaillant, 2009). Following the demographics, qualitative and quantitative data was compiled utilizing surveys, questionnaires, and the standardized tools of measurement, previously discussed (Brelsford & Ciarrocchi, 2013; Hardiman & Simmonds, 2013; Graham et al., 2001; Puterbaugh, 2008). After the data were collected and coded, it was analyzed to determine whether or not the researchers' hypotheses were supported.

In investigating the literature regarding spirituality and wellness, the reviewers found that not only was spirituality correlated with overall counselor wellness, but it was also determined to be vital to counselor wellness (Cashwell, Bentley, & Bigbee, 2007). The research found that 96% of all persons living in the United States believe in God (Cashwell, Bentley, & Bigbee, 2007; Graham et al., 2001). Supporting this data, a Gallup Poll conducted on Americans published on June 29, 2016 found that 89% of all Americans believe in God (Newport, 2016). It is all the more important that counselors identify with their own spirituality as a crucial part of their self-care. Cashwell, Bentley, and Bigbee (2007) defined spirituality as a "developmental process that is both active and passive wherein beliefs, disciplined practice, and experiences are grounded and integrated to result in increased mindfulness (i.e., nonjudgmental awareness present experiences), heart fullness (i.e., experience of compassion and love), and soulfulness (i.e., connections beyond ourselves)" (p. 67). For example, holding onto negative thought processes or grandiose thoughts does not lead to increased mindfulness, heartfulness, or soulfulness, but instead causes an unhealthy spiritual balance (Cashwell, Bentley, & Bigbee, 2007). According to Rossetti and Rhoades (2013), spirituality is the most important self-care practice in preventing burnout. "The less one feels oneself in intimate relationship with the Divine, the greater the likelihood of burnout" (Golden, Piedmont, Ciarrocchi & Rodgerson, 2004, p.123). The MBI demonstrated lower levels of burnout among people with high spirituality (Turton & Francis, 2007; Brelsford & Ciarrocchi, 2013; Hardiman & Simmonds, 2013).

Maslow (1998) identified ten characteristics of spiritual people. Those characteristics include: "independence from environment and resistance to enculturation, social conscience, intimate personal relations, non-hostile sense of humor, move from egoism to altruism, acceptance of self and others, spontaneity and simplicity, freshness of appreciation, creativity and originality, and peak experiences" (Maslow, 1998, p. 168). Counselors' personal spiritual involvement includes three essential parts: first the recognition that self-care is essential to caring for others, second the interconnectedness of clients while maintaining appropriate boundaries, and third the

clear intention of serving the needs of others rather than meeting one's personal needs through service to others (Cashwell, et al., 2007). "Historical spiritual leaders such as The Buddha and Jesus, and more contemporary spiritual leaders such as Gandhi and Mother Teresa, all seem to share the awareness that self-care is essential" (Cashwell, et al., 2007, p. 70). An example of this is Mother Teresa insisted that all of her nuns take a break every afternoon for spiritual reflection (Cashwell, et al., 2007).

As Cashwell, et al. pointed out, graduate students tend to lack self-awareness; however, through spiritual practice, it is possible for them to increase self-awareness throughout their educational path and well into their careers (Cashwell, et al., 2007). Recognizing the need for strong psychological and spiritual wellness can pave a path to understanding the importance in preventing burnout, especially for those in the helping profession (Rossetti & Rhoades, 2013). United Methodist clergy found a strong correlation between burnout and dissatisfaction with one's spiritual attunement (Rossetti & Rhoades, 2013). It was also found that Bible study, spiritual readings, exercise, retreats, and having a mentor reduced burnout scores on the MBI (Rossetti & Rhoades, 2013). It was found that in Montessori schools, religious care centers, and monasteries employees who saw their work as a calling and not merely a means to employment demonstrated relatively absent levels of burnout (Rossetti & Rhoades, 2013; Cherniss & Krantz, 1983; Schaufeli, Leiter, & Maslach, 2009; Stevens, 1984). Often Catholic priests have high case workloads that are continually increasing (Rossetti & Rhoades, 2013). Researchers have postulated that Catholic priests would exhibit higher rates of burnout due to their intense workloads. In contrast to this faulty belief, Catholic priests were found to demonstrate lower emotional exhaustion and depersonalization, higher personal accomplishment, and significantly less burnout on the MBI (Rossetti & Rhoades, 2013). With further investigation, it was determined that the most significant variables that help to inoculate against burnout were being happy in their vocations, strong relationships with others and God, low levels of childhood psychopathology, and good self-images and inner peace (Rossetti & Rhoades, 2013).

Spirituality has demonstrated to be beneficial against burnout cross culturally, across genders, and throughout the lifespan of helping professionals. As previously indicated, in the United States, 89% to 96% of all Americans believe in a higher power; which is not all encompassing as spirituality can be a very personal and private practice for many (Cashwell, et al., 2007). By increasing overall spiritual knowledge of various faiths, the clinician enhances their multicultural competence in working with clients with a variety of backgrounds and beliefs (Cashwell, et al., 2007). Having knowledge of varying faiths allows for the professional responsibility to clients.

After exploring the multitude of benefits of spirituality, it would be remiss not to address how to increase the spirituality among counseling professionals. According to Walsh (1999), there are seven core principles that are essential in increasing spirituality and wellbeing. These seven include: (a) reduce craving and find your soul's desire, (b)

heal your heart and learn to love, (c) live ethically, (d) concentrate and calm your mind, (e) awaken your spiritual vision, (f) cultivate spiritual intelligence, and (g) embrace generosity and joy of service (Walsh, 1999). These practices can be integrated across cultures to be implemented daily to facilitate one truly rewarding way of life in which kindness, love, joy, peace, vision, wisdom, and generosity become an ever-growing part of everyday living (Walsh, 1999).

Legal and ethical considerations need to be examined when exploring spirituality in helping professions. Although, strong evidence is in support of incorporating spirituality to decrease counselor burnout, mandating counselors to engage in spiritual activities is beyond the scope of most state ethical codes. However, the American Counseling Association (ACA) Code of Ethics expressly states that it is the professional responsibility of counselors to promote their spiritual well-being (ACA, 2005).

### **Limitations and Future Research**

Of the qualitative research that was reviewed, these specific studies incorporated subjective self-report surveys, which could impact the objectivity and reliability of the data (Rossetti & Rhoades, 2013). The MBI has not specifically been operationalized to clergy; therefore, the data collected may not be reproducible. Several of the studies were conducted on a majority sample excluding ethnic minorities or alternate genders also limiting reproducibility (Graham et al., 2001).

Implications for future research include longitudinal studies of Catholic priests throughout their careers beginning in Seminary and concluding at retirement, studies need to additionally explore the area of recognizing the differentiation in coping skills between religious beliefs and spiritual beliefs, and finally, another study of graduate students entering the counseling profession and their seasoned counterparts nearing retirement (Graham et al., 2001; Rossetti & Rhoades, 2013).

### **Conclusion**

In determining whether spirituality and religion have an effect on counselor burnout, the overriding conclusion within the current literature is that spirituality and/or religion were crucial in mitigating the effects of burnout in the helping professions. There are a plethora of explanations that lead to the belief that spirituality and burnout more causally relate to the reduction of burnout than a correlational association. Koenig and Vaillant (2009) discovered that this reduction in burnout is attributed to “increased social support, a more positive outlook on life, increased hope and encouragement, more opportunities for community engagement, and opportunities to stay socially connected outside the home” (p. 123). When taking spirituality into account, one must recognize the sacredness, beauty, and importance that are present in

all things. When a counselor can incorporate the sacredness of all into their mindset, they can recognize the beauty in the circumstances of every client (Cashwell et al., 2007). When counselors can be present in this mindset, they can dedicate themselves to the position that all is one. This spiritual transcendence minimizes the material aspects of life; thus, allowing existential growth while diminishing burnout and promoting counselor wellness (Cashwell et al., 2007).

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