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The Impact Of Spiritual Maturity On Clinical Mental Health Students' Intentions To Engage In Social Justice Advocacy.

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THE IMPACT OF SPIRITUAL MATURITY ON CLINICAL

MENTAL HEALTH COUNSELING STUDENTS'

INTENTIONS TO ENGAGE IN SOCIAL JUSTICE ADVOCACY

A Dissertation
presented in partial fulfillment of requirements for
the doctoral degree
in the Department of Leadership and Counselor Education The
University of Mississippi

By

James Strickland May

2017

ABSTRACT

The ACA Code of Ethics (2014) provides a set of professional values which frequently
exceeds law in an effort to ensure that clients are protected. As such, The ACA Code of Ethics
(2014) states, "counselors are aware of-and avoid imposing- their own values, attitudes,
beliefs, and behaviors" (section A.4.b). However, legal cases pertaining to conflict between
personal values and professional values when counselors fail to bracket personal values has
been on the rise within the counseling profession. Counselors have the professional obligation
to protect and advocate for clients' rights through social justice advocacy which can occur at
individual, group, institutional and societal levels. The impetus to engage in social justice may
arise from a number of circumstances but an individual's spiritual life may prove to be a
motivating factor that encourages individuals to engage in advocacy efforts. Fowler (1981)
hypothesized that as individuals mature spiritually, their outlook turns from an inward
perspective to an outward perspective which motivates them to promote the welfare of others.
However, little is known about the role spiritual maturity plays in promoting advocacy efforts
in clinical mental health students. The present study seeks to gain a better understanding of the
role of spirituality and how spiritual maturity impacts clinical mental health students'
intentions to engage in social justice advocacy. Results indicate that spiritual maturity does
impact the role of clinical mental health students' intentions to engage in social justice
advocacy. Findings revealed that a positive relationship exists between individuals in the
growth-oriented category of spiritual maturity and their intent to engage in social justice
advocacy whereas, a significant negative correlation exists for individuals in the dogmatic and

underdeveloped categories of spiritual maturity. Implications from this study are intended to

aid counselor educators as they incorporate multicultural competencies into the classroom and

for counselors in training as they identify personal value and begin to take steps to bracket

their personal values while upholding professional mandates.

DEDICATION

To my mom, you are greatly missed. Thank you for your unwavering belief in me and for your

unconditional love. I love you!

ACKNOWLEDGMENTS

Miss, my journey at the university and all that I have gained from Ole Miss!

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CHAPTER I: INTRODUCTION

The Code of Ethics published by the American Counseling Association states, "when appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (2014, section A.7.a). To promote the welfare of clients and alleviate oppression within society, counselors can engage in social justice advocacy. Historically, social justice advocates have given attention to a range of topics, which all have focused on alleviating the oppression of marginalized individuals and groups. Crethar, Torres Rivera, and Nash (2008) reported that social justice advocates attempt to create peace and congruence between the needs of individuals and the needs of society by providing equitable opportunities to resources and allowing just participation in policy making that impacts their lives. Social justice advocacy by counselors requires active engagement and intentional integration of social justice efforts into their lives. To actively engage in social justice efforts, Steele (2008) concluded that social justice advocacy is a behavior utilized to intentionally intervene with social policies to help improve the mental health and daily functioning of individuals. By integrating social justice advocacy into their lives, counselors facilitate greater self-determination, increase involvement in advocacy efforts, and promote civic engagement with individuals from marginalized groups (Torres-Harding, Siers, & Olson, 2012).

The valuing of social justice advocacy arises from a variety of circumstances,

including experiences of oppression, significant personal life experiences, and the innate desire to create systemic change, but it is also a value that arises as a result of an individual's spiritual life (Beer, Spanierman, Greene, & Todd, 2012; Caldwell & Vera, 2010; Hodge, 2012; Todd, Houston, & Odahl-Ruan, 2014). Fowler (1981) proposed that as individuals develop spiritually their outlook turns from an inward perspective to an outward perspective as they become more concerned about the welfare of others. The personal impetus for counselors to engage in social justice advocacy vary throughout the counseling profession but the overarching goal of social justice advocacy remains the same. Similarly, within spirituality reasons to engage in social justice advocacy vary but the goals for advocacy within spiritual faiths closely align with advocacy goals within the counseling profession. The spiritual foundations and practices of individuals tend to vary, but a common factor found within individuals who exemplify spiritual maturity is the promotion of social justice advocacy (Hodge, 2012).

Genia (1991;1997) attempted to measure faith maturity from a multi-faith perspective and she utilized Fowler's theory of faith development as a theoretical foundation for her spiritual maturity assessment. She hypothesized that faith maturity encompasses two dimensions; spiritual support and spiritual openness. Spiritual support pertains to an individual's reliance on their faith to maintain sustenance in life. Spiritual openness, on the other hand pertains to the openness to new faith possibilities. Genia (1997) cautions that not holding a commitment to one faith is insufficient and results in incomplete spiritual development. She concluded that spiritual maturity is obtained through high levels of spiritual

support and spiritual openness. Thus, her assessment, the Spiritual Experience Index-Revised, will be utilized to assess the impact of spiritual maturity on clinical mental health students' intentions to engage in social justice advocacy.

The counseling profession has incorporated spirituality into its multicultural competencies due to its complexity and increased research on addressing spirituality in the counseling room (Esmaili, Zareh, & Golverdi, 2014; Richards & Bergin, 2005). Furthermore, spirituality serves as the foundation for the creation of personal value systems and as a catalyst for individuals to demonstrate love, practice wellness, and exhibit compassion to others (ASERVIC, 2013; Fowler, 1981; Todd et al., 2014). The concept of spiritual maturity is multi-dimensional continuous variable. Spiritual maturity is the degree to which an individual embodies the values, commitments, beliefs and behaviors association with their faith. Moreover, as individuals mature spiritually they begin to demonstrate life transforming behaviors, which can be displayed through social justice advocacy. Fowler's (1981) theory of faith development hypothesized that individuals who embrace a spiritual worldview may experience difficulty in separating social justice advocacy from spirituality as these two factors are intrinsically linked and promote a call to action within one's spiritual life (Beer et al., 2012; Fowler, 1981; Hodge, 2012). Moreover, Fowler theorized that individuals who are more spiritually developed have an innate desire to alleviate the suffering of others through acts of justice, which resembles the professional calling of many counselors. However, instances may arise in which one's spiritual values conflict with one's social justice advocacy values, leading to a lack of action on the part of the individual.

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Statement of the Problem

The ACA Code of Ethics (2014) outline a professional value system which frequently exceeds law in an effort to ensure that clients are protected. Moreover, these professional values set a precedence of professional practice and values that counselors should embody in their professional practice (Francis & Dugger, 2014). However, some individuals may find it difficult to reconcile their personal value systems with the profession's values due to perceived conflicts between their personal value systems and professional responsibilities to bracket personal values (Choudhuri & Kraus, 2014; Sue, Arredondo, McDavis; 1992). For example, individuals who hold religious beliefs that negatively judge a client's worldview or 'lifestyle' may find it difficult to work with that client and advocate for changes to improve the overall mental health of the client. Conversely, a counselor who does not embody a spiritual worldview may find it difficult to work with a client who is bringing matters pertaining to their faith into counseling. When counselors experience such conflict, they may attempt to impart their personal values on the client, make a values-based referral, or they may be less involved in social justice advocacy than Fowler's (1981) theory would suggest.

Legal cases pertaining to professional conflict on the basis of spiritual and religious values have recently been on the rise within the counseling profession. For example, *Ward* vs. *Wilbanks* (2009) brought attention to the conflict between personal values and professional ethics when a counselor in training refused to provide counseling services to a client in the LGBT community. Ward cited that her religious values prevented her from working with clients within the LGBT community. However, little is known about Ward's spiritual maturity

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and how an individual who embodies a high level of spiritual maturity would interact with individuals when personal and professional values are in conflict. Most recently, the passage of Senate Bill 1556 in Tennessee provided a means for counselors to refuse services to clients if providing services created conflict with the counselor's personal values. Despite this controversial law, many counselors in Tennessee who possess a spiritual worldview have vowed to continue providing services to all clients, despite the conflict that may arise between their personal values and professional values (Meyers, 2016). One may assume that these counselors are upholding their professional ethical duty; however, the role of spirituality and their spiritual values cannot be ruled out as a cause for these counselors' stance to continue working with their clients. Choudhuri and Kraus (2014) reported that counselors disempower individuals when they approach situations from a place of judgment. The disempowerment of individuals goes against the values promoted through social justice advocacy and may continue to be problematic when counselors are unable to bracket their personal value systems within professional settings. However, many of the values held within spirituality parallel social justice advocacy values which, in turn, could impact the engagement of spiritually mature individuals and their practice of social justice advocacy. Nonetheless, limited research is available regarding the relationship between the spiritual maturity of counselors-in-training and their commitment to social justice advocacy. Therefore, a need exists for more research on the relationship between spiritual maturity and the intent to engage in social justice advocacy, especially within the counseling profession.

Kozlowski, Ferrari, and Odahl (2014) conducted research examining the impact that

religious beliefs have on civic engagement with a group of undergraduate students at a faith-based institution. Researchers found a correlation between civic engagement and faith maturity within their population. However, how these findings can be generalized to clinical mental health counselors in training remains unclear. Moreover, the *Faith Maturity Scale,* which was utilized by Kozlowski et al. to assess the spiritual maturity of their participants embraces a Judea Christian perspective and excludes broader definitions of spirituality (Benson, Donahue, & Erickson, 1993; Kozlowski et al., 2014).

Additional studies have focused on the relationship between spiritual maturity and social justice advocacy. Tisdell (2002) conducted a qualitative study and found that participants' spiritual development provided them with a greater awareness and desire to engage in social justice advocacy. However, Torres-Harding, Carollo, Schamberger, and Clifton-Sodersorm's (2013) findings revealed opposite results. Torres-Harding et al., found that the more frequently individuals had spiritual experiences the less likely they were to engage in social justice advocacy. Although previous studies have focused on the variables of spiritual maturity and social justice advocacy, minimal research has been conducted with clinical mental health counseling students in training.

The primary purpose of this quantitative study was to examine the impact of spiritual maturity on clinical mental health counseling students' intentions to engage in social justice advocacy. ACA's 20/20 Taskforce developed principles to unify and strengthen the counseling profession and ultimately affirmed the importance of both professional advocacy and social justice advocacy (Kaplan & Gladding, 2011). In keeping with this Task Force's

recommendations, this study expanded counselor educators' and other professionals'

knowledge regarding social justice advocacy. By examining the impact of spiritual maturity of

counselors in training and their intent to engage in social justice advocacy, this study has the

potential to enhance the counseling literature in several ways. The findings will better inform

counselor educators as they work with clinical mental health counselors in training to uphold

the professional responsibilities mandated by the ACA Code of Ethics. Secondly, the study

will benefit counseling students, as it will encourage personal reflection on values and areas

that may conflict with working with clients of conflicting value systems. Also, the study will

contribute knowledge about the intersection of spirituality and social justice advocacy within

the counseling profession, an area with limited research. Lastly, the study will help

professional associations and accrediting bodies promote educational guidelines in creating

multicultural awareness by demonstrating the need for a greater awareness of spirituality

competence in the counseling profession as counselors maintain personal values while

adhering to professional mandates.

Conceptual Framework

The conceptual model for this study is illustrated in Figure 1.

Figure 1. Conceptual model of the independent and dependent variables
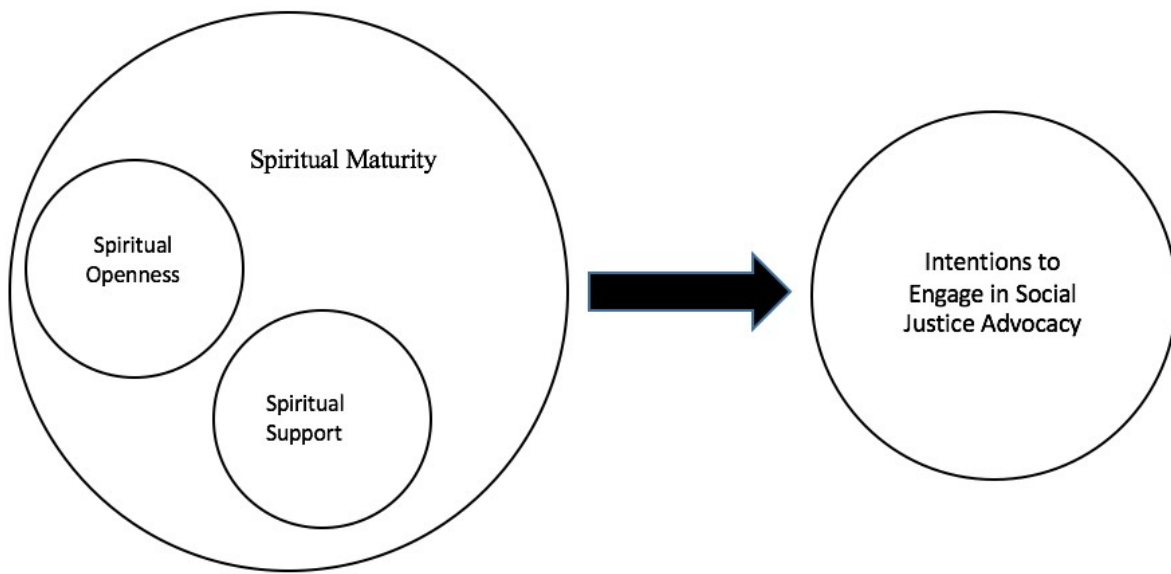
Research Questions

The following research questions were derived from the overarching research question of this study: what is the impact of spiritual maturity on clinical mental health counselors in training intentions to engage in social justice advocacy?

Research question 1A: What percent of clinical mental health counselors in training fall within each category (growth-oriented, dogmatic, transitional, underdeveloped) of spiritual maturity as measured by the Spiritual Experience Index-Revised (Genia, 1991).

Research question 1B: What is the level of intentions of clinical mental health counselors in training to engage in social justice advocacy, as measured by the Intentions to Engage in Social Justice subscale of the Social Justice Scale.

Research question 2: Based on the results of RQ1A, how do participants in each category of spiritual maturity differ in regard to their intentions to engage in social justice advocacy?

Ha2: Compared to others in the sample, participants who have underdeveloped levels of spiritual maturity will be the least likely to intend to engage in social justice advocacy.

Research question 3: What is the threshold of spiritual maturity scores needed to achieve strong intentions to engage in social justice advocacy?

Definition of Terms

Advocacy

Advocacy is the process of taking action to remove institutional and societal barriers to improve the well-being of individuals who are unable to act for themselves (Steele, 2008).

CACREP

The Council for Accreditation of Counseling & Related Educational Programs (CACREP) is the accrediting body for master's and doctoral programs in counseling offered by colleges and universities.

Counseling

Counseling is defined as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 368).

Faith

Fowler (1981) defined faith as **"**a person's or group's way of moving into the force field of life. It is our way of finding coherence in and giving meaning to the multiple forces

and relations that make up our lives. Faith is a person's way of seeing him or herself in relation to others against a background of shared meaning and purpose" (p. 4). Fowler's definition of faith parallels the definition of spirituality.

Oppression

Oppression is the intentional or unintentional imposition of harsh conditions on others as well as the deprivation of favorable benefits that lead to diminished physical and psychological well-being (Black & Stone, 2005).

Privilege

Privilege is an unearned advantage granted to a group of individuals that benefits them while excluding others from rights within society. Often times individuals within the privileged group are unaware of the received advantages given to them or do not want to acknowledge the advantages (Black & Stone, 2005; Crethar et al., 2008).

Religion

Religion is an institutionalized set of beliefs, rituals, and attitudes that moves individuals to a communal connection to a higher power (Corbett, 1990; Kelly, 1995).

Social Justice

Social justice is "both a goal and a process for counselors who believe in developing an increasingly socially just world, one in which all people receive equitable opportunities to access resources and participate in policy and law development that affect them, ultimately resulting in a society that embodies harmony between the needs of individuals and the needs of the whole" (Crethar & Winterowd, 2012, p. 3). Social justice advocates seek to create a just

society by identifying inequalities which derive from racism, sexism, religious affiliation

sexual orientation, and socioeconomic status (Chung & Bemak, 2012).

Social Justice Advocacy

Social justice advocacy is a behavior "intended to identify and intervene in social

policies and practices that have a negative impact" on the mental health of people "who are

marginalized on the basis of their social status" (Steele, 2008, pp. 75-76).

Social Justice Intent

Social justice intent pertains to the individual's devotion to pursuing systemic change

through advocacy (Miller & Sendrowitz, 2011). Consistent with social cognitive theory,

which posits that commitment is essential to enactment of behavior (Lent et al., 2003), the

intent to commitment to social justice advocacy is vital as commitment pushes an individual

into action.

Spirituality

Spirituality is "a fundamental orientation to one's life and to the ground of all life; it

is the source of one's posture toward living, of the nature of one's connection to all things,

and of one's perception of an ultimate reality" (Morgan, 2007, p. 2). Spirituality is concerned

with the connection or relationship to a higher power, which provides individual meaning

and purpose.

Spiritual Maturity

Spiritual maturity is multi-dimensional and occurs on a continuum. Spiritual maturity

is associated with the degree to which a person embodies and accepts the values,

commitments, beliefs, and behaviors associated with their faith, and it is demonstrated through life-transforming behavioral indicators (Benson, Donahue, & Ericson, 1993; Salsman & Carlson, 2005). In this study, spiritual maturity will be measured with the Spiritual Experience Index – Revised (Genia,1997).

Spiritual Support

Spiritual Support, a subscale of the Spiritual Experience Index-Revised, refers to matters related to intrinsic faith, spiritual wellness, worship attendance, and having a consciousness of God (Genia, 1997; Reinert & Bloomingdale, 2000). Spiritual support assesses the support and sustenance individuals receive from their faith. The spiritual support subscale is not correlated with dogmatism or intolerance of uncertainty (Genia, 1997).

Spiritual Openness

Spiritual Openness, a subscale of the Spiritual Experience Index-Revised, refers to an open and receptive attitude to other spiritual dimensions and an inverse relationship to formal religious practices (Genia,1997; Reinert & Bloomingdale, 2000).

Theory of Faith Development

Fowler (1981) developed the theory of faith development to identify the multifaceted nature of faith by bringing together lived theoretical experiences with developmental approaches. Fowler's theory takes into consideration the cognitive, affective, and relational aspects of faith by integrating Erikson's (1963) theory of psychosocial development with Piaget's (1963) cognitive development stages and Kohlberg's (1984) stages of moral development, which led to a 7-stage model of spiritual development (Fowler, 1981; Parker,

2006; Sandhu, 2007). Fowler takes a growth-oriented approach to spiritual development instead of a pathological approach like earlier schools of psychology.

Theory of Planned Behavior

The theory of planned behavior proposed by Ajzen (1991) states that attitudes, perceived behavioral control, and subjective norms can be assessed to predict an individual's intentions to engage in actual behaviors.

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Assumptions

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Several assumptions were made when conducting this study. The researcher assumed that participants provided truthful answers to the assessment items because responses were made anonymously and confidentiality was maintained. Participants' identifying information was not attached to their responses and therefore, cannot be traced back to their survey. The researcher also assumed that mental health counselors-in-training enter training programs due to an innate desire to help individuals overcome difficulties in their life.

<div align="center">

Statement of Limitations

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There are several potential limitations of the study based on sample size and generalizability of the study. The survey was disseminated to faculty members through email at universities throughout the United States teaching within CACREP-accredited mental health counseling programs. Faculty members were asked to distribute the research surveys to master's students in the program. Additionally, participants were recruited through an email that was sent through CESNET, a listserv for counselor educators. Furthermore, the

researcher specifically studied mental health counselors-in-training within CACREP-accredited programs. Therefore, findings can only be generalized to similar populations.

Statement of Delimitations

The following are constraints or delimitations imposed by the investigator:

> 1. The participants of the study are students enrolled in CACREP accredited master's-degree programs in clinical mental health counseling. The research collected responses from students enrolled in CACREP accredited mental health counseling programs due to the education guidelines that must be met to receive CACREP accreditation.

Summary

In review, Chapter 1 discussed the problem statement, the purpose of the study, the overarching research questions and hypotheses, statements of significance, definitions of key terms, assumptions, and statements of limitations and delimitations. Chapter 2 will provide a literature review of major topics, including social justice, the historical development of advocacy in the counseling profession, social justice advocacy, spirituality, and the theoretical frameworks for the study. In Chapter 3, the methodology of the study will be outlined, including the design of the study, subject recruitment, instrumentation, and data analysis procedures.

CHAPTER II: LITERATURE REVIEW

Introduction

Professional counselors seek to empower diverse individuals and groups by assisting them in reaching their mental health, wellness, education and career goals through a professional relationship (Kaplan et al., 2014; Nassar-McMillan & Niles, 2011). Advocacy efforts have occurred throughout the history of the counseling profession and have focused on a range of concerns that impact society (Kiselica & Robinson, 2001). Whereas professional advocacy has long been central to the mission of counseling-related professional associations, only recently have social justice advocacy efforts become a fundamental tenet within the professional identity of counselors.

Professional Advocacy

Professional advocacy efforts were essential in the 1990s in defining counseling as a distinct profession. This was achieved through the standardization of graduate training, the establishment of professional certifications, and the creation of diverse counseling specialties (Gladding, 2000; Kaplan, 2002; Smith & Robinson, 1995). Professional advocacy efforts within the profession to standardize education and the establishment of certifications ensured that counselors were competent to provide treatment to clients and ensured counselors met standards established by third party payers (Smith & Robinson, 1995). The standardization of clinical training was first achieved through the development of CACREP (Smith & Robinson, 1995). CACREP standardized the curriculum in graduate programs by improving the standards outlined by the Association for Counselor Education and Supervision (ACES) in

1973. Parallel to the efforts made by CACREP, the National Board for Certified Counselors (NBCC) advanced the counseling profession by certifying counselors on an individual level to recognize competency in eight core areas in the profession (Gladding, 2000; Gladding, 2012; Smith & Robinson, 1995). The efforts established by CACREP and the NBCC ensured that a core curriculum was being taught and provided a means by which to assess the knowledge of counselors-in-training which in turn strengthened the overall identity of the profession (CACREP, 2015).

Professional advocacy efforts proved to be beneficial in 1992 as counseling became recognized as a viable treatment option by external entities (Gladding, 1985; Gladding, 2012, Sheeley, 2002). Moreover, the American Association of Counseling and Development changed its name to the American Counseling Association (ACA) in 1992 in an effort to unify the counseling profession and to strengthen the professional identity of counselors. Advocacy efforts by ACA proved to be successful again in October of 1998 with the passing and enactment of the Health Professions Education Partnership Act (HPEPA). These pivotal points of recognition for the counseling profession put counselors in the forefront of the public and established counseling as a profession equivalent to psychology and social work (Capuzzi & Gross, 2005). The growth of the counseling profession continued into the 21st century. Professional advocacy efforts were key to transforming and strengthening the counseling profession, which were essential to meeting the evolving needs of clients.

Social Justice Advocacy

However, despite the role of professional advocacy in the counseling profession's development, the work of counselors was generally focused on clients' individual needs instead of larger societal concerns. A recent revival of social justice advocacy efforts within

the counseling profession has led to the call for counselors to step outside of their office to bring about systematic change (Constantine, Hage, Kindaichi, & Bryant, 2007; Kiselica & Robinson, 2001; Ratts & Hutchins, 2009). This recent movement to re-integrate social justice advocacy into the identity of counselors has been identified as the fifth wave in the counseling profession (Chang, Crethar, & Ratts, 2010; Crethar, Torres Rivera, & Nash, 2008; Ratts, 2009; Ratts & Hutchins, 2009).

Social justice advocacy seeks to alleviate the marginalization and inequality of individuals by providing accessibility to resources, increasing participation in decision-making, and promoting positive relationships among groups (Crethar et al., 2008; Crethar & Winterowd, 2012). Furthermore, social justice advocacy is a professional obligation which should be further integrated into the identity of counselors. The ACA Code of Ethics (2014) states that "when appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (Standard A.7.a, p. 5). Counselors may be motivated by this professional responsibility to work toward the removal of oppressive barriers, but this commitment to social justice may also derive from an individual's spiritual maturity (Fowler, 1981).

Often personal value systems encompassing compassion, love, and the promotion of the welfare of others are derived from spirituality and the connection to a higher power (ASERVIC, 1997; Fowler, 1981). As such, social justice advocacy is an intrinsic value found within spirituality. Fowler (1981) hypothesized that individuals who are spiritually developed actively participate in advocacy efforts. As individuals develop spiritually, their focus on self-diminishes and is replaced by a desire to alleviate the suffering of the marginalized. The

advocacy efforts seen within spiritually-developed individuals closely resemble the efforts called for by the counseling profession. However, there is limited research examining the impact of spiritual maturity on clinical mental health counselors in training intentions to engage in social justice advocacy.

Social Justice Advocacy as Central to the Counseling Profession

Social justice advocacy movements throughout history have been foundational to the development of the counseling profession (Gladding, 2012; Pope, 2000; Smith & Robinson, 1995). The evolution of the counseling profession has been marked by social justice advocacy and professional advocacy in response to societal changes. Historically, counselors have challenged institutional and social barriers that hinder the well-being of society. The impact of social justice advocacy and professional advocacy by counselors is profound and includes efforts centered around the government's financial contributions for wars, career development, the feminist movement, education reform, racial and marriage equality, and creating a comprehensive definition of counseling (Aubrey, 1977; Kaplan et al., 2014; Kiselica & Robinson, 2001; Pope, 2000; Paisley & Borders, 1995; Smith & Robinson, 1995). Moreover, the counseling profession has evolved over time and has drawn from the fields of anthropology, sociology, psychology, psychiatry, education, ethics, and philosophy (Nassar-McMillan & Niles, 2011). A movement away from a focus on pathology, which has historically been the focus of psychology, contributed to the counseling profession giving attention to advocacy, wellness, and prevention of individuals' psychological needs across the lifespan (Aubrey, 1977; Capuzzi & Gross, 2005; Gladding, 2012; Myers & Sweeney, 2008; Pope, 2000; Smith & Robinson, 1995; Vontress, 1991; West, Hosie, & Mackey, 1987).

Social justice advocacy defined. The desire for social justice, in which all individuals

have equitable access to resources and opportunities, led to the social justice advocacy movement (Crethar & Winterowd, 2012). Prilleltensky (2001) stated that social justice advocacy occurs by "promoting fair and equitable allocation of bargaining powers, resources, and obligations in society in consideration of people's differential power, needs, and abilities to express their wishes" (p. 754). Moreover, social justice advocacy is a behavior "intended to identify and intervene in social policies and practices that have a negative impact on the mental health" of people "who are marginalized on the basis of their social status" (Steele, 2008, pp. 75- 76). Inequalities and unfair treatment that originate from biases and prejudices related to race, sex/gender, religious affiliation, sexual orientation, and socioeconomic status are identified by social justice advocates in an effort to eliminate marginalization in society (Chung & Bemak, 2012). As such, social justice advocates within the counseling profession confront injustices in society that hinder the well-being of individuals within marginalized populations (Crethar et al., 2008).

One goal of social justice advocacy is the removal of oppressive systemic policies that limit access to resources needed by individuals for optimal physical and mental health (Kiselica & Robinson, 2001). Achieving this goal requires active participation by individuals and groups with the goal of ensuring equity of access to resources and opportunities. Although the counseling profession has long recognized the role of counselors in advocating for individual clients, some scholars argue that this more recent focus on systemic efforts represents a fifth wave of counseling (Chang et al., 2010; Crethar et al., 2008; Ratts, 2009). To understand the development of the fifth wave of counseling, one must become familiar with the history of advocacy in the counseling profession.

Historical context of social justice advocacy in counseling. Throughout the history

of the counseling profession, the role of advocacy has been present in many facets (Smith, Reynolds, & Rovnak, 2009). These domestic and international efforts have focused on the unequal treatment of African Americans, racism, sexism, mistreatment of the mentally ill, and child abuse (Gladding, 2012; Hanna, Talley, & Guindon, 2000; Kiselica & Robinson, 2001; Smith et al., 2009). School counselors advocated for the equitable access to education for all students, and family counselors worked to bring family violence to the forefront of attention to increase resources for abuse victims (Toporek, Lewis, & Crethar, 2009). Furthermore, career counselors worked to advance women's rights in the workforce and fought against sexism and racism in the workplace (Gladding, 2012; Kiselica & Robinson, 2001; Smith et al., 2009).

Frank Parsons is cited as the founder of the counseling profession in recognition of contributions he made to the career guidance movement and through advocacy efforts for youth, women, and the poor (Aubrey, 1977; Herr, 2001; Kiselica & Robinson, 2001; O'Brien, 2001; Pope, 2000; Smith et al., 2009). Parsons' contributions to the field of vocational counseling are numerous but most notable are the development of the first vocational guidance center (i.e., Vocational Bureau), his trait factor theory of career guidance, his vocational interventions, and his contributions to advocate for child labor laws (Aubrey, 1977; Gladding, 2012; Kiselica & Robinson, 2001; O'Brien, 2001; Pope, 2000). Parsons' contributions to the vocational guidance movement and his advocacy efforts continue to influence the education system, career counseling, and the mental healthcare system.

The vocational movement established by Parsons was a central feature of the early counseling profession (Aubrey, 1977; Herr, 2001; Pope, 2000; Super, 1955); however, additional events shaped the transition of the counseling profession from an exclusive focus on

vocational issues to a wider scope of concern that included advocacy and mental health counseling (Gladding, 2012; Kiselica & Robinson, 2001). The year 1908 marked Clifford Beers' publication of *A Mind That Found Itself,* an autobiography which brought attention to the mistreatment of individuals in the mental healthcare system (Gladding, 2012; Kiselica & Robinson, 2001; Smith & Weikel, 2011). Furthermore, Beers' advocacy efforts for the mentally ill were essential to the development of the National Committee for Mental Hygiene in 1909, which served as the forerunner to the National Mental Health Association (Smith & Weikel, 2011). World War I provided an opportunity for counseling and psychometric services to be implemented for military personnel. Through war efforts, the military ordered the development of psychological tests to help military personnel assign jobs to service men and women. Most notable was the development of the Army Alpha and Army Beta intelligence tests, which assessed military recruits' ability to complete assigned tasks (Capuzzi & Gross, 2005; Gladding, 2012). After World War I, the counseling profession continued to focus on vocational placement, but a shift toward focusing on mental healthcare and establishing professional organizations within the profession became more prominent.

The 1940s were marked by War World II and the government's implementation and support of counseling for veterans after the war (Gladding, 2012; Pope, 2000). The increased support by the government would influence the scope and practice for counselors and would ultimately lead to a shift in the counseling profession through increased funding for counselor education (Pope, 2000). During the 1940s, men were the primary financial providers for their household and women stayed home to raise children and maintain the household (Capuzzi & Gross, 2005; Gladding, 2012). However, as men left the workforce to serve in the military and women began to work outside of the home, traditional gender

roles changed. The war was influential in changing the perception of traditional gender roles and thereby widened the scope of career development services as women now were in need of job placement (Capuzzi & Gross, 2005). The return of veterans from war led to an increased need in support to help with veteran job placement, and mental healthcare providers were now faced with treating an influx of mental health needs centered on combat trauma (Pope, 2000). In response to societal needs, government funding increased to support and provide needed services to the community.

The 1960s included the civil rights movement and the women's movement, which brought social problems to the forefront of society and provided opportunities for counseling professionals to become involved in advocacy efforts (Gladding, 2012; Kiselica & Robinson, 2001; Goodman et al., 2004). Additional opportunities for working with disenfranchised groups arose in the 1970s as multicultural issues rose to prominence through the passage of affirmative action laws and legislation protecting individuals with disabilities (Kiselica & Robinson, 2001; Goodman et al., 2004). The 1970s and 1980s were marked by an increase in publications focusing on social injustices and an increased call for counselors to give attention to social problems, human rights, and advocacy (Aubrey, 1977; Kiselica & Robinson, 2001; Smith et al., 2009). In 1971, *The Personnel and Guidance Journal* published a special issue, "Counseling and Social Revolution," to urge counselors to advocate for social injustices centered on sexism and racism. Furthermore, in 1987, the American Association for Counseling and Development reemphasized the counselor's role in promoting social change by engaging in professional and political action through a position paper on human rights (Kiselica & Robinson, 2001).

Throughout the 21st century, an increased recognition was given to the evolving needs

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of clients (Capuzzi & Gross, 2005; Crethar & Ratts, 2008; Gladding, 2012). As the counseling profession evolved, so did the needs of clients. Counselors were once centered on assisting clients with vocational readiness and developmental concerns, but a shift in focus brought increased attention to multiculturalism, trauma, wellness, and social justice advocacy (Crethar & Ratts, 2008; Myers & Sweeney, 2008; Ratts, 2009; Smith et al., 2009). Subsequently, ACA formed a new professional division, Counselors for Social Justice (CSJ), as a means to bring about awareness of social justice and diversity issues, to promote ongoing scholarship pertaining to advocacy concerns, and to provide mutual support while engaging in advocacy efforts (Kiselica & Robinson, 2001; Toporek et al., 2009). CSJ's presence within ACA reinforces the importance of social justice advocacy to the identity of counselors.

The social justice advocacy movement in the counseling profession was paralleled in the psychology profession as evidenced in a publication in the March issue of *American Psychologist* by Reverend Jesse Jackson. Reverend Jackson urged mental health professionals to become agents for social change by opposing hatred and rectifying injustices that develop from the status quo (Jackson, 2000; Smith et al., 2009). In addition, ACA demonstrated an increased commitment to social justice advocacy by adopting advocacy competencies which served as an outline for counselors who desired to promote systemic change in the lives of clients (Kaplan & Gladding, 2011; Lewis, Arnold, House, & Toporek, 2003; Toporek et al., 2009). To ensure that counselors are effectively advocating and promoting the welfare of their clients, a comprehensive definition of counseling that focuses on the needs of clients and aligns with professional standards is in order.

Counseling defined. The identity and professional role of counselors is diverse and has evolved over time to include a number of components. Aubrey (1983) noted that early

pioneers in the counseling profession strived to prepare individuals to cope with their social

environment. However, the debate regarding the role, function, and philosophical

underpinnings of counselors' identities continues to be discussed. This more recent movement

to develop a unified identity for counseling began at 20/20: A Vision for the Future of

Counseling, a gathering of 30 delegates from organizations within the field of counseling.

Although 30 delegates were initially part of the 20/20 taskforce, a 31st delegate was later added

to represent the National Rehabilitation Counseling Association. To advance the counseling

profession, the 20/20 taskforce identified seven key issues (Kaplan & Gladding, 2011). Most

notable to advancing the identity of the counseling profession are the first three issues: (a)

strengthening the identity, (b) presenting ourselves as one profession, and (c) improving public

perception/recognition and advocating for professional issues (Kaplan & Gladding, 2011;

Kaplan et al., 2014). These issues promoted the development of a unified definition for the

counseling profession.

One of the goals of 20/20: A Vision for the Future of Counseling outlined in the

principles for unifying and strengthening the profession was to establish a cohesive and

integrated definition of counseling that resonated with professionals and with lay individuals

outside of the profession (Kaplan et al., 2014). Utilizing the Delphi method, delegates worked

to develop a definition that was brief, clear, applicable to all counseling specialties,

incorporated social justice advocacy efforts, and captured the reader's attention (Kaplan et al.,

2014). After two rounds, the following definition was finalized and gained endorsement of 29

of the 31 organizations participating in 20/20: Counseling is "a professional relationship that

empowers diverse individuals, families, and groups to accomplish mental health, wellness,

education, and career goals" (Kaplan et al., 2014, p. 368).

The definition did not receive support from the American School Counselor Association or CSJ (Kaplan et al., 2014). Despite delegates' intentional efforts to integrate advocacy and diversity in the definition by including the words *empowers* and *diverse,* CSJ believed adequate attention was not given to social justice, advocacy, and multicultural competence and thus refused to support the definition (Kaplan et al., 2014). Although CSJ believed adequate attention was not given to social justice and advocacy, the intentional efforts made by delegates to include these key issues into the definition of counseling speaks to the important role that counselors play in advocating for clients and the population at large. Thus, gaining a thorough understanding of social justice advocacy is necessary due to its role in the counseling profession and in the lives of the spiritually mature.

Practice and principles of social justice advocacy. Throughout history, individuals have benefited from privilege because of race, sex, economic class, religious affiliation, and age, which has led to social injustices and the ongoing oppression of others in society (Black & Stone, 2005; Hanna et al., 2000; Speight & Vera, 2004). Being a member of a dominant sex, racial class or socio economic class affords opportunities which may not be accessible to groups which are marginalized through forms of oppression (Crethar et al., 2008). Oppression occurs through the intentional or unintentional imposing of harsh conditions on others as well as the deprivation of favorable benefits, which leads to a diminished physical or psychological well- being (Black & Stone, 2005). Oppression has a direct correlation with power that is used to deprive others of needed resources. Hanna, Talley, and Guindon (2000) explained that oppression is conveyed by force and denial and occurs at the primary, secondary, and tertiary levels, which leads to social injustice. *Primary oppression* occurs when individuals overtly oppress individuals through a combination of force and denial. Whereas primary oppression is

intentionally imparted to gain power over others, *secondary oppression* occurs when an individual benefits from the oppression of others (Hanna et al., 2000). Individuals who benefit from secondary oppression often times belong to a privileged group within society and are not directly oppressing others. Therefore, these individuals do not see themselves contributing to the mistreatment of others. For example, a dominant gender group may benefit in the workforce when a minority gender is denied employment or paid less for the same work. A male individual benefiting from increased job opportunities and better pay is not engaging in the oppression of others but may not speak out against the oppression due to the personal gains received or due to a lack of awareness. Lastly, *tertiary oppression* arises when an individual from a minority group seeks to gain acceptance or favor by the dominant group by betraying his or her own group (Hanna et al., 2000). The individual seeking acceptance may align themselves with the culture and values of the dominant group and forsake the cultural identity of his or her own group. The oppressor at the tertiary level often defends the majority group at the expense of the minority group in an effort to gain acceptance.

Chung and Bemak (2012) supported the claims made by Hanna et al. (2000) and agreed that oppression and injustice have a keen relationship with power. Chung and Bemak argued that when power is present in relationships, oppression continues because the power held by individuals provides them access to resources that are not available to those without power. Oppression is a universal occurrence, which is reproduced over time, leading to social inequalities and impacting the mental and physical well-being of individuals, as it removes the individuals' ability to cope with situations (Hanna et al., 2000; Speight & Vera, 2004). The social justice advocacy movement is a vital component of counseling because it strives toward systematic change to eliminate oppressive systems, which in turn benefits the overall

functioning of individuals (Hanna et al., 2000; Smith et al., 2009).

The emergence and practice of social justice advocacy requires understanding the tenets of advocacy and appropriate proactive practices in order to engage in ethical approaches that benefit clients. Moreover, social justice advocacy requires maintaining respect for diversity and recognizing the barriers within society that lead to oppression (Brown, 2004). Dalton (2007) contended that "a commitment to social justice requires an individual to not only help the poor and needy but to also take a personal responsibility to change the social conditions and structures that create such human problems" (p. 7). Being committed to social justice advocacy is vital because the commitment to a cause propels action to obtain specific goals. The commitment to social justice advocacy requires identifying the specific goals one hopes to achieve in relation to advocacy efforts (Miller & Sendrowitz, 2011). Researchers support the notion that it is the moral, ethical, and professional responsibility of counselors to address the role of privilege in society, attend to systems of power, and to identify acts of discrimination to improve the lives of individuals (Chung & Bemak, 2012; Lee & Walz, 1998; Smith et al., 2009).

Counselors who practice from a social justice advocacy perspective are attuned to equity, accessibility, participation, and harmony (Crethar et al., 2008; Crethar & Winterowd, 2012; Ratts, 2009; Ratts, Anthony, & Santos, 2010). Attention to these four factors enable counselors to assess the needs of clients in an effort to provide comprehensive services to improve the physical and psychological development of individuals by addressing oppressive environmental factors (Crethar et al., 2008; Crethar & Winterowd, 2012; Ratts, 2009; Ratts et al., 2010). Traditionally, the language of counselors reflected terms related to growth, development, and learning. However, the terminology of counselors embracing a social justice

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advocacy framework reflects communication related to justice, rights, and equity (Lee & Rodgers, 2009; Ratts, 2009; Ratts et al., 2010; Smith et al., 2009). This discourse creates a parallel in behaviors that reflect that of an activist and political reformer to meet the needs of clients and marginalized groups. Crethar and Winterowd (2012) expanded this notion by stating that counselors should focus on promoting equity and justice by providing services to diverse populations and by being aware of power and privilege while engaging in social justice advocacy.

Crethar et al. (2008) defined equity as the "fair distribution of resources, rights, and responsibilities to all members of society" (p. 270). Crethar et al. asserted that equity differs from equality, as equality would provide the same resources to all individuals regardless of their need or abilities. Equity takes into account the individual's needs and provides resources to meet their specific needs so they are able to gain access to resources. Equity can be applied to many groups within the context of counseling. When needed, counselors can provide access to counseling resources for clients by removing barriers which may hinder individuals due to physical or financial limitations. For example, counselors can ensure that individuals with limited financial resources can access counseling by providing a sliding scale and individuals with a physical disability can access the counseling office through a handicap accessible entrance. Counselors can also ensure that they are using culturally normed assessments free from biases with their clients to provide a fair and equitable assessment of their clients. When counselors engage in advocacy efforts, they become knowledgeable about the inequities experienced by individuals and bring attention to the unfair balance of power in society. Counselors help bring about a larger societal change that empowers clients by advocating for universal change (Crethar et al., 2008; Ratts, 2009). Counselors promote universal change by

bringing attention to society's needs, influencing public policy, and lobbying for legislative action (Crethar et al., 2008). Lee and Rodgers (2009) identified the case of a 12-year-old male from a poor family within an affluent society who died from a tooth infection that occurred due to inadequate dental care because his family was unable to afford dental insurance. To promote equity in this situation, counselors could bring attention to the plight of inadequate dental care within the United States and help promote policy change within insurance companies and introduce legislative policies to promote affordable dental care.

The second component of social justice advocacy as identified by Crethar et al. (2008) is accessibility. Accessibility refers to the individual's ability to access resources and services which are necessary for self-determination and optimal development (Crethar et al., 2008; Crethar & Winterowd, 2012). Accessibility is necessary for one to experience a just world free of inequalities and barriers. Counselors may work one-on-one with clients to process feelings related to lack of resources, but this limited scope of practice will not bring about the systemic change needed to help clients change their current situation (Crethar et al., 2008; Ratts & Hutchins, 2009; Smith et al., 2009). Instead, counselors could work to equip clients with social skills and economic skills to gain access to housing, food, and additional resources needed to reach their full potential. When environmental and cultural barriers limit individuals' access to knowledge, resources, and services, they are unable to reach their highest potential and cannot fully function (Smith et al., 2009). For example, individuals who do not receive an adequate education may not reach the same levels in society as those who are provided access to quality educational opportunities. To the extent that marginalized individuals have less access to high quality education, these individuals experience an injustice, which in turn creates ongoing obstacles and inequalities that hinder the individuals' overall well-being. Counselors can work

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with clients to equip them to advocate for education reform to ensure that their educational needs are being met.

Participation is the third component to social justice advocacy identified by Crethar et al. (2008). Participation pertains to an individuals' right to be involved in the decision-making process when decisions impact their personal life, community, and family. When individuals are given the opportunity to make decisions in their lives, empowerment, a sense of authority, and positive mental health are experienced (Lee & Rodgers, 2009; Smith et al., 2009). For example, historic barriers that did not allow equitable voting rights to all United States citizens marginalized certain groups by depriving them of an equal voice in the democratic process. These underserved groups accurately felt as though their needs and desires were not being heard because white men were making the decisions that impacted everybody, and this consequently left marginalized groups feeling helpless (Crethar et al., 2008). Through the passage of legislation, voting rights were expanded to all individuals, which provided a new sense of authority and empowered marginalized groups.

The fourth tenet identified by Crethar et al. (2008) is harmony. Harmony refers to the realignment of one's individual interests and decision-making to better align with the larger society. Harmony and social justice within society are obtained when decision making, goals, and personal sacrifices, benefit all members in society (Crethar et al., 2008; Gostin & Powers, 2006). The principle of harmony can be seen in legislative policies that seek to promote the betterment of society at large. Although some may argue that corporate and upper class tax cuts and health care reform may impede the lives of some groups, these pieces of legislative action seek to promote the welfare of all individuals. The implementation of equity, access, participation, and harmony provides a foundation and

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reference point for the implementation of social justice advocacy by counselors. The role of social justice advocacy in the counseling profession continues to evolve, lending room for the development of advocacy competencies, goals, skills, and a need to assess the intention to engage in social justice advocacy.

Theory base and measurement of social justice advocacy. Explaining human behavior and attempting to predict an individual's intention to act is marked with great complexity due to a number of variables (Ajzen, 1991; Ajzen, Joyce, Sheikh, & Cote, 2011). To effectively understand individuals' behavioral intentions, one must thoroughly assess their attitudes and values (Ajzen, 1991; Ajzen, 2011; Torres-Harding et al., 2012). As such, theoretical frameworks and behavioral assessments have been developed to attempt to assess and predict human behaviors (Ajzen, 1991; Torres-Harding et al., 2012). In an attempt to explain behavior, Ajzen (1991/2011) proposed the theory of planned behavior, which takes into consideration attitudes, subjective norms, and perceived behavioral control to predict an individual's intentions to act on a behavior.

Ajzen's theory of planned behavior. The theory of planned behavior has become one of the most cited social theories over the past three decades, and it is utilized to predict individuals' behavior (Ajzen, 2011; Armitage & Christian, 2003; McCabe, Rubinson, Dragowski, & Elizalde- Utnick, 2013). Studies utilizing Ajzen's theory have applied it to a number of social and health behaviors, ranging from predicting the purchasing behaviors of Indian housewives (Dutta & Singh, 2014) to the smoking behaviors of high school students (Acarli & Kasap, 2014). Ajzen (1991) hypothesized that behavioral performance is influenced by one's intention to act on the behavior; in turn, attitudes toward the action, subjective norms surrounding the action, and one's perceived behavioral control of the action are utilized to

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predict one's intentions. He labeled this model the theory of planned behavior. Ajzen's theory of planned behavior is illustrated in Figure 2.

Figure 2. Ajzen's Theory of Planned Behavior
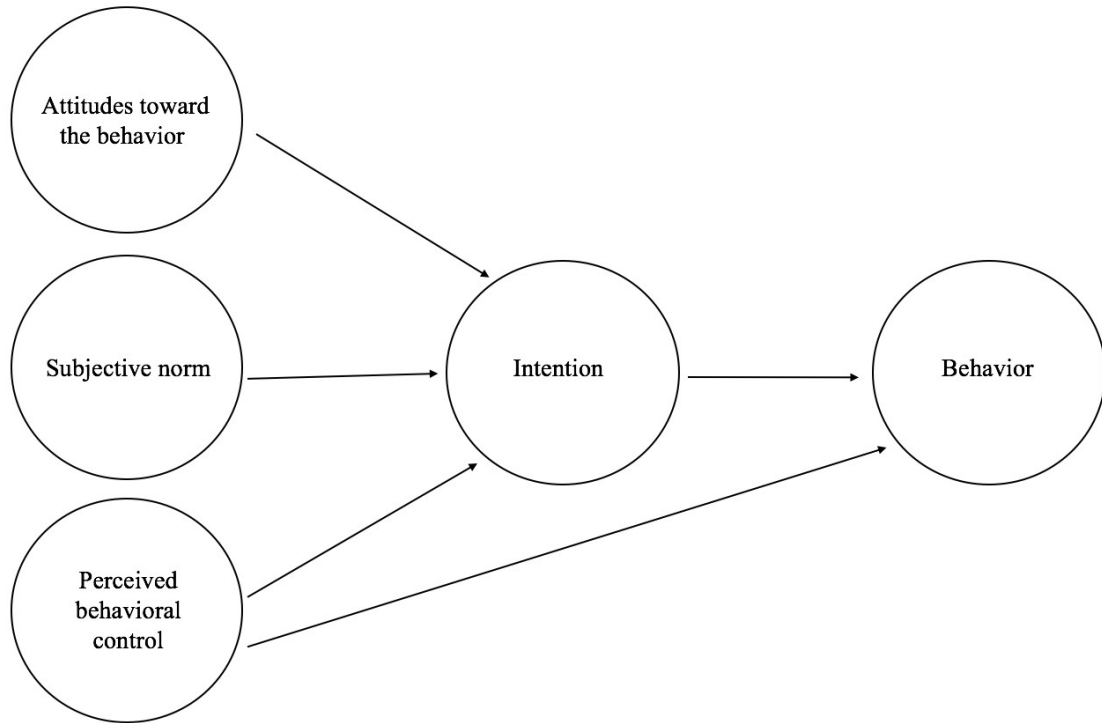
The first component of Ajzen's (1991) model – *attitudes* – focuses on an individual's favorable or unfavorable assessment toward a behavior. In regard to social justice advocacy, attitudes would pertain to an individual's acceptance of the values and principles of social justice, such as the ideals of equity, accessibility, participation, and harmony, regardless of the individual's background (Torres-Harding et al., 2012). McCabe and Rubinson (2008) utilized the theory of planned behavior as a theoretical foundation to explore the intention of teachers- and school counselors-in-training to advocate for LGBT youth. McCabe and Rubinson specifically looked at participants' attitudes about a number of societal concerns within the school. Findings from their study revealed that teachers and school counselors-in-training reported positive

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attitudes about implementing social justice advocacy efforts in schools in regard to race, socioeconomic status, class, language proficiency, special education status, and gender. However, participants did not initially consider LGBT concerns as an area needing social justice advocacy and subsequently did not favor implementing advocacy efforts for LGBT students.

Counselors-in-training who are influenced by values within their spiritual life may express favorable attitudes and engage in social justice advocacy when advocacy efforts align with their personal, spiritually-based values (Droege & Ferrari, 2012; Goodman, 2000; Torres-Harding, Carollo, Schamberger, & Clifton-Soderstrom, 2013). However, the opposite may also occur as counselors may decrease their involvement in social justice advocacy when they perceive a conflict in personal and professional values, which in turn creates unfavorable attitudes. Instead of bracketing personal values, as mandated by professional ethics, counselors and counselors-in-training may engage in primary oppression by choosing to remove themselves from advocacy efforts or by refusing to engage in a professional relationship with clients based on different worldviews (ACA, 2014; Choudhuri & Kraus, 2014).

The second component of Ajzen's (1991) model – *perceived behavioral control* – pertains to "the perceived ease or difficulty of performing the behavior, and it is assumed to reflect past experience as well as anticipated impediments and obstacles" (p. 188). Perceived behavioral control combined with behavior intention can be utilized to predict a behavioral achievement (Ajzen, 1991; Torres-Harding et al., 2012). Two rationales can be utilized to explain the concept of perceived behavioral control. First, when intentions are held constant, behaviors are more likely to be successfully completed with perceived behavioral control. For example, when two individuals have the same intention to write a grant to obtain funding

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for a college prep course for a disenfranchised group of students, the one who believes he or she can complete the grant writing process and obtain the funds is more likely to persevere than the one who does not have faith in his or her abilities. The second reason a direct link between perceived behavioral control and behavioral achievement is observed is because perceived behavioral control can be used as an alternative measure for actual control. To substitute perceived behavioral control for actual control depends on a number of factors. Perceived behavioral control may prove to be inaccurate for predicting actual behaviors when limited information is known about the behavior, when available resources change, and when unfamiliar circumstances have surfaced. Although, the more realistic in nature the perceived behavioral control is the more probable prediction an individual can obtain from the behavioral attempt (Ajzen, 1991).

The third component of Ajzen's (1991) model – *subjective norms* – pertains to the environmental support, contextual messages, and societal norms to lead a person to engage in a specific behavior. The subjective norms provide a means to describe how an individual's context can influence the implementation of a behavior. The subjective norms for counselors-in-training may differ on a number of levels. The contextual messages and environmental support received may differ within spiritual, cultural, and academic environments, which could in turn impact an individual's intention to engage in social justice advocacy. Beer, Spanierman, Greene, and Todd (2012) examined the perceptions of training related to social justice advocacy among counseling psychology trainees. Participants noted that their academic environment facilitated and supported social justice advocacy, which in turn increased their engagement in social justice advocacy. In regard to contextual messages, one participant noted that a faculty member encouraged social justice advocacy and embraced it as a value that can

be ongoing. Findings by Beer et al. (2012) support the claim that the subjective norms within the participants' academic environment influenced their engagement in social justice advocacy. However, will the same findings hold true when examining the relationship between the spiritual maturity of counselors in training and their intent to engage to social justice advocacy?

A central feature of the theory of planned behavior pertains to the individual's intention to perform behaviors (Ajzen, 1991). Intentions serve as indicators of the motivational factors that impact behaviors and indicate the amount of effort an individual is willing to exert to achieve a specific behavior. Ajzen (1991) contended "the stronger the intention to engage in a behavior, the more likely should be its performance" (p. 181).

Ajzen hypothesized that attitudes, perceived behavioral control and subjective norms are instrumental in predicting behaviors. These factors can be used to assess the impact of spiritual maturity on clinical mental health counselors in training intentions to engage in social justice advocacy. Tenets and value systems of individuals who are more spiritually mature may contain beliefs of social justice advocacy and may seek to unify society across ethic, gender, and religious lines (Fowler, 1981; Gladson, 2002; Roberts-Lewis & Armstrong, 2010). Kozlowski, Ferrari, and Odahl (2014) examined the relationship between social justice advocacy, faith maturity, and community relations among college students and found a strong relationship between the variables. By examining the spiritual maturity of clinical mental health counselors in training, one may be able to predict the students' intention to engage in social justice advocacy. In general, as attitudes and subjective norms toward behaviors are viewed as more favorable, and as perceived behavior control increases, so should the individual's intent to engage in the behavior under review (Ajzen, 1991). Researchers in other

fields have utilized the theory of planned behavior to examine intentions to perform social

justice advocacy; however, research examining social justice advocacy with counselors-in-

training is limited. The need to understand an individual's values and attitudes around social

justice advocacy exists due to the differing opinions held about social justice within different

belief systems. Torres-Harding, Siers, and Olson (2012) acknowledged the importance of

assessing values and attitudes pertaining to social justice advocacy and developed the Social

Justice Scale, which takes into consideration the constructs proposed by Ajzen.

Social Justice Scale. Individuals working toward social justice must have an

awareness of social inequalities and acknowledge the existence of unjust circumstances that

develop from the oppression of groups within society. To provide a means to predict an

individual's intent to engage in social justice advocacy, Torres-Harding et al. (2012)

developed the Social Justice Scale (SJS). Torres-Harding et al. specifically sought to measure

attitudes pertaining to social justice, perceived behavioral control, subjective norms, and an

individual's intent to engage in social justice advocacy. To generate scale items, researchers

integrated tenets of social justice advocacy with components of Ajzen's (1991) theory of

planned behavior. At the conclusion of the data analysis, researchers created four subscales

with a total of 24 questions on the measure. The subscales include: (a) social justice attitudes,

(b) social justice perceived behavioral control, (c) social justice subjective norms, and (c)

social justice behavioral intentions.

The SJS does not measure the individual's actual level of social justice advocacy

engagement, but rather measures the individual's intent to perform social justice advocacy

behaviors, which is consistent with Ajzen's (1991) model. The Behavioral Intentions Subscale

was predictive of an activist identity and served as a self-reported predictor of social justice

behavior performance. Along with behavioral intentions, possessing the identity of an activist, having an interest in social justice advocacy, and exhibiting social justice self-efficacy proved to be strong predictors of a commitment to social justice advocacy (Cook, 1990; Kelly & Breinlinger, 1995, Miller et al., 2009).

Utilizing the SJS, Kozlowski et al., (2014) found that college students' participation in social issues was influenced not only by their social justice attitudes but also by their faith maturity. As such, the identity of an activist that is identified by the SJS may closely resemble the activist role taken by individuals who identify as more spiritually developed. However, Kozlowski et al., (2014) measured spiritual maturity from a Judeo Christian perspective which excludes individuals from different faith backgrounds. To further understand the relationship between spiritual maturity and social justice advocacy, it is essential to understand spirituality and theories of spiritual development which are broader and open to diverse spiritual backgrounds.

Spirituality

Attention given to spirituality continues to rise in the United States and is attributed to a postmodern philosophical shift (Adams, 2012; Hodge, 2012). Approximately 60%-75% of Americans claim affiliation with a formal spiritual practice (i.e., religion, prayer), and an additional 15%-20% identify as spiritual (Gold, 2013; Hagedorn & Gutierrez; 2009). Moreover, The Pew Forum on Religion and Public Life (2015) conducted a survey to assess the percentage of individuals who identify as spiritual and not religious. Findings revealed that 7% to 38% of individuals identified as spiritual but not religious. Identifying as a spiritual individual is common within the general population, but do these findings generalize to the counseling profession, and how does spirituality influence the professional behaviors of

counselors?

Adams (2012) explored messages pertaining to spirituality and religion that counselors- in-training received during their graduate program. Through her study, 118 participants were recruited from first- and second-year cohorts in master's degree programs. Her findings revealed that 76.3% of the respondents considered themselves highly religious or spiritual, and 16.9% considered themselves moderately religious or spiritual. Adams argued that the philosophical shift to a postmodern perspective in counseling provides space for a spiritual point of view, which provides an opportunity to deconstruct beliefs and further discuss components related to spirituality. The postmodern perspective within counseling celebrates the importance of a spiritual existence within the identity of counselors and clients which aligns with tenets of counseling pertaining to accepting the whole person (Adams, 2012). As spirituality remains a topic of conversations within society, researchers suggested that the focus on spirituality might become more prominent in the counseling profession, creating a greater need to understand the concepts of spirituality (Hodge, 2002; Myers & Williard, 2003; Richards & Bergin, 2005).

Spirituality defined. Spirituality and religion, topics once reserved for personal discussions, have become present in daily engagements, contributed to scientific research, and have developed into a multicultural competency within counseling (Esmaili et al., 2014). The ideals and tenets of spirituality are broad and encompass many components. As such, spirituality is defined as "a fundamental orientation to one's life and to the ground of all life; it is the source of one's posture toward living, of the nature of one's connection to all things, and of one's perception of an ultimate reality" (Morgan, 2007, p. 2). The Association for Spiritual, Ethical, and Religious Values Issues in Counseling (ASERVIC) developed a comprehensive

definition of spirituality and defined it as "the animating life force that is unique to each individual that moves individuals toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness" (ASERVIC, 1997, para.1). Furthermore, spirituality encompasses beliefs, self-awareness, personal experiences, value systems, relationships with others, and a higher power (Hamilton & Jackson, 1998; Hodge, 2012). Aside from the fundamental beliefs and values established by one's spiritual life, maintaining a spiritual practice has been shown to have psychodynamic and cognitive effects on individuals' well-being and provides a source for meaning and understanding (Benner, 1989; Frankl, 1963; Hodge, 2000). Moreover, the individual meaning that counselors in training bring from their spiritual practice has the potential to influence their clinical work and further influence their commitments to social justice advocacy.

Practice, principles, and benefits of spirituality. The presence and practice of spirituality has had salient effects on individuals' physical and mental health with consistent findings across age, sex, nationality, religious affiliation, and ethnicity (Frankl, 1963; Hodge, 2000). In the clinical setting, spirituality may serve as a challenge to the psychological well-being of clients but spirituality may also serve as a strength for clients and can be invoked to help improve presenting concerns. Researchers identified a number of benefits to spiritual maturity and toward having a connection to a higher power. Being spiritually mature has been shown to strengthen one's overall mental health, as spirituality promotes resiliency, enables coping, facilitates pro-social behaviors and increases positive attitudes (Ellison, 1992; Haight, 1998; Hodge, 2000). Furthermore, researchers found that middle-aged couples experienced an increase is marital satisfaction when spirituality was integrated into their marriage (Giblin, 1997). Additionally, spiritually mature Catholic women who had been abused displayed an

increase in attitudes of acceptance compared to those who scored lower on the spiritual maturity measure (Smith, Reinert, Horne, Greer, & Wicks, 1995), and spiritually mature Christian women exhibited a decrease in anxiety, depression, and psychological distress compared to less spiritually mature women (Atkinson & Malony, 1994). The benefits of developing spiritually are extensive as these benefits influence one's personal life and the lives of others. Counselors have the opportunity to aid clients in engaging their personal strengths and resources to promote wellness and resiliency, which can enact change within their community.

To aid in personal and spiritual growth, counselors can employ the client's spiritual strengths to help challenge negative cognitive schemas, which in turn promote resiliency and coping (Hodge, 2000). For example, clients can increase their ability to cope with difficult situations and develop personal self-care strategies when counselors encourage them to practice meditation or prayer. As clients begin to recognize personal growth in specific areas of their lives, newly developed skills can be engaged to help address ongoing concerns like depression, anxiety, and poor self-image. An individual's spirituality provides a means for personal development and can be explained through theories of human development (Hamilton & Jackson, 1998; Myers & Williard, 2003).

Theory base and measurement of spirituality. Increased attention has been given to developmental theories as researchers identify alternative multidimensional approaches to the psychology of religion and spirituality. Ingersoll (2007) posited that the existence of spirituality is present within all humans but its existence ranges on a continuum from an unused resource to a fully developed trait of the individual. Theories of human development propose that spiritual development is part of the developmental process and as individuals

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become more spiritually developed, they experience an increased desire to gain an understanding of factors that transcend human nature (Love & Talbot, 2009; Myers & Williard, 2003). Psychodynamic, psychosocial, and cognitive theories provide a means to better understand the role of spiritual development in the lives of individuals.

Jung's theoretical approach to spiritual maturity served as a stimulus for other transpersonal theories that incorporate humanism within Eastern religion (Burke et al., 1999). Jung (1933) proposed that spiritual maturity is an evolutionary process that occurs with the emergence of the conscious and unconscious, which leads to the experiencing of the genuine self. Within psychosocial theories of development, spiritual maturity occurs when individuals immerse themselves and engage in their physical and social environments (Myers & Williard, 2003). Maslow (1970), Erikson (1963), and Frankl (1963) proposed developmental theories that provide an understanding of roles within social relationships, physical relationships, and personal relationships. Each theorist proposed that basic needs and trust with others provides a foundation and structure in the lives of individuals, moving them to a higher level of spiritual understanding. Cognitive theorists built their developmental models on Piaget's model of cognitive development (Myers & Williard, 2003). Furthermore, cognitive theorists proposed that spiritual maturity occurs in sequence with an individual's cognitive development. Piaget (1963) developed a 4- stage model of cognitive development which provided a framework to explain how children understand and process the world around them. Kohlberg's (1984) 6-stage theory of moral development is reflective of Piaget's developmental model to explain the development of moral reasoning (Myers & Williard, 2003). Lastly, Fowler's (1981) growth-oriented 7-stage model of faith development asserts that as an individual's cognitive development

progresses so does their faith development. Fowler's model will serve as a theoretical foundation for this study.

   Fowler's theory of faith development. Fowler's (1981) theory of faith development is an attempt to bring together lived experiences through the incorporation of developmental stages. To illustrate different spiritual developmental paths individuals take, Fowler combined Erikson's psychosocial psychology with Piaget's cognitive development stages and Kohlberg's stages of moral development (Fowler, 1981; Parker, 2006; Sandhu, 2007). However, Fowler found fault in these individual theories as Erikson, Piaget, and Kohlberg displayed a "restrictive understanding of the role of imagination in knowing, their neglect of symbolic processes generally, and the related lack of attention to unconscious structuring processes other than those constituting reasoning" (p. 103). Fowler's 7-stage model of faith development expanded the theories of Erikson, Piaget, and Kohlberg by giving more attention to symbols and unconscious structuring in his theory. Furthermore, Fowler's theory of faith development provides a growth-oriented approach to spirituality and religion instead of a pathological orientation embraced by earlier schools of psychology (Fowler, 1981; Parker, 2006; Parker, 2009).

   Fowler (1981) described faith as an universal approach shared by individuals to make meaning of their world. He further explained that faith is an individual's or group's process of developing meaning and purpose in life that is profound, ultimate, and stable, and where an individual's values are found. Fowler's proposed definition of faith closely resembles ASERVIC's definition of spirituality. ASERVIC (1997) asserted that spirituality is a unique individualistic characteristic that promotes knowledge, compassion, and love for all individuals. Moreover, spirituality upholds love, peace, and hope for all individuals, creates a connectedness to community and a higher power, and encourages improving the lives of others (ASERVIC, 1997). Fowler (1981) gives attention to improving the lives of others in

stages five and six of Fowler's theory of faith development.

Since the development of Fowler's theory of faith development, hundreds of studies have been conducted utilizing his theory as a basis to explore religious and spiritual maturity; however, limited research has utilized his theory to assess the impact of spiritual maturity on the intent to engage in social justice advocacy (Parker, 2010). Fowler's theory has provided a theoretical foundation for a multitude of studies in the fields of pastoral care, developmental psychology, and education (Parker, 2010). Furthermore, in relation to the field of counseling, his theory has been utilized to provide a context for supervision development when working with counselors-in-training (Parker, 2009). Studies utilizing Fowler's theory have explored the emergence of religious identity in college women, explained crisis transition with AIDS patients, investigated faith development during midlife transition, and described the development of resilience through faith development with children exposed to war in Sri Lanka (Anderson, 1995; Backlund, 1990, Fernando & Ferrari, 2011).

Although Fowler's (1981) theory has been utilized to examine faith development in a multitude of areas, only a few studies have utilized the theory within the areas of mental health and the spiritual maturity of counseling students. Johnson (1990) examined techniques, interventions, and attitudes from the context of psychotherapy and spirituality. Additionally, coping with chronic stress in women was examined from a faith development perspective (Leary, 1989). Lastly, attachment in relation to one's faith development was explored with adults (Clore, 1998). Fowler's theory of faith development will serve as a theoretical foundation for this study, but first it is important to understand the levels of spiritual development proposed by Fowler.

Levels of spiritual development. Fowler's (1981) theory utilizes a growth-oriented

approach, which begins at infancy and continues throughout adulthood. The seven stages of his developmental model include: (a) *infancy and undifferentiated faith*, (b) *intuitive-projected faith*, (c) *mythic-literal faith*, (d) *synthetic-conventional faith*, (e) *individuative-reflective faith*, (f) *conjunctive faith*, and (g) *universalizing faith*.

Infancy and undifferentiated faith is identified by Fowler as Stage 0 in his theory of faith development (Fowler, 1981). Though really a pre-stage, infants develop trust, courage, hope, and love through their connection with a caregiver, but these forms of faith are also challenged by threats or fears of abandonment and inconsistencies in their environment. The emergence of faith is found in the relationship developed with the individuals providing primary love and care which leads to the development of trust. Experiencing neglect and deficiencies in caregiving in this stage leads to feelings of narcissism and individuals views themselves as the central being in life. Alternatively, individuals may develop patterns of isolation which lead to failed relationships in life when neglect or inconsistency in their life is experienced. Individuals transition from undifferentiated faith to intuitive-projected faith by connecting thoughts with language and when play and speech are expressed through symbolism.

Fowler (1981) labeled intuitive-projected faith as Stage 1 in his theory of faith development. Individuals in Stage 1 range from 3-7 years of age. Children in the first stage are characterized by fantasy and imitation, as children are unable to logically think about stories and situations in their life. Children's faith-related opinions and perceptions are influenced by the temperament and religious stories told by the primary caregiver. Individual strengths begin to emerge through the child's imagination, symbolism, and stories, which helps develop the child's innate understanding of one's existence. Self-awareness emerges in this stage and is

dominated by self-centered thoughts of others in the child's world. The transition to Stage 2 occurs through the emergence of concrete operational thinking. When children begin to develop concrete operational thinking, they begin questioning how things function in their world and begin to identify what is real versus imaginary.

Mythic-literal faith is Stage 2 and encompasses individuals who are generally school-aged but may include adolescents and adults (Fowler, 1981). Stories, symbols, and beliefs of the faith community begin to be adopted into the identity of individuals in this stage. Concrete thinking is a theme throughout this stage, as symbols are viewed literally. Perspective taking shifts during this stage, as individuals are able to view situations from the vantage point of others, leading to a worldview of mutual fairness and justice. The emergence of strength in this phase is found in the development of narratives and the telling of stories. Narratives are utilized throughout this stage to recap in detail what occurred in one's life. However, the individual is able to apply meaning in the narrative but is unable to apply meaning to other parts of life (Fowler, 1981). The inability to apply literal meaning and dependence on reciprocity to construct one's ultimate environment, lead to perfectionism or a sense of being bad. Individuals transition to Stage 3 through reflective meaning making. Additionally, individuals begin to question stories told by their community and attempt to make meaning on their own to create their ultimate environment.

Synthetic-conventional faith, Stage 3, develops during adolescence, but many adults establish permanency and balance in this stage (Fowler, 1981). The role of faith in Stage 3 provides a systematic direction to aid in synthesizing values and information. Faith provides a basis for identity and vision for the future. Individuals in Stage 3 must give attention to multiple areas of their lives beyond the family as they are now incorporating and giving

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attention to family, school/work, friends, society, and religion. Individuals do not have a firm grasp on their true identity, leading them to conform to the expectations and judgments of others. The values and beliefs held by individuals have depth and are incorporated throughout the individual's life. Furthermore, the individuals have doctrines in which they believe, but these doctrines function more as a set of values as they have not been examined and objectified (Fowler, 1981). Individuals begin to emerge into their own identity and faith, which integrates the individual's past and future with the image of the ultimate environment. The expectations and desire to please others can lead to devastating outcomes within the individual. First, individuals may internalize the evaluations of others, sacrifice their self-imposed judgment, and thus fail to take action in their life (Fowler, 1981). Furthermore, betrayal in personal relationships may lead to rebellion and despair about an ultimate being or a sustaining, close relationship with God.

The transition to Stage 4 occurs when factors in Stage 3 begin to break down and individuals begin to experience a desire for change. Fowler (1981) explained that the factors that may lead to a breakdown in Stage 3 include: (a) contention or discrepancies by a faith leader or sources of authority, and (b) altering religious practices that are sacred and unchangeable. For example, changing the Catholic mass from Latin to vernacular language could create tension amongst parishioners and promote the transition to Stage 4 (Fowler, 1981). Lastly, personal changes that lead to authentic reflection and self-examination of personal values may give rise to the transition to Stage 4.

Fowler (1981) identified Stage 4 as individuative-reflective faith. Stage 4 typically develops during young adulthood, but many adults may not reach this stage, and others may not reach this stage until their mid-30s to 40s. The transition to Stage 4 is crucial, as this is the

stage where individuals begin to take responsibility for their commitments, attitudes, beliefs, and lifestyle. An authentic transition within this phase leads to unavoidable conflict as individuals develop autonomy, put their needs first versus attending to the needs of others, and demonstrate faith in the unknown. The development of self now occurs apart from the interactions and relationships with others. Whereas individuals previously defined their faith and identity through relationships with others, individuals now define their faith apart from relationships and the meanings given by others. Unconscious factors that contribute to judgment and behavior receive minimal attention, and the individual gives a significant amount of time to reflecting on one's own beliefs, values and ideologies (Folwer,1981). During Stage 4, individuals begin to integrate the worldviews of others into their personal worldview. As individuals begin to grapple with the complexities of life and the understanding that life is not a series of absolutes, the transition to Stage 5 occurs. The transition to Stage 5 is also prompted as individuals begin to desire a deeper understanding of life's truths.

Conjunctive faith, Stage 5, emerges throughout mid-life and is characterized by the appreciation of symbols, the ability to take multiple perspectives on a topic, and to think beyond the simple thinking of Stage 4 (Fowler, 1981). Individuals are able to appreciate and acknowledge that faith transcends rational categories and includes the unconscious components of human knowledge. Individuals begin to acknowledge that all of the questions sought in Stage 4 cannot be answered but the individual is okay with not knowing everything about their faith. Furthermore, individuals in this stage develop an increased commitment to social justice advocacy that crosses social, faith, and racial boundaries. Individuals are able to recognize injustices and oppression in the world and become aware of the consequences of seeking justice for all individuals. In Stage 5, individuals are dedicated to helping others

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develop their sense of identity and meaning in the world (Fowler, 1981). Individuals within this stage of are able to recognize divisions within society; however, divisions remain in this stage as individuals are in between a society that has not experienced transformation and a society that is developing new worldviews and commitments. Furthermore, the divisions in society become more apparent as individuals try to develop a society that benefits and includes all individuals (Fowler, 1981). However, divisions remain in Stage 5, because individuals are stuck between implementing advocacy efforts to help society and the need for self-preservation. The transition to Stage 6 occurs when individuals forego their need for self-preservation and seek out steps to unify society (Fowler, 1981).

The final stage in Fowler's (1981) theory is universalizing faith. Individuals in Stage 6 are described as activists who are willing to put their well-being at risk to bring transformation and unity to society by seeking justice for all individuals. Fowler described individuals in this stage as those who prompt others in society to question their sense of normalcy as Stage 6 individuals often put the needs and well-being of others before their own. Individuals who embody the traits of an individual in Stage 6 include Mother Teresa, Martin Luther King Jr., Gandhi, Dietrich Bonhoeffer, and Thomas Merton. Fowler clearly noted that individuals in Stage 6 are not perfect, yet they embody moral and leadership roles to seek out social truth for all individuals through nonviolent approaches to unify society across racial, religious, and gender lines. Moreover, these individuals provide a "subversive" influence, which calls into question the accepted terms of justice.

Spiritual maturity is individually specific, but the characteristics and qualities embodied in each of Fowler's seven stages are the same (Parker, 2009). The model developed by Fowler (1981) is a multifaceted approach to spiritual maturity that acknowledges the

cognitive, affective, and relational aspects of an individual's faith. As individuals progress toward increased faith development, their awareness of others' needs increases and, in turn, their desire to transform the environment through social justice advocacy becomes more prevalent (Fowler, 1981). The examination of an individual's spiritual maturity thereby provides a means of assessing their intent to engage in social justice advocacy, and this can be achieved by utilizing the Spiritual Experience Index-R.

Spiritual maturity and an increase in social justice advocacy. The integration of spirituality within the counseling profession has been met with some trepidation and conflict but many of the tenets within spiritual practices closely resemble the social justice advocacy identity of counselors (Burke et al., 1999; Myers & Williard, 2003). Many religious and spiritual traditions have supported the cause of social justice, but two Christian movements in the late 19th century distinctly shaped the role of social justice within the church (Gladson, 2002; Roberts- Lewis & Armstrong, 2010; Torres-Harding et al., 2013). The Protestant Social Gospel Movement and the early writings in Catholic Social Thought were foundational in this movement as urban poverty from the Industrial Revolution was widespread. Furthermore, evidence for social change can be found within the Bible, as "the least of these" was often referenced when discussing social change for the impoverished, orphaned and desolate (Torres- Harding et al., 2013). Individuals who identify as spiritual and uphold a commitment to social justice advocacy have a moral imperative to fairness and equality and strive to alleviate the suffering of others through love, compassion, care, and respect (Arredondo & Perez, 2003; Kiselica & Robinson, 2001; Perry & Rolland, 2009). Moreover, the existential connection to a higher power promotes the desire to address injustices (Fowler 1981; Hodge, 2012; Sandage & Jankowski, 2013). Researchers hypothesize that an individual's spiritual development is closely linked with an increase in social justice advocacy (Fowler, 1981; Kozlowski, Ferrari, & Odahl, 2014). As such, one could argue that the desire to engage in social justice advocacy

originates directly from one's spirituality and the connection with a higher power and indirectly from social relationships with individuals who embrace the same spiritual practices and values (Hodge, 2012).

Tisdell (2002) conducted a qualitative study with 16 adult educators to examine themes of spiritual development when advocating for social justice. Participants noted that their spirituality provided a global awareness and a desire to continue engaging in social justice advocacy despite the adversity met from others when they challenged racism, sexism, homophobia, ableism, and classism. One participant emphasized the role of spirituality to engage in social justice by stating: "It is my responsibility, my duty, my reason, my history, my spirit, my soul! I must work among people, in doing social justice. There is no other alternative" (Tisdell, 2002, p. 137). Conversely, Torres-Harding et al., (2013) found that individuals who reported more daily spiritual experiences reported to be less likely to engage in social justice advocacy. Individuals who embrace a commitment to social justice advocacy within their spiritual practice do so by giving attention to fairness and through the alleviation of other's suffering, which arises from their relationship with a higher power (Sandage & Jankowski, 2013; Tisdell, 2002). Social justice advocacy is a fundamental means to express spirituality, as this practice is common in spiritual value systems and serves as a fulfillment to one's spiritual life (Perry & Roland, 1999).

Hodge (2012) indicated that the existence of justice is found within an individual's spiritual worldview from where personal values are found. Similarly, Crethar and Winterowd (2012) noted that one's values, virtues, and worldview are gained through their spirituality, which provides a means to assess what is just and unjust. The perspectives regarding a just and unjust world vary from conservative too liberal within spiritual practices. However,

Crethar and Winterowd asserted that the framework to promote a socially just world can be found in every spiritual practice regardless of the ties to a conservative or liberal framework. The relationship between social justice advocacy and spirituality is strong and can further be clarified through the identification of core values within each entity.

Faiver, Ingersoll, O'Brien, and McNally (2001) found nine tenets relevant to spirituality, which closely resemble the tenets of social justice. Foundational tenets of spirituality identified by Faiver et al. included hope, virtue, sacred ground, polarities, facing oneself, compassion, love, meaning, and transcendence. Not all of the tenets related to spirituality align with the characteristics of social justice advocacy; however, the themes of hope, virtue, compassion, love, and meaning seem to be at the core of the pursuits of social justice advocacy (Faiver, Ingersoll, O'Brien, & McNally, 2001). The goal of developing and promoting a socially just world and serving individuals who may be marginalized in society is an intrinsic value shared with the practice of spirituality and the professional mandate of counselors. However, conflict may arise when values within one's spiritual life intersects with the practice of social justice advocacy.

The Spiritual Experience Index-R. Prolific researchers and psychologists have undertaken the task of measuring spiritual development, which has led to several definitions of spiritual maturity (Allport, 1950; Fowler, 1981, Genia, 1997). The process of measuring this construct has been difficult due to the comprehensive nature of spirituality and religiousness. However, Genia (1991/1997) attempted to develop a comprehensive measure for spiritual maturity by developing the Spiritual Experience Index (SEI) and later the Spiritual Experience Index-Revised (SEI-R). Genia (1991/1997) reported that the SEI and SEI-R were developed utilizing theoretical foundations from Allport (1950), Allport and

Ross (1967), James (1902), and Fromm (1950) which include the following criteria:

1. Meaningful relationship with a higher power

2. Consistency in life in regard to moral standards and spiritual values

3. Maintaining faith during uncertainty

4. Acceptance of diverse spiritual backgrounds

5. Exclusion of egocentricity and m

6. Giving equivalent importance to both reason and emotion

7. Developed concern for the welfare of others

8. Encouraging tolerance and human growth

9. Difficulty in making meaning of evil and suffering

10. Having a personal meaning and purpose

11. Space for traditional beliefs and personal meaning making

The SEI differed from previous measures of spirituality and religiousness in two key factors. First, Genia (1991/1997) constructed a measure that specifically examined spiritual maturity from a developmental framework versus a multidimensional conceptualization of faith. Secondly, the SEI was developed to assess the spiritual maturity of individuals from multiple spiritual backgrounds and religious affiliations. Her initial measure (the SEI) was comprised of 38 items, and levels of spiritual maturity were classified as intrinsic, extrinsic, proreligious, or nonreligous. Genia (1991) hypothesized that spiritual maturity was a one-dimensional factor when developing the SEI. However, she later found faith maturity to be a two-dimensional model through her development of the SEI-R (Genia, 1997). Genia (1997) tested the psychometric structure of the SEI with a larger sample size, resulting in the development of the SEI-R, which was comprised of 23 items from the original 38 items on the

SEI. Moreover, after completing the factor analysis, the factor grouping led to the development of two separate subscales. The Spiritual Support (SS) Subscale assesses the sustenance and support of faith, and the Spiritual Openness (SO) Subscale includes items referring to a more inclusive and universalistic dimension.

Using these subscale scores, Genia (1997) also proposed four typologies of spiritual maturity. The typologies outlined by Genia included: (a) *underdeveloped, (b) dogmatic, (c) transitional,* and *(d) growth-oriented*. Genia concluded that individuals who score low on the SS and SO are spiritually underdeveloped and lack a spiritual foundation or commitment to a spiritual practice or spiritual identity. The second stage – dogmatic – is represented by high SS and low SO scores. Individuals in this category establish a belief in a faith and identify with its teachings and values, which aligns with the developmental progression in Fowler's theory of faith development (Fowler, 1981; Genia, 1997). The third level of spiritual maturity – transitional – is represented by high SO and low SS scores. Individuals in this stage become more inquisitive about different faiths and begin to question their previously held beliefs (Genia, 1997). Individuals in the fourth stage of spiritual maturity – growth-oriented – endorse items on both scales, and scores are represented by high SO and high SS. Individuals in the fourth stage commit to one spiritual teaching after seeking out different ideologies and are open to spiritual diversity (Genia, 1997).

Findings by Reinert and Bloomingdale (2000) supported the developmental model and typologies identified by Genia. Reinert and Bloomingdale found that the underdeveloped group was low on engaging in religious practices and maintained an egocentric worldview, which supported Genia's (1997) findings in developing the SEI-R. Furthermore, Reinert and Bloomingdale found that spiritually-mature individuals are committed to their spiritual beliefs

and endorse high scores on items related to engaging in formal practices, being aware of God, and holding an intrinsic orientation to faith, which is also consistent with Genia's findings.

The intrinsic link between spirituality and social justice advocacy provides a number of implications for counselors as the two factors are integrated into the counseling profession (Esmaili, Zareh, & Golverdi, 2014; Richards & Bergin, 2005). Counselors and counselors-in-training are likely going to be faced with situations in which social justice advocacy and spirituality collide both professionally and personally. Although, it is an ethical mandate to bracket personal value systems, the reality of doing such can prove to be difficult (ACA, 2014; Choudhuri & Kraus, 2014). The ACA Code of Ethics provides a framework for counselors and a space for dialogue as counselors establish a balance between personal and professional value systems. Despite having an established framework to dialogue about ethical mandates, areas of uncertainty still arise creating an incongruence between personal and professional values.

Ethical Mandate to Integrate Social Justice Advocacy and Spirituality

The ACA Code of Ethics serves as the counseling profession's value system and standard of practice that protects the welfare of clients by respecting their individual diversity (Francis & Dugger, 2014). To protect the welfare of clients, the ACA Code of Ethics mandates that counselors do not impose their personal values on clients and instead encourages that counselors embrace a multicultural worldview (ACA, 2014; Choudhuri & Kraus, 2014). The internalization of the values supported by ACA (2014) and spiritual teachings can lead to the assumption that social justice advocacy will increase as individuals demonstrate an increase in spiritual maturity as there is an intrinsic link between promoting social justice and spirituality. However, instances may also arise where spiritually mature individuals display a decreased

commitment to social justice advocacy when they fail to adopt and ascribe to the professional value system supported by ACA.

Conflict between social justice advocacy and spiritual maturity. The topic of values within the counseling profession frequently creates some angst and emotional responses as clients and counseling professionals bring their own value systems into the counseling relationship (Consoli, Kim, & Meyer, 2008). Likewise, the personal values of counselors have been found to influence their clinical work and goals, which in turn could impact their work as social justice advocates. Values include beliefs within a counselor's personal life that guide counselors' professional perception when assessing clients' decision-making and well-being, which impacts the outcome of the counseling process (Consoli et al., 2008). Additionally, values include ideologies and worldviews held by an individual, which influence their professional and personal decision-making. Due to the close ties individuals have to their personal value systems, professional counselors and counselors-in-training may find that the profession's call for them to be social justice advocates and their professional responsibility to bracket their personal values may cause incongruence in their professional identity and personal identity (Choudhuri & Kraus, 2014; Francis & Dugger, 2014). Hancock (2008) found that individuals who maintain conservative religious beliefs might have difficulty working with individuals who are not adhering to the same value system. The role of values in the counseling professional cannot go without notice as they may influence the professional responsibilities of the counselor which can consequently impact counseling outcomes and the counselors' engagement in social justice advocacy.

The pursuit of social justice advocacy may derive from many frameworks; however, literature supports the notion that for many individuals, religion and spirituality promote the

desire to engage in acts of social justice advocacy which conflicts with Torres-Harding et al.'s (2013) findings (Crethar & Winterowd, 2012; Fowler, 1981; Goodman, 2000; Sandage & Jankowski, 2013; Todd & Rufa, 2013). Furthermore, the continued growth in the counseling profession and the transformation of the professional identity of counselors has led to the promotion of tenets that promote social justice advocacy for the profession and within the lives of clients (Kaplan & Gladding, 2011). However, the current literature does not adequately examine the impact of spiritual maturity on clinical mental health counselors in training intentions to engage in social justice advocacy.

CHAPTER III:
METHODOLOGY

Introduction

This chapter outlines the research design of the study, research questions and hypotheses, participants, instruments used for data collection, and the data analyses performed. The procedures were implemented to assess the impact of spiritual maturity on clinical mental health counseling students' intentions to engage in social justice advocacy.

Design

This study used a correlational quantitative research design. The purpose of this quantitative study was to determine the impact of spiritual maturity on clinical mental health students' intentions to engage in social justice advocacy currently enrolled in CACREP-accredited clinical mental health counseling programs. Two assessments were chosen for the study to measure the independent variable (spiritual maturity) and dependent variable (intent to engage in social justice advocacy). The assessments were administered online through Qualtrics software, which was determined to be the best method to collect data from respondents. Creswell (2015) reported that assessments can be utilized to statistically investigate data to explain opinions and attitudes of a population and can be utilized to test hypotheses.

Participants

The study was conducted with master's level students enrolled in CACREP-accredited clinical mental health counseling programs in the United States. Participants consisted of

students enrolled in counseling programs in face to face formats and students enrolled in on-line programs. CACREP (2016) reported in the *CACREP Vital Statistics Report 2015* that 15,561students were enrolled in clinical mental health counseling programs. With one independent variable in the model, an α=.05 and β=.80, a sample size of 21 participants is needed to detect an effect size of .50 and a sample of 95 participants is needed to detect an effect size of .25 (Faul, Erdfelder, Lang, & Buchner, 2007). Results may only be generalized to master's level students in a CACREP clinical mental health counseling program.

Research Questions and Hypotheses

The overarching research question for this study is: what is the impact of spiritual maturity on clinical mental health counselors in training intentions to engage in social justice advocacy? There are three additional research questions which were derived from the overarching research question. The additional research questions are presented first and then the research hypothesis is presented. The conceptual model for this study is illustrated in Figure 1.

Conceptual Framework

Figure 1. Conceptual model of the independent and dependent variables.
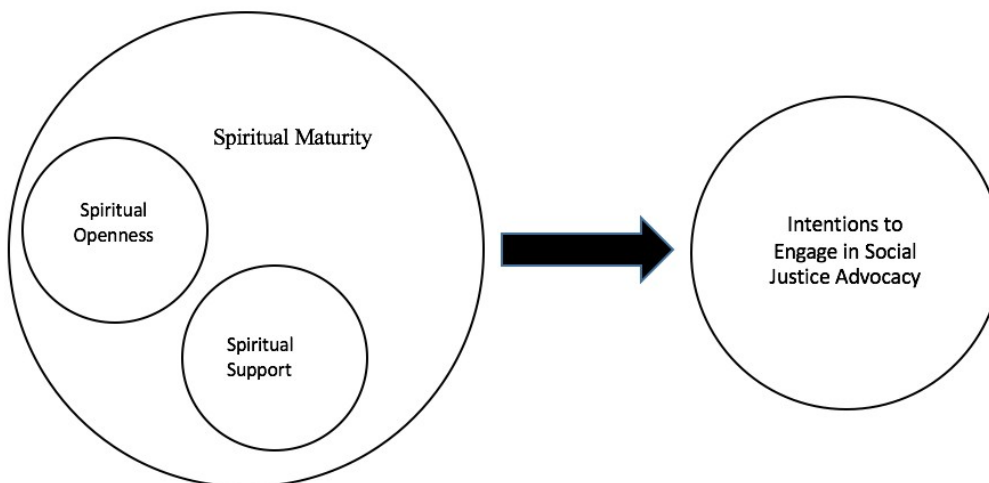
Research question 1A: What percent of clinical mental health counselors in training fall within each category (growth oriented, dogmatic, transitional, underdeveloped) of spiritual maturity as measured by the Spiritual Experience Index-Revised (Genia, 1997).

Research question 1B: What is the level of intentions of clinical mental health counselors in training to engage in social justice advocacy, as measured by the Intentions to Engage in Social Justice subscale of the Social Justice Scale.

Research question 2: Based on the results of RQ1A, how do participants in each category of spiritual maturity differ in regard to their intentions to engage in social justice advocacy?

     Ha2: Compared to others in the sample, participants who have underdeveloped levels of spiritual maturity will be the least likely to intend to engage in social justice advocacy.

Research question 3: What is the threshold of spiritual maturity scores needed to achieve strong intentions to engage in social justice advocacy?

Instrumentation

The study incorporated a demographic questionnaire, a survey about social justice advocacy and a spiritual maturity survey. The surveys included, the Social Justice Scale (Torres et al., 2012) and the Spiritual Experience Index-Revised (Genia, 1997). The researcher obtained permission from the authors of the assessments to use the assessments in this study. Email correspondence from the authors of the Spiritual Experience Index-Revised and the Social Justice Scale can be found in Appendix E.

Demographic Questionnaire

The first survey for this study was a demographic questionnaire. The questionnaire asked participants about their age, race/ethnicity, sex, religious/spiritual affiliation, what activities pertaining to social justice advocacy they are involved in, and what year they are in

their training. A copy of the demographic questionnaire can be found in Appendix B.

Social Justice Scale

The Social Justice Scale (SJS), developed by Torres-Harding et al. (2012) is a 24-item survey developed to "measure attitudes towards social justice and social justice related values, perceived self-efficacy around social justice efforts, social norms around social justice efforts, and intentions to engage in social justice related activities and behaviors" (Torres-Harding et al., 2012, p. 80). The SJS does not measure an individual's behavior performance, but assess one's intentions to engage in social justice advocacy. Four subscales, which correspond to the four components of Ajzen's theory of planned behavior, were constructed within the SJS.

SJS Subscale 1: Attitudes Towards Social Justice. Subscale one includes eleven items that assess social justice values, goals and behaviors (Torres-Harding et al., 2012). Furthermore, attitudes toward social justice related behaviors (i.e. empowerment, collaboration, power- sharing, self-determination, and facilitating access to resources), social justice, and social justice- related values were specifically identified within the subscale. A sample question posed on this subscale includes: "I believe it is important to try to change large social conditions that cause individual suffering and impede well-being."

SJS Subscale 2: Perceived Behavioral Control. Goals of social justice are assessed by five items on subscale two (Torres-Harding et al., 2012). An example question posed on this subscale includes: "I am certain that if I try, I can have a positive impact on my community."

SJS Subscale 3: Subjective Norms. Items designed to assess subjective norms pertaining to social justice were assessed by four items on subscale three (Torres-Harding et al., 2012). Items on subscale three assess whether or not individuals receive support or

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discouragement to engage in social justice advocacy by individuals in their social circle. The influence of attitudes in the individual's close social context was the focus of this subscale, therefore the influence of media and society was not assessed by this subscale. An example question posed on this subscale includes: "Other people around me are aware of issues of social injustices and power inequalities in our society."

SJS Subscale 4: Behavioral Intentions. To assess an individual's intent to participate in social justice advocacy or activities surrounding social justice was measured by four items on subscale four (Torres-Harding et al., 2012). An example question posed on the subscale includes: "In the future, I intend to talk with others about social power inequalities, social injustices, and the impact of social forces on health and well-being."

Torres-Harding et al., 2012, completed a logistics regression with the subscales being the independent variables and activist identification (yes/no) being the dependent variable. Findings by Torres-Harding et al., revealed that the behavioral intentions subscale served as the sole predictor of self-identifying as a social activist. This finding is consistent with Ajzen's model as he found behavioral intentions to be the primary predictor of behavioral performance (Ajzen, 1991). Therefore, the behavioral intentions subscale was utilized in this study to measure clinical mental health counselors' in training intent or commitment to engage in social justice advocacy. Kozlowski et al., (2014) utilized the social justice scale to measure civic engagement with undergraduate students. They defined high scores as scores falling above the mean and low scores as those falling below the mean. Using the mean for the 'intent to engage in social justice' subscale determined by Kozlowski et al., (2014), therefore, this study identified high scores as those with a total score of 21.35 or greater. Therefore, total scores at 21.35 or greater were identified as a high intent to engage in social justice advocacy.

Administration and scoring. The 24 items were answered on a Likert scale of 1 (strongly disagree) to 7 (strongly agree). The SJS takes 5-10 minutes to complete and was administered online to participants. The total sum subscale score for each subscale was obtained.

Reliability and validity. A four factor model corresponding to the four factors proposed by Ajzen was supported by the goodness of fit confirmatory factor analyses (Torres-Harding et al., 2012). The SJS exhibited strong internal consistency, with Cronbach's alpha of .82 to .95. Convergent and discriminant validity was assessed by conducting a series of bivariate Pearson correlations between the four subscales of the SJS and the Public Service Motivation Scale (Coursey & Pandey, 2007; Perry,1996), the Global Belief in a Just World Scale (Lipkus,1991), the Symbolic Racism Scale (Henry & Sears, 2002), and the Neosexism Scale (Tougas, Brown, Beaton & Joly, 1995). Convergent and discriminatory validity were supported as all four of SJS's subscales were positively correlated with the motivation to engage in service and negatively correlated with neosexism, symbolic racism, and a global belief in a just world (Torres-Harding et al., 2012).

Spiritual Experience Index-Revised

The Spiritual Experience Index-Revised (SEI-R), developed by Genia (1997) is a 23-item survey developed to assess the spiritual maturity amongst diverse faiths from a developmental conceptualization. Genia (1997) reported that spiritual maturity is identified by possessing an openness to spiritual faiths and spiritual truths outside of one's faith as well as having a reliance and commitment to one's own faith. The Spiritual Experience Index was initially developed by Genia (1991) but she sought to test the reliability and validity with a larger sample which led to the SEI-R (Genia, 1997). Genia combined the sample of

participants from the first study with the participants from the second study to complete the psychometric analysis (Genia 1991; 1997). Participants for both studies consisted of college students who were recruited from the same university which resulted in similar demographics and religious affiliations (Genia, 1997). The work of Allport (1950), Allport and Ross (1967), James (1902), and Fromm (1950) served as the foundation to which Genia grounded her survey to differentiate the spiritually mature from those who are not as spiritually developed (Genia, 1997; Reinert & Bloomingdale, 1999). The SEI was initially identified spiritual maturity as a singular construct; however, psychometric analyses conducted by Genia (1997) revealed two separate factors which led to the formation of two subscales. The two subscales which make up the SEI-R include *the Spiritual Support* (SS) subscale and the *Spiritual Openness* (SO) subscale. Reliability coefficients for the SS and SO scales were .95 and .79 respectively when using Cronbach Alpha. Internal consistency for the full scale was .89 (Genia, 1997).

Spiritual Support subscale: The SS subscale is composed of 13 items and characterizes faith as a source of strength and support (Genia, 1997). Spiritual wellness, intrinsic faith, worship attendance, and religious fundamentalism were strongly correlated with spiritual support (Genia, 1997). Genia stated that the spiritual support subscale was not linked to dogmatism or intolerance for ambiguity. Items on the SS do not take a Theistic-Christian position which distinguishes the scale from other measures of spirituality (Genia, 1997). Example items from the SS include "My faith gives my life meaning and purpose" and "My faith is a way of life."

Spiritual Openness subscale: The SO subscale is composed of 10 items and is "associated with lower scores on dogmatism, intolerance and fundamentalism, and was

unrelated to intrinsicness and spiritual well-being" (Genia, 1997, p. 349). Items on the SO subscale suggest a universalistic and inclusive dimension to spirituality. Genia (1997) concluded that the spiritual openness subscale was a predictor for greater life satisfaction and religious well-being. Furthermore, the spiritual openness subscale was linked to possessing an open mind and being accepting of uncertainty. Example items on the SO include "My spiritual beliefs change as I encounter new ideas and experiences" and "I believe that the world is basically good."

Administration and scoring. The 23-items on the SEI-R were answered on a Likert scale with six potential responses ranging from 6 (strongly agree) to 1(strongly disagree) (Genia, 1997). The SEI-R takes 5-10 minutes to complete and was administered online to participants.

Genia (1997) determined that scores on both subscales are crucial for optimal spiritual functioning. Therefore, individuals received a total score for each subscale which was compared to the subscale mean scores identified by Reinert and Bloomingdale (2000) to determine the individual's spiritual maturity.

Furthermore, Genia (1997) concluded that it is necessary for individuals to exhibit scores on both subscales. Genia reported that a faith that is solely focused on spiritual support is rigid and exclusive. However, a lack of commitment to a particular faith is also incomplete and represents an underdeveloped faith. Her findings revealed four spiritual types to describe the spiritual maturity of individuals. The *spiritually underdeveloped* display a lack of commitment and do not possess a spiritual foundation (Fowler, 1981; Genia, 1997). Spiritually underdeveloped individuals are represented by scores below the mean on the SS and SO. As individuals begin to develop spiritually they develop an attachment to one faith and identify

with the teachings of the faith (Fowler, 1981; Genia, 1997). These individuals are classified as *dogmatic* and are represented by scores above the mean on SS and below the mean on SO. Fowler (1981) noted that for many individuals development stops at this point. However, other individuals begin to question their previously held beliefs and begin to seek out different faiths. These individuals are classified as *transitional* and are represented by scores below the mean on the SS and above the mean on the SO (Genia, 1997). The last group identified by Genia is the *growth-oriented* and they are represented by scores above the mean on the SS and SO. These individuals commit to one faith but continue to remain open to interactions and dialogue with individuals from differing faiths (Fowler, 1981; Genia, 1997). Reinert and Bloomingdale (2000) found evidence to support Genia's (1997) typologies but determined that Genia underestimated the population mean. The means were recalculated by Reinert and Bloomingdale (2000) by using published results from Genia (1997), Reinert and Smith (1997) which led to a cut score mean of 62 for SS and 44 for SO.

Procedures

The dissertation proposal was presented to the dissertation committee and received the necessary approval to submit an application to the Institutional Review Board. Before the research could begin the Institutional Review Board at the University of Mississippi had to approve the study to protect the welfare of the participants. Participants were recruited through an email that was disseminated to faculty members at universities throughout the United States teaching within CACREP-accredited clinical mental health counseling programs and through CESNET, a listserv for counselor educators. Contact information for professors at CACREP accredited clinical mental health counseling programs was obtained on the CACREP website. Faculty members were asked to distribute the assessments to

master's students in the program. The recruitment email was initially disseminated on CESNET in November and a reminder message was sent a month later.

The email invitation included basic information about the study and a link that participants could click if they wanted to participate in the study. Participants were first taken to an informed consent which would take them to the survey if they provided consent to participate in the study. At the conclusion of the survey participants had the opportunity to provide their email address if they would like to be included in a drawing for a gift card for their participation. Identifying information was not attached with the participants' survey responses to maintain anonymity and confidentiality.

Data Collection

All data collection was conducted electronically to maintain the anonymity and confidentiality of the participants. Qualtrics software was utilized in the administration of the assessments. Participants had to provide consent before beginning the survey battery. If participants decided that they do not want to participant in the study they could decline consent and the survey administration would conclude at that time. Additionally, participants could cease participation at any time and were reminded of this before beginning the survey battery. The participants used the survey link in the recruitment email which took them to the demographic questionnaire, the Social Justice Scale and the Spiritual Experience Index-Revised. A link was also provided to the participants which allowed them to enter their name and contact information if they wanted to be entered into a drawing for a gift card for their participation in the study.

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Data Analysis

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The research questions and hypotheses will be restated in this section. Additionally,

the variables and statistical method that will be used to analyze each research question will be provided.

Research question 1A: What percent of clinical mental health counselors in training fall within each category (growth oriented, dogmatic, transitional, underdeveloped) of spiritual maturity as measured by the Spiritual Experience Index-Revised (Genia, 1991).

Research question 1B: What is the level of intentions of clinical mental health counselors in training to engage in social justice advocacy, as measured by the Intentions to Engage in Social Justice subscale of the Social Justice Scale.

Statistical analysis: Research questions 1A and 1B are descriptive questions. Respondents will be grouped into one of four categories for research questions 1A. Participants may fall within the growth oriented, dogmatic, transitional or underdeveloped group of spiritual maturity. Participants' responses will be reported in percentiles. Research question 1B is also descriptive as participants will provide a level of intent to engage in social justice advocacy.

Participants' responses will be reported using measures of central tendency and variability.

Research question 2: Based on the results of RQ1A, how do participants in each category of spiritual maturity differ in regard to their intentions to engage in social justice advocacy?

Ha2: Compared to others in the sample, participants who have underdeveloped levels of spiritual maturity will be the least likely to intend to engage in social justice advocacy.

Statistical analysis: For research question 2 the independent variable is spiritual maturity and the dependent variable is the intent to engage in social justice advocacy. The spiritual maturity of individuals is a categorical variable and the intent to engage is social

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justice advocacy is a continuous variable. To analyze this research question an ANOVA was used.

Research question 3: What is the threshold of spiritual maturity scores needed to achieve strong intentions to engage in social justice advocacy?

Statistical analysis: For research question 3 the independent variable is spiritual maturity and the dependent variable is the intent to engage in social justice advocacy. To analyze this research question a regression was used.

Conclusion

The first three chapters have provided an introduction to the study, discussed the significance of the study, reviewed pertinent literature related to social justice advocacy and spiritual maturity, and identified the methodology to complete the study. Chapters four and five will provide the statistical results to the study and a detailed discussion and analysis of the results.

CHAPTER IV: RESULTS

The purpose of this study was to assess the impact of spiritual maturity on clinical

mental health students' intentions to engage in social justice advocacy. The findings of this

quantitative study are presented in this chapter. The results include a description of the

sample, a factor analysis for the Spiritual Experience Index-Revised and the Social Justice

Scale, and data analysis corresponding to each of the research questions.

Data Examination

The participants for this study were clinical mental health counseling students who

attended a CACREP accredited program in the United States during the 2016-2017 academic

year. For this study 79 professors who teach in CACREP accredited Clinical Mental Health

Counseling (CMHC) programs were contacted by the researcher. Seventeen (4.6%) of the 79

professors replied stating they would disseminate the survey to their students. Additionally, the

researcher posted a request for participants on CESNET, a listserv for counselor educators.

There were 231 responses received for this study. Of the 231 responses, 29 were eliminated

because the participants were ineligible to participate or there was missing data.

Demographic information for the participants can be found in Table 1. Participants'

ages ranged from 22 to 59 with 32.06 years being the mean age of the 202 participants in the

study. Of the 202 participants, 13.9 % (n=28) identified as male, 85.1% (n=172) identified as

female, .5% (n=1) identified as cisgender female and .5% (n=1) identified as transgender

male. In regard to race/ethnicity, White/Caucasian participants composed the largest group

with 74.8% (n=151) and African Americans were the second largest group with 10.4% (n=21). Additional findings for ethnicity can be found in Table 1.

Participants for the study were recruited from different geographical regions of the United States in an effort to best represent the population. The largest group of participants reported that they were from the southeast at 33.7% (n=68) and participants from the west 30.2% (n=61) were the second largest group. The southwest, midwest and northeast appear to be underrepresented. A complete list of the geographical regions of the United States where participants' university/college is located can be found in Table 1. In regard to the nature of the university which the participants attend, 72.8% (n=147) reported that they attend a state university/college, 17.3% (n=35) reported attending a private university/college and 9.9% (n=20) reported attending a faith-based university/college. The sample attending faith-based universities is under representative of the national population. CACREP (2016) released *Cacrep Vital Statistics 2015* which identified essential information from CACREP accredited programs in the United States. The 2015 report found that 66% (n=205) programs are located at public universities, 21% (n=64) programs are located at faith-based universities and 7% (n=23) programs are located at private non-profit universities.

Table 1

Demographic Characteristics of Participants

Characteristic	n	%
Gender		
Male	28	13.9
Female	172	85.1
Cisgender female	1	.5
Transgender male	1	.5
Race/ethnicity		
African American	21	10.4
Asian	6	3.0
Hispanic/Latino	14	6.9
White/Caucasian	151	74.8
Multi-Racial	8	4.0
Other	2	1
Region of the United States		
Northeast	27	13.4
Southeast	68	33.7
Southwest	20	9.9
Midwest	26	12.9
West	61	30.2
University/college affiliation		
State institution	147	72.8
Private institution	35	17.3
Faith-based institution	20	9.9

Note. n=202

The overall focus of this study was the examination of the impact of spiritual maturity on clinical mental health counseling students' intent to engage in social justice advocacy.

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Participants identified the religious group or spiritual affiliation with which they most identify.

Table 2 provides a complete list of the religious/spiritual affiliations that were reported by the

participants for this study. The largest percentage of individuals identified as Christian, at

54.5% (n=110) and the second largest group identified as agnostic 13.4% (n= 27). The total

percentage of individuals who identify with a particular religious or spiritual affiliation was

79.7% (n=161) with 19.3% (n=39) not identifying with a religious or spiritual affiliation and

two respondents chose not to respond to the question about religious or spiritual affiliation.

Individuals who chose "other" for this question were given the opportunity to write in their

religious/spiritual affiliation. A number of religious/spiritual affiliations were identified with

no one religious/spiritual dominating.

Table 2

Religious/spiritual Affiliation of Participants

Spiritual/ Religious Affiliation	n	%
Agnostic	27	13.4
Atheist	12	5.9
Buddhist	10	5.0
Christian	110	54.5
Hindu	1	.5
Jewish	1	.5
Islam	1	.5
Mormon	10	5.0
Spiritual	7	3.5
Unitarian Universalist	6	3.0
Other	15	7.4
Did not respond	2	1

Note. n=202

Psychometric Analysis

The descriptive statistics were computed and a factor analysis was completed on the

Spiritual Experience Index- Revised (SEI-R) and the Social Justice Scale (SJS) to assess the

psychometric structure of each measure. Additionally, a reliability estimate for the total

measure and for each subscale was obtained.

The 23-item SEI-R (Genia, 1997) was used to measure the spiritual maturity of clinical mental health counseling students in training. Each item was scored on a scale of 1(strongly disagree) to 6 (strongly agree). The mean, standard deviation, skewness and kurtosis for each item can be found in Table 3. Item number 12 (sharing my faith with others is important for my spiritual growth) had the lowest mean, M=3.49 (SD= 1.66) which signifies that most individuals do not believe that sharing their faith contributes to their spiritual maturity. Item 15 (ideas from faiths different from my own may increase my understanding of spiritual truth) had the highest mean, M=4.86 (SD=1.25) which signifies that individuals agree to moderately agree with exploring other spiritual truths to further develop their spiritual understandings. This finding is consistent with Fowler's (1981) belief that as individuals mature spiritually they begin to challenge and confirm their spiritual beliefs by exploring other spiritual teachings. The average scores and dispersion of the scores can be identified by examining the mean and standard deviations for the SEI-R (Creswell, 2015). Additionally, the skewness and kurtosis of each item provides a means by which to assess how the participants' responses are distributed and the degree to which the responses are peaked in comparison to a normal distribution.

Table 3

SEI-R Descriptive Statistics

Item number	Item	M	SD	Skewness	Kurtosis
1	I often feel strongly related to a power greater than myself.	4.30	1.46	-.275	.140
2	My faith gives my life meaning and purpose.	4.61	1.58	-.832	-.344
3	My faith is a way of life.	4.50	1.60	-.832	-.325
4	I often think about issues concerning my faith.	4.26	1.58	-.555	-.711
5	My faith is an important part of my individual identity.	4.51	1.63	-.778	-.550
6	My relationship with God is experienced as unconditional love.	4.44	1.76	-.842	-.622
7	My faith helps me to confront tragedy and suffering.	4.68	1.61	-1.06	.042
8	I gain spiritual strength by trusting in a higher power.	4.44	1.72	-.823	-.587
9	My faith is often a deeply emotional experience.	4.25	1.57	-.660	-.531
10	I make a conscious effort to live in accordance with my spiritual values.	4.71	1.43	-1.10	.580
11	My faith enables me to experience forgiveness when I act against my moral values.	4.49	1.53	-.822	-.220
12	Sharing my faith with others is important for my spiritual growth.	3.49	1.66	-.016	-1.05
13	My faith guides my whole approach to life.	4.24	1.67	-.552	-.870
14	I believe that there is only one true faith.	4.24	1.95	-.572	-1.23
15	Ideas from faiths different from my own may increase my understanding of spiritual truth.	4.86	1.25	-1.11	1.05
16	One should not marry someone of a different faith.	4.50	1.60	-.765	-.469
17	I believe that the world is basically good.	4.11	1.30	-.468	.022
18	Learning about different faiths is an important part of my spiritual development.	4.68	1.22	-.780	.512
19	I feel a strong spiritual bond with all of humankind.	4.49	1.26	-.539	-.128
20	I never challenge the teachings of my faith.	4.69	1.28	-.891	.886
21	My spiritual beliefs change as I encounter new ideas and experiences.	4.02	1.39	-.477	-.126
22	Persons of different faiths share a common spiritual bond.	4.29	1.14	-.635	1.151
23	I believe that the world is basically evil.	4.84	1.17	-.646	-.141

Note. n=202

A factor analysis with a varimax rotation was utilized for the SEI-R to examine whether the principal components aligned with existing subscales. The 23 items were analyzed and two factors were identified. The Kaiser-Meyer-Olkin measure of sampling adequacy was .934 which

is above the recommended value of .5 signifying distinct and reliable factors were obtained (Kaiser, 1974). Additionally, Bartlett's test of sphericity was significant (χ^2 (253) = 4152.60, $p <$ .00). Items loading at .32 were retained but were removed from Table 4 because they were insignificant (Tabachnick & Fidell, 2001). The first factor (spiritual support) had 13 items load moderate to strong at .447 to .947. Item number one (I often feel strongly related to a power greater than myself) moderately loaded on the first factor at .447 and accounted for 46.38% of the total variance for the SEI-R. Items 14 through 23 had moderate to strong loadings on factor two (spiritual openness) at .425 to .732.

However, item numbers 14 and 16 inversely loaded on factor one. An examination of Table 4 reveals that the means for items 14 and 16 are M= 4.24 and M=4.50 respectively. Individuals appear to agree with this statement, which suggests that individuals are not as open accepting or open to different faiths and belief value systems which are measured by the SO subscale. Theoretically, items 14 and 16 appear to best fit with the second factor (spiritual openness) as these items appear to be assessing how an individual perceives other faiths and fundamental beliefs upheld by many faith traditions. Genia (1997) reported that the SS subscale is strongly related to religious fundamentalism which could explain the strong factor loading of number 16 as individuals may be less open to marriages outside of their faith if their belief system teaches that one should only marry individuals who hold the same spiritual beliefs.

Table 4

Factor Analysis of the SEI-R

Item number	Item	Factor 1	Factor 2
1	I often feel strongly related to a power greater than myself.	.447	
2	My faith gives my life meaning and purpose.	.947	
3	My faith is a way of life.	.936	
4	I often think about issues concerning my faith.	.805	
5	My faith is an important part of my individual identity.	.935	
6	My relationship with God is experienced as unconditional love.	.860	
7	My faith helps me to confront tragedy and suffering.	.910	
8	I gain spiritual strength by trusting in a higher power.	.902	
9	My faith is often a deeply emotional experience.	.856	
10	I make a conscious effort to live in accordance with my spiritual values.	.786	
11	My faith enables me to experience forgiveness when I act against my moral values.	.901	
12	Sharing my faith with others is important for my spiritual growth.	.780	
13	My faith guides my whole approach to life.	.911	
14	I believe that there is only one true faith.	-.660	.501
15	Ideas from faiths different from my own may increase my understanding of spiritual truth.		.725
16	One should not marry someone of a different faith.	-.591	.468
17	I believe that the world is basically good.		.483
18	Learning about different faiths is an important part of my spiritual development.		.655
19	I feel a strong spiritual bond with all of humankind.		.671
20	I never challenge the teachings of my faith.		.425
21	My spiritual beliefs change as I encounter new ideas and experiences.		.693
22	Persons of different faiths share a common spiritual bond.		.732
23	I believe that the world is basically evil.		.542

Note. Extraction method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. Factor loadings at .32 and below were insignificant and were removed from Table 4.

The Cronbach Alpha reliability coefficients for the spiritual support (SS) and spiritual openness (SO) subscales were .97 and .80 respectively and exceed the general acceptable threshold of .7. The reliability estimate for the full SEI-R was .86 which signifies strong internal consistency (Creswell, 2015; Field, 2013). Findings for internal consistency align with the internal consistency obtained by Genia (1997).

The 4-items on the intentions to engage in social justice subscale from the SJS (Torres-Harding et al. 2012) was utilized to measure clinical mental health students' intent to engage in social justice advocacy. Each item was scored on a scale of 1 (strongly disagree) to 7 (strongly agree). The mean, standard deviation, skewness and kurtosis for each item can be found in Table 5. Item number 23 (in the future, I intend to engage in activities that will promote social justice) had the lowest mean, M=6.11 (SD=1.18) which signifies that most individuals strongly agree with engaging in social justice advocacy in the future. Item number 24 (in the future, I intend to work collaboratively with others so they can define their own problems and build their own capacity to solve problems) had the highest mean, M=6.47 (SD=.836) which emphasizes that most participants in the study have a strong intention to work collaboratively with others with minimal deviation from the mean.

Table 5

SJS Descriptive Statistics

Item number	Item	*M*	*SD*	Skewness	Kurtosis
1	Make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups.	6.56	.828	-1.856	2.409
2	Allow individuals and groups to define and describe their problems, experiences, and goals in their own terms.	6.55	.766	-1.661	1.914
3	Talk to others about societal systems of power, privilege, and oppression.	6.33	.994	-1.656	2.874
4	Try to change larger social conditions that cause individual suffering and impede well-being.	6.34	.913	-1.167	.237
5	Help individuals and groups to pursue their chosen goals in life.	6.44	.810	-1.424	1.666
6	Promote the physical and emotional well-being of individuals and groups.	6.63	.681	-1.862	2.933
7	Respect and appreciate people's diverse social identities.	6.69	.603	-1.814	2.089
8	Allow others to have meaningful input into decisions affecting their lives.	6.72	.566	-2.104	4.164
9	Support community organizations and institutions that help individuals and groups achieve their aims.	6.33	.871	-1.099	.260
10	Promote fair and equitable allocation of bargaining powers, obligations, and resources in our society.	6.16	1.171	-1.674	3.002
11	Act for social justice.	6.33	1.113	-2.240	6.173
12	I am confident that I can have a positive impact on others' lives.	6.32	.779	-.887	.019
13	I am certain that I possess an ability to work with individuals and groups in ways that are empowering.	6.26	.812	-.955	.691
14	If I choose to do so, I am capable of influencing others to promote fairness and equality.	5.98	.906	-.641	.055
15	I feel confident in my ability to talk to others about social injustices and the impact of social conditions on health and well-being.	5.66	1.170	-.974	1.164
16	I am certain that if I try, I can have a positive impact on my community.	6.22	.928	-1.138	1.302

17	Other people around me are engaged in activities that address social justice issues.	4.90	1.310	-.276	-.291
18	Other people around me feel that it is important to engage in dialogue around societal injustices.	5.16	1.333	-.409	-.415
19	Other people around me are supportive of efforts that promote social justice.	5.24	1.295	-.572	.084
20	Other people around me are aware of issues of social injustices and power inequalities in our society.	5.30	1.390	-.611	-.183
21	In the future, I will do my best to ensure that all individuals and groups in my community have a chance to speak and be heard.	6.20	.916	-1.081	.749
22	In the future, I intend to talk with others about social power inequalities, social injustices, and the impact of social forces on health and well-being.	6.12	1.012	-1.240	1.784
23	In the future, I intend to engage in activities that will promote social justice.	6.11	1.184	-1.595	3.006
24	In the future, I intend to work collaboratively with others so that they can define their own problems and build their own capacity to solve problems.	6.47	.836	-1.947	4.717

Note. n=202

A factor analysis with a varimax rotation was completed on the SJS to examine the principal components. The Kaiser-Meyer-Olkin measure of sampling adequacy was .903 which exceeds the recommended value of .5 signifying that distinct and reliable factors were yielded (Kaiser, 1974). Additionally, Bartlett's test of sphericity was significant (χ^2 (276) = 3474.98, $p <$ .00). Tabachnick and Fidell (2001) suggested that items falling below .32 should be considered for deletion from the factor analysis. Factors below .32 were insignificant and were removed from Table 6. Table 6 provides a summary of the factor analysis and suggests that four distinct factors emerged.

Table 6

Factor Analysis for the SJS

Item number	Item	Factor 1	Factor 2	Factor 3	Factor 4
1	Make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups.		.750		
2	Allow individuals and groups to define and describe their problems, experiences, and goals in their own terms.		.805		
3	Talk to others about societal systems of power, privilege, and oppression.	.559	.525		
4	Try to change larger social conditions that cause individual suffering and impede well-being.	.584	.545		
5	Help individuals and groups to pursue their chosen goals in life.		.651		
6	Promote the physical and emotional well-being of individuals and groups.		.688		
7	Respect and appreciate people's diverse social identities.		.635		
8	Allow others to have meaningful input into decisions affecting their lives.		.754		
9	Support community organizations and institutions that help individuals and groups achieve their aims.		.588		
10	Promote fair and equitable allocation of bargaining powers, obligations, and resources in our society.	.721	.340		
11	Act for social justice.	.757	.373		
12	I am confident that I can have a positive impact on others' lives.			.812	
13	I am certain that I possess an ability to work with individuals and groups in ways that are empowering.			.849	
14	If I choose to do so, I am capable of influencing others to promote fairness and equality.			.743	
15	I feel confident in my ability to talk to others about social injustices and the impact of social conditions on health and well-being.			.547	
16	I am certain that if I try, I can have a positive impact on my community.			.782	

17	Other people around me are engaged in activities that address social justice issues.		.822
18	Other people around me feel that it is important to engage in dialogue around societal injustices.		.892
19	Other people around me are supportive of efforts that promote social justice.		.890
20	Other people around me are aware of issues of social injustices and power inequalities in our society.		.864
21	In the future, I will do my best to ensure that all individuals and groups in my community have a chance to speak and be heard.	.700	
22	In the future, I intend to talk with others about social power inequalities, social injustices, and the impact of social forces on health and well-being.	.793	
23	In the future, I intend to engage in activities that will promote social justice.	.832	
24	In the future, I intend to work collaboratively with others so that they can define their own problems and build their own capacity to solve problems.	.605	

Note. Extraction method: Principal component analysis. Rotation method: Varimax with Kaiser Normalization. Factor loadings at .32 and below were insignificant and were removed from Table 6.

The first factor (intent to engage in social justice advocacy) yielded factor loadings at .605 to .832 for the variables. Torres-Harding et al. (2012) reported that items on this subscale examined individuals' intent to engage in social justice advocacy and is the strongest predictor for engaging in social justice advocacy. The mean scores of items on this scale ranged from *M*=6.11 to *M*=6.47, which indicates that most participants have strong intentions to engage in social justice advocacy. A summary of the descriptive statistics for the SJS can be found in Table 5.

Factor 2 (attitudes towards social justice subscale) yielded variables that have low to strong loadings at .340 to .805. Furthermore, item numbers 3, 4, 10 and 11 had stronger loadings on factor 1, which could mean that these items would fit better with another factor. Factor 3 (perceived behavioral control around social justice) yielded strong factor loadings at

.547 to .849. From a theoretical perspective, items on factor 3, examine the goals pertaining to social justice advocacy and an individual's ability to meet these goals versus solely looking at the self-efficacy of individuals. The means and standard deviations of items on factor 3 ranged from M=5.66 (SD=1.170) to M=6.32 (SD=.779). Strong factor loadings at .822 to .892 were yielded for factor number 4 (subjective norms around social justice), which examines how an individual's support system encouraged or discouraged the participation in social justice advocacy. The data obtained from the factor analysis and descriptive statistics confirms that the items on the SJS measure what they intend to measure and have a normal distribution.

Using the Cronbach Alpha, reliability coefficients were obtained for each subscale and for the entire Social Justice Scale. The alphas obtained for the subscales are social justice attitudes subscale α =.92, the perceived behavior control around social justice α =.85, subjective norms around social justice α =.91 and intentions to engage in social justice α =.89. Observed alphas suggest strong internal consistency for all four factors. The reliability coefficient for the full Social Justice Scale is α =.93 which exceeds the accepted threshold of .7 and is evidence for strong reliability (Creswell, 2015; Field, 2013).

Data Analysis

Three research questions were proposed for this study. This section presents the research questions and the results of the analysis utilized to answer each question.

Research question 1A: What percent of clinical mental health counselors in training fall within each category (growth-oriented, dogmatic, transitional, underdeveloped) of spiritual maturity as measured by the Spiritual Experience Index-Revised (Genia, 1997).

The total scores for the SS subscale and the total scores for the SO subscale were

calculated for each participant to categorize them into one of the four categories of spiritual maturity. Reinert and Bloomingdale (2000) computed the cut score means for each subscale which are used to categorize individuals into one of the four spiritual maturity categories. The cut score means for the SS subscale and SO subscale are 62 and 44 respectively. Individuals total scores for the spiritual support subscale and spiritual openness subscale will be utilized to identify the category of spiritual maturity that individuals fall into.

Spiritually underdeveloped individuals are represented by scores below the mean on the SS and SO. Individuals who are classified as dogmatic are represented by scores above the mean on SS and below the mean on SO. Individuals who fall into the transitional category are represented by scores below the mean on the SS and above the mean on the SO (Genia, 1997). The last group identified by Genia is the growth-oriented and they are represented by scores above the mean on the SS and SO. Figure 3 provides a summary of each spiritual category as identified by Genia.

Figure 3. Genia's categories of spiritual maturity

To identify the percent of individuals who fall into each category of spiritual

maturity, descriptive statistics were computed. The largest group of spiritual maturity

reported by the participants was the transitional group, 38.6% (n=78). The second largest

group of spiritual maturity identified in this study was the dogmatic group 28.7% (n=58).

The growth-oriented category of spiritual development was the third largest group, 18.8%

(n=39). The underdeveloped category was the smallest group with 13.9% (n=28).

Research findings for question 1A can be found in Table 7.

Table 7

Number of Participants Who Fall Into Each Category of Spiritual Maturity

Maturity classification	*n*	%
Growth	38	18.8
Transitional	78	38.6
Dogmatic	58	28.7
Underdeveloped	28	13.9

Note. n=202, Independent variable, spiritual maturity.

Research question 1B: The second research question was, "what is the level of

intentions of clinical mental health counselors in training to engage in social justice advocacy,

as measured by the Intentions to Engage in Social Justice subscale of the Social Justice

Scale?" Research question 1B was a descriptive question, therefore there is no corresponding

hypothesis.

The Social Justice Scale (SJS) developed by Torres-Harding et al. (2012) was utilized

to assess clinical mental health students' intent to engage in social justice advocacy. The SJS

was developed utilizing Ajzen's theory of planned behavior as a theoretical foundation. The

Intentions to Engage in Social Justice subscale was utilized to assess participants' intent to

engage in social justice advocacy. Torres-Harding et al. (2012) finding that the behavioral

intentions subscale served as the primary predictor of behavioral performances led to the

decision to use only the behavioral intentions subscale in this study. Kozlowski et al. (2014) utilized the SJS to measure civic engagement and define high scores as any scores above the mean score of 21.35. Therefore, scores on the behavioral intentions subscale falling at 21.35 and above were considered indicative of a high level of intent to engage in social justice advocacy and scores below 21.35 were considered indicative of a low level of intent to engage in social justice advocacy. The mean score for the 202 participants on the behavioral intentions subscale was $M=24.91$. Of the 202 participants, high intent to engage in social justice advocacy was reported by 83.7% (n=169). A summary of the participants' intent to engage in social justice advocacy can be found in Table 8.

Table 8

Summary of Participants' Intentions to Engage in Social Justice Advocacy

Classification	n	%
High intent	169	83.7
Low intent	33	16.3

Note. n=202. Dependent variable, intentions to engage in social justice advocacy.

Research question 2: The second research question was, "based on the results of RQ1A, how do participants in each category of spiritual maturity differ in regard to their intentions to engage in social justice advocacy?" The directional hypothesis for this question was, "compared to others in the sample, participants who have underdeveloped levels of spiritual maturity will be the least likely to intend to engage in social justice advocacy."

The descriptive statistics associated with the spiritual maturity of the participants and their intent to engage in social justice advocacy are reported in Table 9. Individuals in the growth-oriented category had a higher intent to engage in social justice advocacy mean score compared to individuals in the transitional group,

dogmatic group and underdeveloped group.

Table 9

Descriptive Statistics for Participants' Spiritual Maturity and Their Intent to Engage in Social Justice Advocacy

Maturity classification	n	%	*M*	*SD*	
	95% CI Growth-oriented	38		18.8	
	26.18	2.335	[25.42, 26.95]		
Transitional	78	38.6	25.42	3.257	[24.69, 26.16]
Dogmatic	58	28.7	23.98	3.678	[23.02, 24.95]
Underdeveloped	28	13.9	23.64	3.899	[22.13, 25.15]

Note. n=202, Independent variable, spiritual maturity classification, dependent variable intent to engage in social justice advocacy. Mean and standard deviation scores are derived from each categories intent to engage in social justice advocacy. *M*= average score based on each group's intent to engage in social justice advocacy, *SD*= the distance that each group varies from the mean in regard to their intent to engage in social justice advocacy.

A Kendall tau correlation (Table 10) was computed to assess the relationship between each spiritual maturity category and the intent to engage in social justice advocacy. A significant positive correlation [τ_b= .145, *p* <.05] was found between the growth-oriented group of spiritual maturity and the intent to engage in social justice advocacy. Significant negative correlations were found between the dogmatic group of spiritual maturity and the intent to engage in social justice advocacy [τ_b = -.159, *p* <.05] and between the underdeveloped group of spiritual maturity and the intent to engage in social justice advocacy [τ_b = -.126, *p* <.05].

Table 10

Kendall Tau-b Assessing the Relationship Between the Intent to Engage in Social Justice Advocacy and Spiritual Maturity Categories

Variables	1	2	3	4	5
1. Intent to engage in social justice advocacy	-	-	-	-	-
2. Growth-oriented	.145*	-	-	-	-
3. Transitional	.121	-.382**	-	-	-
4. Dogmatic	-.159*	-.305**	-.503**	-	-
5. Underdeveloped	-.126*	-.193**	-.318**	-.255**	-

Note. **p<.01, *p<.05

A one-way ANOVA was performed in order to test the hypothesis that individuals in the underdeveloped category of spiritual maturity are least likely to report an intention to engage in social justice advocacy. Before the ANOVA was conducted, the assumption of homogeneity of variance was tested and it was satisfied on Levene's test of F test, $F(3, 198) = 1.849$, $p=.139$. Therefore, it was not necessary to utilize the Brown-Forsythe or Welch's F ratio because the variances were not significantly different (Field, 2013).

The one-way ANOVA yielded a statistically significant effect, $F(3, 198) = 5.31$, $p = .002$, $\eta^2 = .074$. A significant difference was found between the categories of spiritual maturity and their intent to engage in social justice advocacy. Furthermore, the categories of spiritual maturity account for 7.4% of the variance in the intent to engage in social justice advocacy. Therefore, it was necessary to conduct a post hoc analysis to determine how the group means differed from one another. The results from the one-way ANOVA can be found in Table 11.

Table 11

One-way ANOVA for Spiritual Maturity Groups and the Intent to Engage in Social Justice Advocacy

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	177.053	3	59.018	5.311	.002*
Within Groups	2200.160	198	11.112		
Total	2377.213	201			

*Note. *p<.05*

A Scheffé post-hoc was conducted to determine how the underdeveloped category of spiritual maturity differed from the other categories of spiritual maturity. As can be seen in Table 12, post hoc comparisons using Scheffé's test yielded statistically different means ($p<.05$) between the underdeveloped group of spiritual maturity and the growth-oriented category of spiritual maturity. However, no statistical difference in the means was yielded between the underdeveloped group of spiritual maturity and the transitional group of spiritual maturity or between the underdeveloped group of spiritual maturity and the dogmatic group of spiritual maturity. The effect size ($d =.80$) between the underdeveloped group of spiritual maturity and the growth-oriented category of spiritual maturity is considered large based upon Cohen's (1992) guidelines. Therefore, the directional hypothesis is supported because there was a significant difference between the growth-oriented category and underdeveloped group of spiritual maturity and the intent to engage in social justice advocacy.

Table 12

Scheffé Post Hoc Multiple Comparisons

Category	(J) Level of dev.	Mean Difference (I-J)	Std. Error	p	d	95% Confidence Interval
Growth-oriented	Transitional	.761	.659	.722	.27	[-1.10, 2.62]
	Dogmatic	2.201*	.696	.020	.71	[.24, 4.16]
	Underdeveloped	2.541*	.830	.027	.80	[.20, 4.88]
Transitional	Growth-oriented	-.761	.659	.722	.27	[-2.62, 1.10]
	Dogmatic	1.440	.578	.105	.41	[-.19, 3.07]
	Underdeveloped	1.780	.734	.121	.50	[-.29, 3.85]
Dogmatic	Growth-oriented	-2.201*	.696	.020	.71	[-4.16, -.24]
	Transitional	-1.440	.578	.105	.41	[-3.07, .19]
	Underdeveloped	.340	.767	.978	.09	[-1.82, 2.50]
Underdeveloped	Growth-oriented	-2.541*	.830	.027	.80	[-4.88, -.20]
	Transitional	-1.780	.734	.121	.50	[-3.85, .29]
	Dogmatic	-.340	.767	.978	.09	[-2.50, 1.82]

*Note. * p<.05*

Research question 3: The third research question was, "what is the threshold of spiritual maturity scores needed to achieve strong intentions to engage in social justice advocacy?" There is not a corresponding hypothesis to this question because research question 3 is estimating the relationship between the independent and dependent variable. A Kendall tau correlation was computed to determine the relationship between the spiritual support subscale, the spiritual openness subscale, the total score for the SEI-R and the intentions to engage in social justice subscale. As shown in Table 13, results from the Kendall tau analysis identified a statistically significant positive correlation between the SEI-R total score and spiritual support subscale [τ_b = .645, p <.01] and the spiritual openness subscale and intent to engage in social justice advocacy [τ_b = .237, p<.01].

Interestingly, a statistically significant negative correlation was yielded between the spiritual support subscale and the spiritual openness subscale [τ_b =-.257, p<.01]. The statistically significant negative correlation can be explained by the dimensions that each subscale was attempting to measure. The spiritual support subscale is more strongly related to an intrinsic faith, spiritual well-being, and religious fundamentalism whereas the spiritual openness subscale is more strongly related to an open and inclusive faith and less correlated with religious fundamentalism.

Table 13

Kendall's tau-b Correlation

Variables	1	2	3	4
1. Spiritual support	-	-	-	-
2. Spiritual openness	-.257**	-	-	-
3. SEI-R total score	.645**	.122*	-	-
4. SJ .Advocacy intent	-.048	.237**	.077	-

Note.**p< .01 (2-tailed), *p< .05 (2-tailed).*n*= 202. Spiritual support and spiritual openness scores were derived from the spiritual support subscales and spiritual openness subscales on the SEI-R. The SEI-R total score was derived by adding the total scores on the spiritual support subscale to the total score on the spiritual openness subscale. The score from advocacy intent was derived from the total score on the intentions to engage in social justice subscale of the SJS.

A simple linear regression was utilized to determine the threshold of spiritual maturity needed to reach a high intent to engage in social justice advocacy. The simple linear regression was only computed with the spiritual openness subscale and the intentions to engage in social justice subscale because spiritual support appeared to have no significant contribution to the intent to engage in social justice advocacy.

A simple linear regression was calculated to predict participants' level of intent to engage in social justice advocacy based on their spiritual openness. A high level of intent to engage in social justice advocacy was defined as 21.35 or above (Kozlowski et al., 2014). A summary of the simple linear regression can be found in Table 14. A significant regression

equation was found where $F(1,200)= 18.46$, $p=.000$, with an adjusted R^2 of .080. Therefore, 8% of the variance in individuals' intent to engage in social justice advocacy can be explained by their spiritual openness subscale score. The regression equation form was $\hat{y}=a+bx$ and the calculated regression equation was $\hat{y}=19.529 + .12x$, where $\hat{y}$ refers to the participants' predicted social justice advocacy score and x refers to the participant's spiritual openness score and $\hat{y}=21.35$. The regression equation computed was $21.35=19.529 + .120x$. Participants' intent to engage in social justice advocacy increased by .120 for each level of increase in spiritual openness.

A regression equation was computed to identify the level of spiritual openness beyond which participants would consistently display a high level of intent to engage a social justice advocacy. Participants must score at least a 15.18 on the spiritual openness subscale to reach a high level of intent to engage in social justice advocacy. The mean scores for participants' SO score and SS score were $M= 44.72$ and $M=56.91$, respectively. One could assume that all individuals would have a high intent to engage in social justice advocacy with a SO $M=44.72$. However, instances arose where individuals had a low intent to engage social justice advocacy while having a SO score above 15.18. An examination of the data revealed that when individuals' SS score reached 67 and above then a low intent to engage in social justice advocacy was endorsed. Findings from research question 3 indicate that SO is a necessary factor that individuals must possess to display a high intent to engage in social justice advocacy. Additionally, findings revealed that when individuals endorse a high SS score they tend to endorse a low level of intent to engage in social justice advocacy.

Table 14

Simple Linear Regression Predicting Spiritual Openness Scores to Reach a High Level of Intent

	B	SE	Beta	t
(Constant)	19.529	1.273		15.343*
Spiritual openness	.120	.028	.291	4.297*
Adjusted R^2		.80		
F		18.462*		

*Note. *p<.05.* Dependent Variable: Intent total, independent variable: Spiritual openness

Summary

The data analysis was completed to examine the impact of spiritual maturity on clinical mental health students' intentions to engage in social justice advocacy. The research findings revealed that the largest percentage of students in the sample were in the transitional category of spiritual maturity. These findings align with Fowler's (1981) theory of faith development. In regard to clinical mental health students' intent to engage in social justice advocacy, the data analysis revealed a large percentage of clinical mental health counselors in training in the sample reported a high level of intent to engage in social justice advocacy. Furthermore, the data emphasized that clinical mental health students who are in the growth-oriented category of spiritual development have a higher intent to engage in social justice advocacy compared to students who are in the underdeveloped category of spiritual maturity. Finally, the regression equation revealed that spiritual openness is a strong predictor of clinical mental health students' intentions to engage in social justice advocacy. The regression equation found that individuals must reach a 15.18 on the spiritual openness subscale to show a high intent to engage in social justice advocacy. The following chapter discusses the implications of the results, limitations and suggestions for future research.

CHAPTER V:
DISCUSSION

Explaining human behavior and how it is impacted by an individual's spiritual maturity is difficult and it is marked with great complexity (Ajzen, 1991; Ajzen, Joyce, Sheikh, & Cote, 2011; Fowler, 1981; Genia, 1997). The goal of this study was to gain a better understanding of how spiritual maturity impacts clinical mental health students' intentions to engage in social justice advocacy. Previous studies have focused on defining what spiritual maturity encompasses (Fowler, 1981; Genia, 1991, 1997), on defining mature levels of spirituality in persons who appear to have less developed faiths (Allport, 1950; Allport & Ross, 1967; Fromm, 1950), and on understanding how spiritual practices and one's faith can be used as a source of strength during times of turmoil. However, there has been limited attention in previous studies to the impact of spiritual maturity on individual's intent to engage in social justice advocacy within the counseling profession. In response to an increase in litigation against counseling programs seeking to enforce a code of ethics which emphasizes social justice advocacy and the passage of legislation to permit counselors to violate the profession's code of ethics by refusing services based on deeply held religious beliefs, it is imperative to examine how spiritual maturity may impact counseling students' willingness and intention to engage in social justice advocacy. The results of the current study suggest that factors of spiritual maturity do impact clinical mental health students' intent to engage is social justice advocacy.

Summary of Results

Research questions 1A and 1B were exploratory and sought to identify where counselors-in- training fall in regard to their spiritual maturity and their intention to engage in social justice advocacy. Results showed that the largest group of individuals in this sample, 38.6 % (n=78), fell within the transitional category of spiritual maturity and the second largest group in this sample, 28.7 % (n=58), espouse beliefs consistent with the dogmatic category of spiritual maturity. These findings appear to align with Fowler's theory of faith development.

Specifically, the transitional category of spiritual development (Genia, 1997) appears to align with Stages 4 and 5 of Fowler's theory (1984). Individuals in these stages are beginning to acknowledge their spiritual needs and are beginning to identify with a particular spiritual teaching while also being open to learning about other spiritual teachings and beliefs. Fowler noted that these individuals tend to reach this stage in their mid-twenties to late thirties, which aligns with the mean age of 32.06 for the participants in this study. Individuals in the transitional stage typically are in the process of reexamining their belief systems and ideals and deciding what is important to them. Similarly, individuals in Stages 4 and 5 of Fowler's Theory are in a place of fluctuation as they identify what is important to them in regard to their spirituality.

Further examination of the findings from the data analysis revealed that only 18.8 % (n= 38) of individuals in this sample fell within the growth-oriented category of spiritual maturity. According to Genia (1997), individuals in this category possess firm convictions related to their faith but they attempt to coexist with individuals who hold different spiritual beliefs. Having the ability to abide by a set of spiritual beliefs while also being able to coexist with other spiritual beliefs parallels Stage 6 of Fowler's theory. Fowler noted that few people reach

Stage 6 of spiritual development. Fowler explained that people in Stage 6 identify with one particular belief system but they also have the ability to put aside their beliefs in an effort to unify society through social justice efforts. Conceptualizing and assessing spiritual maturity is complex and must take into account a number of constructs. Genia (1997) assessed spiritual maturity from two dimensions, spiritual support and spiritual openness. Genia (1997) found that the spiritual openness subscale predicted greater open-mindedness and religious-well-being. She deemed it necessary because it enables individuals to possess on open spiritual life, otherwise a rigid faith that excludes others is developed. Clinical mental health students and professional counselors may be able to display a greater adherence to the mandates established by the ACA Code of Ethics when a high level of spiritual openness is present.

The ACA Code of Ethics (2014) provides a framework for counselors to adhere to in an effort to protect the welfare of clients. The professional mandate of doing no harm can be accomplished in several ways, but one expectation is that counselors "bracket" their personal values (ACA, 2014; Choudhuri & Kraus, 2014). Counselors are also called upon to engage in social justice advocacy, which is behavior "intended to identify and intervene in social policies and practices that have a negative impact" on the mental health of people "who are marginalized on the basis of their social status" (Steele, 2008, pp. 75-76). Social justice advocacy is a value that is shared by the counseling profession and spiritual faiths (Fowler, 1981; Genia, 1991, 1997). As such, one may hypothesize that the practice of social justice advocacy will increase as individuals' spiritual maturity increases, as there is an intrinsic link between the two variables (Fowler, 1981). However, despite the mandate by the ACA Code of Ethics and the values embraced by spiritual faiths, counseling professionals continue to face disciplinary actions for their inability or unwillingness to "bracket" their personal values.

Thus, it is beneficial to know how clinical mental health counseling students view social justice advocacy to ensure that students are willing and capable of embracing the values of the counseling profession.

Findings of the study revealed that 83.7% (n=169) of clinical mental health counseling students have a high level of intent to engage in social justice advocacy and only 16.3% (n=33) have a low intent to engage in social justice advocacy. Results from these findings appear to show that students intend to adhere to the ACA Code of Ethics in regard to advocating for clients. Previous studies have examined the role of spirituality and the influence it has on civic engagement and advocacy efforts, but no literature was found to include clinical mental health students' intentions to engage in social justice advocacy. Findings from this study revealed a significant positive correlation between the growth-oriented category of spiritual maturity and the intent to engage in social justice advocacy. A significant negative correlation was found between the dogmatic category of spiritual development and the intent to engage in social justice advocacy and the underdeveloped category of spiritual maturity and the intent to engage in social justice advocacy. Therefore, as individuals' spiritual maturity increases so does their intent to engage in social justice advocacy.

Similar results were found by Kozlowski et al. (2014) when he assessed undergraduate students and their intent to engage in civic engagement. They found a correlation between civic engagement and spirituality. Additionally, Tisdell (2002) found that spiritual development provided a greater awareness to the need for social justice advocacy. However, Torres-Harding et al. (2013) found that individuals who had frequent spiritual experiences were less likely to engage in social justice advocacy. The spiritual experiences identified by

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Torres-Harding et al.'s study appear to resemble the dimensions of spiritual support and religious well-being that are measured by the spiritual support subscale. Although previous studies found differing relationships between spirituality and social justice advocacy, the need still existed to examine the impact of spiritual maturity on social justice advocacy with clinical mental health counseling students.

Similar to the findings by Gold (2013) and Hagedorn & Gutierrez (2009), research findings from this study revealed that a large percentage of individuals in the sample identify with a particular religious or spiritual affiliation. Findings from the demographic questionnaire revealed that individuals in the sample identify with a variety of spiritual affiliations and religions. Despite having a variety of spiritual affiliations and religions represented, it appears that a common theme amongst the participants of this study is the value of social justice advocacy. Although endorsing an intent to engage in social justice advocacy is common amongst clinical mental health students, further exploration identified how spiritual maturity impacted clinical mental health students' intent to engage in advocacy efforts.

Research question 2 assessed how individuals in each category of spiritual maturity differed in regard to their intent to engage in social justice advocacy. Literature supports the notion that, for many individuals, social justice advocacy is a value that originates from religious practices and spirituality (Beer, Spanierman, Greene, & Todd, 2012; Caldwell & Vera, 2010; Hodge, 2012; Todd, Houston, & Odahl-Ruan, 2014). A significant positive correlation was found between the growth-oriented category of spiritual maturity and the participants' intent to engage in social justice advocacy. Moreover, a significant negative correlation was found between the dogmatic group of spiritual maturity and their intent to engage in social justice advocacy and the underdeveloped group and their intent to engage in

social justice advocacy. To further explore the difference between the means of each group of spiritual maturity a one-way ANOVA was computed. Research findings revealed a significant difference between the groups of spiritual maturity and their intent to engage in social justice advocacy. A Scheffé post-hoc was computed which revealed a significant difference between the underdeveloped group of spiritual maturity and the growth-oriented category of spiritual maturity.

Thus, spiritual maturity does have an impact on students' intentions to engage in advocacy efforts. These findings support the hypothesis by Fowler (1981) that individuals who have a greater spiritual maturity have a greater awareness of the needs around them and work to meet the needs through advocacy efforts. Additionally, these findings support claims by Genia (1997) that individuals who fall in the growth-oriented category of spiritual maturity are open to maintaining relationships with individuals from other faiths as they strive to promote unity within society. Kozlowski et al. (2014) found a similar correlation between civic engagement and spiritual maturity; however, the study conducted by Kozlowski et al. utilized the Faith Maturity Scale which assesses faith from a Judeo-Christian perspective. The SEI-R, which was utilized in this study, assesses faith from an inclusive perspective rather than from one particular faith. Utilizing the SEI-R strengthens the findings of this study because research findings can be generalized to a multitude of religious and spiritual affiliations. According to Fowler's theory of faith development, individuals are more likely to engage in social justice advocacy as they develop spiritually. However, little has been known about the level that individuals must reach to begin engaging in social justice advocacy. Research findings from this study revealed that individuals must reach a certain level on the spiritual openness subscale to show a high level of intent to engage in social justice advocacy.

Genia (1991) initially proposed a singular construct of spiritual maturity, but later concluded that spiritual maturity is comprised of two distinct factors (Genia, 1997). Genia noted that spiritual support and spiritual openness are necessary to reach optimal spiritual development. She re-conceptualized the SEI to include the spiritual support subscale and the spiritual openness subscale which formed the SEI-R. Genia (1997) and Reinert and Bloomingdale (2000) identified cut score means for each subscale which are utilized to categorize individuals into one of four categories of spiritual maturity. Genia hypothesized that individuals must reach a minimum score on each subscale which denotes a specific level of spiritual maturity. As such, research question 3 sought to identify the threshold of spiritual maturity an individual must reach to show a high intent to engage in social justice advocacy. Kozlowski et al., (2014), found that a high level of intent to engage in social justice advocacy can be defined by scoring a 21.35 or higher on the intentions to engage in social justice subscale on the Social Justice Scale. Therefore, a high level of intent to engage in social justice advocacy was defined as scoring a 21.35 on the intentions to engage in social justice subscale.

Before completing a linear regression, a Kendall tau correlation was completed to assess the relationship between spiritual support, spiritual openness, total score on the SEI-R and intent to engage in social justice advocacy. A statistically positive correlation was found between SO and intent to engage in social justice advocacy and SS and SEI-R total score.

A significant negative correlation was found between SS and SO which would explain why there was no significant correlation between SEI-R total score and intent to engage in social justice advocacy. The negative correlation between SS and SO can be understood by examining the dimensions assessed by each of these subscales. The spiritual support subscale

assesses intrinsic faith, spiritual well-being and religious fundamentalism. In contrast, the spiritual openness subscale assesses the degree of openness an individual has to other spiritual beliefs and is less correlated with religious fundamentalism. Therefore, as scores on the spiritual support subscale increase, individuals tend to be less open to other faiths and belief systems which leads to a lower score on the spiritual openness subscale (Genia, 1997). Spiritual support appears to have no significant contribution to the intent to engage in social justice advocacy.

As such, the linear regression was solely computed with the spiritual openness subscale. Findings revealed that individuals must score at least a 15.18 on the SO subscale to maintain a high level of intent to engage in social justice advocacy. Instances arose where individuals scored above the 15.18 threshold on the SO subscale but still yielded a low intent to engage in social justice advocacy. The research data showed that, in these instances, individuals scored high on both the SO and SS subscale. Therefore, the results of this study support Genia's (1997) claim that high scores on the SS can lead to closed mindedness toward others, as the SS subscale is correlated with the fundamentalist belief systems. Although it is not known how Ward would have scored on the SEI-R, findings from this study show that individuals who have a high SS score may be less likely to engage with and provide social justice advocacy for individuals who hold different values than their own (*Ward* vs. *Wilbanks, 2009)*.

Implications of the Study

This study's findings may be utilized to better inform counselor educators as they work with students and it can benefit clinical mental health counseling students as they begin to adopt the values of the counseling profession. The study revealed that the majority of

clinical mental health counseling students surveyed have a high intent to engage in social justice advocacy. Furthermore, the findings revealed a significant difference in the growth-oriented group's intent to engage in social justice advocacy and the underdeveloped group's intent to engage in social justice advocacy. The findings related to the SS and SO subscales are important as clinical mental health students continue to adopt the values of the ACA Code of Ethics and as counselor educators continue to prepare future counselors.

Discussing spirituality and personal values in public forums and educational settings often creates angst amongst individuals due to the closely held connections that individuals have to their values. However, findings from this study provide a reason to integrate multicultural competencies related to spirituality and religion into counselor education. The data yielded from the SEI-R imply that there are factors and traits of spiritual maturity that lend individuals to being more open to individuals who hold differing belief systems which in turn creates an increased intent to engage in social justice advocacy. Furthermore, findings from this study revealed that possessing a balance in spiritual support and spiritual openness are necessary to display a strong intent to engage in social justice advocacy. Individuals who solely embody spiritual support may display a rigid mindset that is not open to other belief and value systems which in turn can lead to a closed-minded worldview and the refusal to engage in social justice advocacy. Counselor educators have an ethical obligation to promote the mandates set forth by The ACA Code of Ethics. As such, counselor educators have a responsibility to work with students to help them develop an openness to work with clients who hold worldviews that differ from their own while maintaining the value systems that are important to the student. The findings from this study suggest that many individuals who are training to become counselors and embody a spiritual worldview or affiliate with a particular

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religion will be able to uphold the social justice advocacy expectations mandated by the ACA Code of Ethics. The ACA Code of Ethics (2014) mandates counselors to respect the diversity of clients and to avoid imposing their own values on their clients. Clinical mental health students and counselors who hold a rigid mindset and refuse to work with clients from differing worldviews may cause harm to clients if the counselor does not demonstrate unconditional positive regard or if the counselor fails to put the needs of the client first by bracketing their personal values. This finding reinforces the need for ongoing multicultural education to help counselors and counselors in training recognize their value systems and to teach appropriate measures to effectively bracket their values when working with clients.

Limitations

As is true with all studies, the interpretation and implementation of the results should be framed within the limitations. There are several limitations to this study. The sample size (n=202) should be considered when interpreting the results. A report released by CACREP (2016) identified 15,561 students enrolled in Clinical Mental Health Counseling programs in the United States. The response rate for this study was low compared to the number of individuals enrolled in clinical mental health counseling programs. Furthermore, every effort was made to recruit a sample that was representative of the population. A large portion of the sample for this study came from the southeast and west. The large response rate from the southeast is representative of the population as the largest number of clinical mental health counseling programs are located in the southeast. However, the midwest and northeast were unrepresented in the sample. Furthermore, the majority of the sample reported enrollment at a public university with few participants attending private and faith-based institutions. The *CACREP Vital Statistics Report 2015* released by CACREP (2016) noted that public

institutions accounted for the largest percentage of universities which offer CACREP

programs. Findings from this study align with the *CACREP Vital Statistics Report 2015*.

However, the limited number of respondents from private and faith-based institutions provides

a limited information of how the spiritual maturity of students from private and faith-based

institutions impacts their intent to engage in social justice advocacy. Lastly, individuals in the

sample identified with a variety of spiritual and religious affiliations. Christians were the

largest spiritual/religious groups represented which is consistent with national findings.

However, an under representation of other spiritual and religious groups limits the

generalizability of the findings.

Another limitation of the study was that the participants of the study were students

who have had limited experience working in the counseling profession. Although the goal of

the study was to assess clinical mental health students, social justice advocacy intentions and

social justice advocacy behaviors may differ when post graduate counselors encounter a

variety of multicultural and advocacy needs. Fowler (1981) reported that spiritual maturity

evolves as individuals age. Therefore, as practicing counselors mature professionally they

also age which could impact their spiritual maturity and the impact spiritual maturity has in

their professional practice.

Although the SEI-R has been used with several studies, extensive research has not been

conducted with this instrument. The SEI-R appears to provide valuable information as the

instrument provides information on two different factors of spirituality. However, adequately

assessing spiritual maturity is a complex task. Genia (1997) identified two distinct factors of

spiritual maturity. Findings from the Kendall tau correlation yielded a significant negative

correlation between spiritual support and spiritual openness. Thus, combining the scores for a

composite score of spiritual maturity does not seem appropriate which limits the use of the total score for SEI-R as a method to measure spiritual maturity as a continuous variable. Additionally, feedback was received from participants about item number 6 on the SEI-R (My relationship with God is experienced as unconditional love) because their spiritual practice does not acknowledge God or a higher power which made it difficult for these participants to accurately answer this item. The complexity of spirituality and spiritual maturity makes it difficult to assess these construct from an inclusive perspective. However, Genia (1997) attempted to develop a thorough measure that would assess spiritual maturity without excluding religious and spiritual affiliations.

Suggestions for Future Research

This study was conducted with clinical mental health counseling students in training and several significant findings were yielded. The factors assessed by the SS and SO subscales are both vital to develop a healthy level of spiritual maturity. Therefore, future researchers may examine the factors that contribute to the development of an unhealthy balance in the SS and SO in an effort to help individuals develop a healthy approach to spirituality that is grounded in values meaningful to them but that are also open to engaging with others from different belief systems. Additionally, future studies could also examine barriers which make it difficult for individuals to engage in social justice advocacy. Moreover, due to the increase of government engagement with professions, studies with practicing counselors should be conducted to assess the impact of their spiritual maturity and intent to engage in social justice. The SEI-R appears to be a statistically sound measure of spiritual maturity that provides distinct categories of spiritual maturity. However, additional studies should focus on developing a continuous measure of spiritual maturity.

Conclusion

Both spirituality and the counseling profession appear to value the engagement in social justice advocacy. However, little was known about how spiritual maturity would impact the intentions of clinical mental health students to engage in social justice advocacy. A large percentage of individuals in the sample endorsed a high intent to engage in social justice advocacy. Furthermore, this study found a significant relationship between spiritual maturity and the intent to engage in social justice advocacy. A significant positive relationship was found between individuals in the growth-oriented category of spiritual maturity and their intent to engage in social justice advocacy. Individuals who were in the underdeveloped category of spiritual maturity endorsed a significant negative relationship with the intent to engage in social justice advocacy. Spiritual maturity was assessed from two factors, spiritual openness and spiritual support. Spiritual openness explained more variance than the spiritual support factors in individuals' intent to engage in social justice advocacy. Furthermore, this study identified a threshold score on the SO subscale beyond which individuals consistently report a high level of intent to engage in social justice advocacy. The results of this study also suggest that individuals with high SO scores may still demonstrate a low level of intent to engage in social justice advocacy if they have high SS scores which may create a rigid belief system that arises from fundamentalist beliefs. Counselor educators should continue to integrate multicultural competencies pertaining to spirituality into the classroom because spirituality appears to have a significant impact on clinical mental health students' intent to engage in social justice advocacy. Furthermore, counselor educators should work with clinical mental health students to help them acknowledge their personal values and begin to bracket their values while upholding the professional mandates set forth by the ACA Code of Ethics.

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APPENDICES

APPENDIX A: CONSENT TO PARTICIPATE

Consent to Participate in Research

Study Title: The Impact of Spiritual Maturity on Clinical Mental Health Counselors in
Training Intentions to Engage in Social Justice Advocacy.

Investigator	**Faculty Sponsor**
James Strickland, M.S.	Dr. Suzanne Dugger
Department of Leadership and	Department of Leadership and
Counselor Education	Counselor Education
120 Guyton Hall	139 Guyton Hall
University of Mississippi	University of Mississippi
(662) 915-7069	(662) 915-7069
JStrickl@go.olemiss.edu	smdugger@olemiss.edu

The purpose of this study

We are interested in knowing how your spiritual maturity impacts your intent to engage in social justice advocacy as a clinical mental health counselor in training.

What you will be asked to complete for this study

You will be asked to complete an assessment battery consisting of three surveys:

> The demographic questionnaire asks about your sex, race/ethnicity, religious affiliation, and year in which you are in your training.
> Social Justice scale asks about your beliefs regarding social justice advocacy, behaviors pertaining to social justice advocacy, what others believe about social justice advocacy, and your intentions to engage in social justice advocacy.
> Spiritual Experience Index-Revised asks about your spirituality and how you view spirituality as a means for support, growth and meaning making in the world.

Time required to complete the study

This study will take about 20-30 minutes to complete the survey. The study involves answering survey questions on a computer.

Possible risks from study participation.

There are no anticipated risks involved with this study.

Benefits from study participation.

You may not personally benefit from participating in this study. However, the counseling profession will benefit from this study because a greater understanding of spirituality and social justice advocacy will be derived, and this may influence the education and training process for future counselors.

Incentives for study participation

Your name will be entered into a drawing for an Amazon gift card if you choose to provide your name and contact information. Your survey information will remain anonymous as your name and contact information will not be paired with your survey.

Confidentiality

All information that you provide for this study will remain anonymous. It will not be possible for your responses to be identified by anyone.

Right to withdrawal

You do not have to participate in this study and there is no penalty if you choose to not participate. If you start the survey and decide that you do not want to finish, you may conclude your participation by closing the web browser. Your participation or lack of participation will not impact your current or future relationship with your university.

IRB approval

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB determined that this study fulfills federal law, state law, and university policies to protect human research subjects. If you have any questions or concerns regarding your rights in regard to your participation in this study you may contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Please ask the researcher if you have any additional questions or if something is not clear.

Statement of consent

I have read the above information and I have had to opportunity to ask questions pertaining to the study. By providing your name you are consenting to participate in this study.

APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

1) Please enter your age.

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│   │
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2) Please identify your sex

	Male
	Female
	Transgender
	Other (please specify)

3) Please identify your race/ethnicity

	African American
	American Indian
	Asian
	Hispanic/Latino
	Pacific Islander/Alaska Native
	White/Caucasian
	Multi-racial
	Other (please specify) ___

4) What region of the United States is your university or college located?

	Northeast
	Southeast
	Southwest
	Midwest
	West

5) Please identify the religious or spiritual affiliation with which you most identify.

	Agnostic
	Atheist

	Buddhist
	Christian (please specify denomination)
	___ Baptist
	___ Catholic
	___ Episcopalian
	___ Lutheran
	___ Methodist
	___ Presbyterian
	___ Protestant
	___ Other (please specify) _____
	Hindu
	Jewish (please specify sect)
	___ Hasidic
	___ Orthodox
	___ Reform
	___ Other (please specify) _____
	Islam (please specify sect)
	___ Shiite
	___ Sunni
	Mormon
	Sikh
	Other, please specify

6) Indicate what year you are in your graduate training.

	First year
	Second year
	Other

7) Please indicate the affiliation of your university/college.

	State institution

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	Faith based institution
	Private institution

8) If you have participated in any social justice advocacy efforts, please indicate below. Examples of social justice advocacy efforts include attendance at events, financial contributions, social media campaigns, volunteer or paid work activities, signing petitions, or contacting legislators.

	Ally training
	Anti-abortion
	Anti-bullying
	Anti-war
	Black lives matter movement
	Civil rights movement
	Feminist movement
	Human trafficking movement
	LGBTQ movement
	Pro-choice movement
	Pro-life movement
	Racial equality movement
	Safe space movement
	Other_____

APPENDIX C: SPIRITUAL EXPERIENCE INDEX-REVISED

SPIRITUAL EXPERIENCE INDEX-REVISED

For each of the following statements circle the choice that best indicated the extent of your agreement or disagreement as it describes your personal experience.

SA=Strongly Agree   D= Disagree
MA= Moderately Agree   MD= Moderately Disagree
A= Agree   SD= Strongly Disagree

1. **I often feel strongly related to a power greater than myself**

    SA   MA   A   D   MD   SD

2. **My faith gives my life meaning and purpose**

    SA   MA   A   D   MD   SD

3. **My faith is a way of life**

    SA   MA   A   D   MD   SD

4. **I often think about issues concerning my faith**

    SA   MA   A   D   MD   SD

5. **My faith is an important part of my individual identity**

    SA   MA   A   D   MD   SD

6. **My relationship with God is experience as unconditional love**

    SA   MA   A   D   MD   SD

7. **My faith helps me to confront tragedy and suffering**

    SA   MA   A   D   MD   SD

8. **I gain spiritual strengths by trusting in a higher power**

    SA   MA   A   D   MD   SD

9. **My faith is often a deeply emotional experience**

    SA   MA   A   D   MD   SD

10. **I make a conscious effort to live in accordance with my spiritual values**

    SA   MA   A   D   MD   SD

11. **My faith enables me to experience forgiveness when I act against my moral conscious**

    SA   MA   A   D   MD   SD

12. **Sharing my faith with others is important for my spiritual growth**

SA   MA   A   D   MD   SD

13. My faith guides my whole approach to life

SA   MA   A   D   MD   SD

14. I believe that there is only one true faith

SA   MA   A   D   MD   SD

15. Ideas from faiths different from my own may increase my understanding of spiritual truth

SA   MA   A   D   MD   SD

16. One should not marry someone of a different faith

SA   MA   A   D   MD   SD

17. I believe that the world is basically good

SA   MA   A   D   MD   SD

18. Learning about different faiths is an important part of my spiritual development

SA   MA   A   D   MD   SD

19. I feel a strong spiritual bond with all of humankind

SA   MA   A   D   MD   SD

20. I never challenge the teachings of my faith

SA   MA   A   D   MD   SD

21. My spiritual beliefs change as I encounter new ideas and experiences

SA   MA   A   D   MD   SD

22. Persons of different faiths share a common spiritual bond

SA   MA   A   D   MD   SD

23. I believe that the world is basically evil

SA   MA   A   D   MD   SD

APPENDIX D: SOCIAL JUSTICE SCALE

The following statements ask you to indicate how important or how much you value the following activities. Please answer these questions based, not on whether you actually engage in these activities, but whether you feel that these activities are important and worthwhile. Please indicate the degree to which you either agree or disagree with the following value statements on a 7-point scale, with 1=strongly disagree and 7= strongly agree.

Social Justice Attitudes subscale

<u>I believe that it is important to….</u>

I believe that it is important to….	Strongly Disagree 1	2	3	Neutral 4	5	6	Strongly Agree 7
Make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups.	1	2	3	4	5	6	7
Allow individuals and groups to define and describe their problems, experiences, and goals in their own terms.	1	2	3	4	5	6	7
Talk to others about societal systems of power, privilege, and oppression.	1	2	3	4	5	6	7
Try to change larger social conditions that cause individual suffering and impede well-being.	1	2	3	4	5	6	7
Help individuals and groups to pursue their chosen goals in life.	1	2	3	4	5	6	7
Promote the physical and emotional well-being of individuals and groups.	1	2	3	4	5	6	7
Respect and appreciate people's diverse social identities	1	2	3	4	5	6	7
Allow others to have meaningful input into decisions affecting their lives.	1	2	3	4	5	6	7

Support community organizations and intuitions that help individuals and groups achieve their aims.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Promote fair and equitable allocation of bargaining powers, organizations, obligations, and resources in our society.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Act for social justice.	**1**	**2**	**3**	**4**	**5**	**6**	**7**

In the following set of questions, please indicated the extent to which you agree or disagree with each statement on a 1-7 scale, with 1=strongly disagree, and 7=strongly agree.

Perceived Behavioral Control around Social justice	Strongly Disagree 1	2	3	Neutral 4	5	6	Strongly Agree 7
I am confident that I can have a positive impact on others' lives.	1	2	3	4	5	6	7
I am certain that I possess an ability to work with individuals and groups in ways that are empowering.	1	2	3	4	5	6	7
If I choose to do so, I am capable of influencing others to promote fairness and equality.	1	2	3	4	5	6	7

	Strongly Disagree						Strongly Agree
I feel confident in my ability to talk to others about social injustices and the impact of social conditions on health and well-being.	1	2	3	4	5	6	7
I am certain that if I try, I can have a positive impact on my community.	1	2	3	4	5	6	7

Subjective Norms around Social Justice	Strongly Disagree			Neutral			Strongly Agree
	1	2	3	4	5	6	7
Other people around me are engaged in activities that address social justice issues.	1	2	3	4	5	6	7
Other people around me feel that it is important to engage in dialogue around societal injustices.	1	2	3	4	5	6	7
Other people around me are supportive of efforts that promote social justice.	1	2	3	4	5	6	7
Other people around me are aware of issues of social injustices and power inequalities in our society.	1	2	3	4	5	6	7

Intentions to Engage in Social Justice	Strongly Disagree			Neutral			Strongly Agree
	1	2	3	4	5	6	7
In the future, I will do my best to ensure that all individuals and groups in my community have a chance to speak and be heard.	1	2	3	4	5	6	7
In the future, I intend to talk with others about social power inequalities, social injustices, and the impact of social forces on health and well-being.	1	2	3	4	5	6	7
In the future, I intend to engage in activities that will promote social justice.	1	2	3	4	5	6	7
In the future, I intend to work collaboratively with others so that they can define their own problems and build their own capacity to solve problems.	1	2	3	4	5	6	7

APPENDIX E: EMAIL CORRESPONDENCE FROM SURVEY DEVELOPER

James Strickland

to Susan ▾

Dr. Torres-Harding,

Thank you again for providing access to the SJS. After reviewing the instrument with my advisor I would like to move forward in using it for my study. May I have your permission to use the instrument?

I was also wondering if you could send me or point me to where I can find scoring procedures for the instrument. Lastly, I have seen two names for the instrument. I've read that it is called the Social justice attitudes scale and the social justice scale. Which of these two is the correct name?

Thank you again for all of your help.
James Strickland
The University of Mississippi

Sent from my iPhone

Susan Torres-Harding

to me ▾

Hi, James: No permission needed to use it, just consider it as public domain. To score it up, we just use the average score for each subscale. You can also use the total sum subscale score if you want, as this is statistically equivalent. I call it the social justice scale (SJS for short).

Take care, and good luck with your study! I hope that you find the scale useful.

James Strickland ☆ ↩ ▾

to Vicky ▾

Good evening, Dr. Genia,

Thank you for all of your feedback throughout the dissertation process. I would like to ask your permission to use the SEI-R for my study. I am looking at the impact of spiritual maturity on clinical mental health counseling students intentions to engage in social justice advocacy.

Again, thank you for your time and help throughout this process.

Best,
James Strickland, LPC-S
The University of Mississippi
Doctoral Candidate

Vicky   Oct 18 (8 days ago) ☆ ↩ ▾

to me ▾

James

I am happy to be of help. You may use the SEI-R for your study. Please let me know your results when you complete your investigation.

Best wishes on you research!!

Vicky Genia

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VITA

James Strickland

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EDUCATION

Ph.D. Counselor Education and Supervision, May 2017
- The University of Mississippi, Oxford, MS
- Housed in the School of Education with full CACREP Accreditation
- Doctoral Committee Chair: Suzanne Dugger, Ph.D.

M.S. Counseling Psychology, 2008
- The University of Southern Mississippi, Hattiesburg, MS

B.A. Psychology, 2006
- Mississippi College, Clinton, MS
- Minors in Business Administration and Spanish

LICENSES & CERTIFICATIONS

Licensed Professional Counselor
- State of Mississippi, License # 1556, Issued 11/19/2010

Board Qualified Supervisor
- State of Mississippi, Certification # 284, Issued 1/20/2016

National Certified Counselor
- Certificate # 238821

Registered Play Therapist
- Anticipated May 2017

CO-TEACHING EXPERIENCE

The University of Mississippi, Oxford, MS
- COUN 539: Introduction to Professional Counseling and Ethics
- COUN 605: Research in Counseling
- COUN 643: Group Procedures
- COUN 683: Counseling Theory
- COUN 690: Counseling Skills
- COUN 693: Practicum in Counseling
- COUN 695: Internship in Clinical Mental Health Counseling
- COUN 773: Expressive Arts

SUPERVISION

Counselor Education Clinic for Outreach and Personal Enrichment, The University of Mississippi
- Provided individual and group supervision to practicum and intern students, led internship class, provided weekly supervision during clinical staffing.

RESEARCH & PUBLICATIONS

Dissertation
Strickland, J. (2017). *The impact of spiritual maturity on the intent to engage in social justice advocacy in clinical mental health counselors in training in CACREP accredited programs.*

Journal Articles
Winburn, A., Gilstrap, D., & **Strickland J.** (2015). Playing well with others. Utilizing a strengths based approach. *Play Therapy Magazine.* 10, 18-22.

RESEARCH PROJECTS

Dollars and Sense, Clarksdale, MS
Research Assistant with Glassfrog
- Program administration by MoneyThink
- Grant provided by American Express
- Collected pre and post assessments, completed qualitative interviews with parents

PROFESSIONAL PRESENTATIONS

<u>National</u>

Gilstrap, D., & **Strickland, J.** (2015). *Decreasing Antisocial Behaviors by Promoting Prosocial Activities: Approach to Intervention with Adolescent Offenders and Troubled Youth.*
Presented at the Evidenced Based School Counseling Conference. Erlanger, KY.

Matthews, K., Gilstrap, D., Dunagan, M., **Strickland, J.**, & Parker, L. (2015, October). *Facilitating Culturally Sensitive Professional Identity Expression of Counselor Education Doctoral Students.* Presented at the Association for Counselor Education and Supervision Conference. Philadelphia, PA.

Strickland, J., Parker, L., Dunagan, M., Matthews, K., & Gilstrap, D. (2015, October). *Developing Multicultural Competence in Spirituality Education.* Presented at the Association for Counselor Education and Supervision Conference. Philadelphia, PA.

Strickland, J., & Cheng, Q. (2016, April). *Spirituality and the Perception of Social Justice.* Presented at the American Educational Research Association. Washington, DC.

Regional

Matthews, K., & **Strickland, J.** (2014, October). *Meditation as an Adjunct Treatment for Women Suffering from Complex Traumatic Symptoms.* Presented at Southern Association
for Counselor Education and Supervision Conference. Birmingham, MS.

State

Magruder, J., **Strickland, J.**, & Houin, S. (2014, November). *Solution Focused Therapy: Using Brief Assessments- The ORS and SRS.* Presented at the Mississippi Counselor Association Conference. Jackson, MS.

Strickland, J., Main, J., & Dunagan, M. (2015, November). *Securing the Attachment from a Neurobiology Perspective.* Presented at the Mississippi Counselor Association Conference. Biloxi, MS.

Strickland, J., & Main, J. (2016, November). *Foundations of Play Therapy: Learning to Speak the Child's Language.* Presented at the Mississippi Counselor Association Conference. Biloxi, MS.

Strickland, J. (2017, February). *Speaking the Child's Language in Play Therapy.* Presented at the Mississippi Play Therapy Association Conference. Oxford, MS.

Strickland, J., & Main, J. (2017, March). *The Investigative and Therapeutic Process- Play Therapy and More Helping Children Heal.* Presented at the Guardian Ad Litem Certification CLE Seminar. Ridgeland, MS.

AWARDS

Graduate Achievement Award in Leadership and Counselor Education
The University of Mississippi, April 2017

School of Education Student of the Month
The University of Mississippi, September 2016

Dissertation Fellowship
The University of Mississippi, Fall 2016

Martha Garret Research Award
Mississippi Counseling Association, Fall 2014

Summer Graduate Research Assistantship
     The University of Mississippi, Summer 2014

SERVICE

Counselor Education Clinic for Outreach and Personal Enrichment (COPE)
The University of Mississippi, August 2015-May 2016
- Played an essential role as a graduate assistant with starting COPE, developed forms and procedures for COPE, helped market COPE to surrounding communities, provided individual and group supervision to practicum and internship students, oversaw clinic schedule, provided training opportunities for practicum/internship students, staffed and assigned cases, provided individual therapy and play therapy to college students, adults and children in the community.

Graduate Student CACREP Self-Study Team
The University of Mississippi, January 2015- May 2015
- Completed narratives for CACREP self-study, gathered evidence for the CACREP study, organized CACREP self-study

PROFESSIONAL MEMBERSHIPS

National Organizations

- American Counseling Association
- American Educational Research Association
- Association for Counselor Education and Supervision
- Association for Play Therapy
- Chi Sigma Iota – Epsilon Mu chapter
- Gamma Beta Phi

Regional Organizations

- Southern Association for Counselor Education and Supervision

State Organizations

- Mississippi Counselor Association
- Mississippi Licensed Professional Counselor Association
- Mississippi Play Therapy Association

CLINICAL EXPERIENCE

Counselor Education Clinic for Outreach and Personal Enrichment (COPE)
Clinical Therapist
- August 2015-current position
- The University of Mississippi, Oxford, MS
- Worked as a graduate assistant for 20 hours/week

- Assisted in developing COPE, developed paperwork and policies and procedures, provided individual play therapy, provided individual counseling to adolescents, college students, and community members, provided training and supervision for practicum students.

Child Advocacy and Play Therapy Institute (CAPTI)
Clinical Therapist
- November 2014-June 2015
- The University of Mississippi, Oxford, MS
- Provided individual play therapy, provided individual counseling to adolescents and community members, and engaged in parent consultations.

The University Counseling Center
Clinical Therapist
- August 2013- July 2015
- The University of Mississippi, Oxford, MS
- Worked as a graduate assistant for 20 hours/week
- Provided individual and group counseling to college students, created a group for caregivers and family members dealing with grief, conducted initial assessments, assisted with program evaluation, conducted classroom presentations, and assisted in afterhours crisis calls.

Mississippi Children's Home Services
Clinical Therapist
- March 2011-July 2013
- Jackson, MS
- Provided individual, family, and group counseling to children and adolescents in an inpatient setting, conducted initial assessments, assisted teachers and teacher assistants in developing behavior plans to modify behaviors in the classroom setting, managed afterhours calls, and presented weekly case conceptualizations during medical staffing.

Pine Belt Mental Healthcare Resources
School Based Clinician
- February 2009-February 2011
- Hattiesburg, MS
- Provided individual and group counseling to children in the school and home setting, conducted initial assessments, assessed and diagnosed children and adults, conducted involuntary commitments, participated in medical consultations, and conducted weekly case presentations in clinical staffing.