University of Northern Iowa

UNI ScholarWorks

2006

Spirituality and counseling : an integration into practice

Nikole D. Paulie

Let us know how access to this document benefits you

Spirituality and counseling : an integration into practice

Abstract

Mental health counselors have traditionally practiced the idea of separation, not integration, in regards to the exploration and use of spirituality in the counseling setting. Research and shifting trends have shown spirituality is not only important to clientele, but these clients also express a desire to incorporate their spirituality into counseling. Through enforcing appropriate competencies and guidelines, incorporating spirituality has proven effective within clinical settings. Counselors who do desire to integrate spirituality into counseling have limited resources available for guidance.

The purpose of this paper is three fold, to provide rationale for the integration of spirituality in counseling, discuss important considerations when integrating spirituality, and provide brief technique examples of integrating spirituality in counseling.

Spirituality and Counseling: An integration into practice

A Research Paper

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

In Partial Fulfillment

Of the Requirements for the Degree

Masters of Arts

by

Nikole D. Pauli

May 2006

This Research Paper by: Nikole D. Pauli

Entitled: SPIRITUALITY AND COUNSELING: AN INTEGRATION INTO

PRACTICE

Has been approved as meeting the research paper requirements for the Degree of

Master of Arts.

3-20-06
_____
Date Approved

Darcie Davis
_____
Adviser/Director of Research Paper

3/23/0(
_____
Date Received

John K. Smith
_____
Head, Department of Educational
          Leadership, Counseling, and
          Postsecondary Education

ABSTRACT

Mental health counselors have traditionally practiced the idea of separation, not integration, in regards to the exploration and use of spirituality in the counseling setting. Research and shifting trends have shown spirituality is not only important to cliental, but these clients also express a desire to incorporate their spirituality into counseling. Through enforcing appropriate competencies and guidelines, incorporating spirituality has proven effective within clinical settings. Counselors who do desire to integrate spirituality into counseling have limited resources available for guidance. The purpose of this paper is three fold, to provide rationale for the integration of spirituality in counseling, discuss important considerations when integrating spirituality, and provide brief technique examples of integrating spirituality in counseling.

SPIRITUALITY AND COUNSELING: An integration into practice

Historically, the relationship between mental health services and spirituality has

been extreme polarization. Mutual antagonism, if not rejection, has been

displayed by the mental health field and spiritual or religious organizations

(Fallot, 2001, Larson & Greenwold, 1997). Previously, the discussions of

spirituality and mental health services have been counterproductive as debates are

based not on research, but on bias displayed by both sides. Tradition has

encouraged this separation as founding fathers of the mental health profession

published on the subject matter claiming correlations of mental illness and

spirituality. Sigmund Freud and Albert Ellis suggested religion and spiritual

beliefs were a manifestation of psychopathology. Freud not only believed that

religion served no purpose, but went as far as stating that religious involvement

was evidence of a neurosis and referred to religious practices as symptomlogy of

obsessive-compulsive tendencies (Freud, 1927). Founder of Rational Emotive

Therapy (RET), Albert Ellis, publicly professed his belief that devout religious

beliefs were in some way related to mental or emotional disturbances (Ellis,

1988). Some researchers believe the Diagnostic and Statistical Manual of Mental

Disorders, Third Edition, Revised (DSM-III-R) showed bias towards individuals

who use spirituality by describing numerous examples of co-occurring clinical

impairment and religious involvement (Larson & Greenwold, 1997; Larson,

Thielman, Greenwold, Lyons, Post, Sherrill, Wood., & Larson, 1993).

Traditionally there has been a schism between counseling and spirituality; however, well-respected theorists such as Alfred Adler, Viktor Frankl, and Carl Jung had more positive views of spirituality. They saw the human spirit and using spirituality as way to find meaning and connection. With such a drastic split even within founding fathers, it is understandable why there is such a present day dilemma as to the role spirituality has in counseling.

In regards to spirituality, increased client interest and empirical research have encouraged mental health professionals to reexamine the possibility of incorporating spirituality into counseling. This paper will examine current trends and research supporting the integrating spirituality into counseling. This article will also address important topics that arise as clinicians begin to incorporate spirituality in the clinical setting. Topics addressed include rational for integrating spirituality, the importance of adequate training and theoretical base in regards to spirituality, assumptions and research findings, the importance of counselor's own spiritual awareness, the importance of spiritual assessment, boundaries when exploring spiritual issues, and techniques for integrating spirituality into counseling.

An entire division of the American Counseling Association has been dedicated to the recognition and appreciation of the role that spirituality has in counseling. The Association of Spiritual, Ethical, and Religious Values in Counseling (ASERViC) is based upon the belief that "a majority of persons in the

United States profess some form of religious belief, even if they are not active participants in a particular religion." (ASERViC, 2006). ASERViC believes that the values of these individuals impact their lives in their relationships, self-identity, personal meaning, worldviews, and problem solving. This organization acknowledges that this core belief system has a tremendous affect on the overall well being of these individuals. ASERViC believes many individuals find identity, purpose, and strength in spirituality. ASERViC encourages counselors to incorporate the exploration of spiritual issues with clients who desire to address this area. However, ASERViC also recognizes the importance of competence in the area of spiritual exploration and because of this has developed a list of competences for counselors who incorporate spirituality within counseling sessions (see Appendix). These competences will be referred to throughout this article.

Definitions

In the available literature, there are countless definitions of spirituality and religion. As referred to in Competency 1 (see Appendix), it is important for counselors to differentiate between the two concepts in order to provide quality counseling. For the purpose of this paper, the following definitions taken from the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERViC, 2006) will be assumed:

Spirituality is defined as a capacity and tendency that is innate and unique to all persons. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psychospritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture." (ASERViC, 2006).

For the purpose of this paper, spirituality is not to be confused with

religion. Religion maybe used as means to express or exercise spiritual, however,

is not an essential component of spirituality. Throughout this paper spirituality

and religion will not be used interchangeable. "Spirituality and religious practice

are neither exclusive of one another nor do they automatically reside

simultaneously in an individual." (ASERViC, 2006).

Rational for integrating spirituality

Despite the historical avoidance of exploring spiritual issues in counseling,

there is a new trend and belief arising in regards to spirituality and counseling.

This new belief is one of integration, not polarization of spirituality and

counseling and can be seen in the plethora of literature recently published on the

subject matter. Modern-day trends within the general population are causing

mental health professionals to reevaluate their beliefs of the integration of

spirituality in counseling. Zinnbauer, Pargament, and Scott (1999) report on the

increased interest in spirituality from both scientific and public interest. This trend

can be observed in the increased number of research articles and popular

publications on spirituality (Holden, 2000). Society has recently supported a new

trend of the importance of spiritual involvement which has lead to an increase in

cliental that express spiritual concerns in counseling (Bart, 1998). Mental health

providers are recognizing that issues of spirituality are occurring in counseling.

These changes can be noted in the inclusion of religious or spiritual problem as an

option for clinical diagnosis in the Diagnostic and Statistical Manual of Mental

Disorders-IV-TR. (APA, 2000).

Ivey, Ivey, Myers, & Sweeny (2005) believe spirituality and spiritual

connected to spirituality are at the very core or a persons search for meaning .

According to Fallot, (2001) "both spirituality and religion may involve the

following: a sense of ultimate meaning, purpose, and values; a relationship with a

transcendent being or higher power, or a sense of the sacred or holy." (p 80). In

their chapter on spirituality, Ivey, Ivey, Myers, and Sweeney (2005) report

statistical information from the Gallup polls in 1996. This information was taken

from the U.S. population during the 10 previous years. Of the subjects questioned,

84% reported believing that God is involved in their lives. Forty-one percent of

participants reported having experienced miracles, and 33% reported having a

"profound mystical experience" that altered their life. Ninety percent of subjects

who reported that they had quit drinking reported having a spiritual experience.

More recent Gallup polls reported on by Miller and Thoresen (2003) showed an

increase in reported spiritual beliefs. Of subjects questioned, 95% reported believing in a God or a higher power, and nine out of ten reported praying. This research clearly supports an increase in the spiritual involvement of the participants surveyed.

Research by Sheridan, Bullis, Adcaock, Berlin, Miller, (1992) involving 328 helping professionals including social workers, psychologists, and counselors reported one-third of clients presented with issues related to spirituality. There has been a realization that spirituality and beliefs concerning spirituality greatly affect thoughts, beliefs, feelings, and actions of many individuals. Sperry (2001) stated "Just as individuals have become more sensitized to the biological dimensions in their lives by their attention to diet and exercise, increasingly, many are seeking to incorporate the spiritual dimension in their daily lives as well." (p xi.) Sperry believes that individuals today, more so than ever are seeking to find purpose and meaning in their lives. Many people are using spirituality and spiritual rituals such as meditation, yoga, and prayer as a means to do so. Holloway (2003) found 70% of the individuals who responded reported that their clients expressed a belief in a divine being. Thirty-five percent reported client's spirituality was a source for coping and a source for strength. Findings indicated that 6% of clients were distressed because of spiritual issues, and 4% of psychologists reported that spiritual matters relate directly to their client's presenting issues.

Traditionally counselors have been encouraged to avoid topics of spirituality, as they were not viewed relevant in counseling. Spiritual issues where an area for pastors, priests, and other religious leaders, however, research has suggested there is many times an overlap between spiritual and psychological dimensions (Sperry, 2001). Ellor, Netting, and Thibault (1999) summarize the current stance taken by helping professionals regarding integrating spirituality in counseling, "The terms are included, but a full explications is not provided. There are references, but the categories have not been fully developed. We have observed a sort of "approach-avoidance" when it comes to religion, spirituality and professionalism." (p 13). With the expanding of counseling to incorporate multiculturalism and holist aspects, avoidance of spiritual matters in counseling is a direct contradiction of attempts to be inclusive (Fallot, 2001). Competency 2 according to ASERViC states "The professional counselor can describe religious and spiritual beliefs and practices in a cultural context". Simply put, expanding counselor's knowledge of spirituality increases and expands culture sensitivity. Although some professionals would argue that exploring spiritual aspects is far too personal, it seems an injustice for professionals to avoid the topic as so many people identify some aspect of spirituality to be important in their lives. Moreover, clinicians show no hesitation to explore areas of abuse, sexual orientation, financial situations, illegal drug use, and sexual practices, all of which are also arguably very personal aspects of a client's life (Fallot, 2001).

Research has indicated that spirituality is important to the general population, however, not all clients will present with clinical issues related to spirituality. Even clients who have issues related to spirituality will probably not identify these issues specifically. Many individuals who have had negative experiences or attach negative connotations to religious organizations still long to have spirituality in their life. Clearly there have been times in history where religious organizations have done horrible things to members and thus people lost trust in the organized religion (Ellor, Netting, & Thibault, 1999). On a more personal level, many individuals have been hurt by religious organizations or religious figures which causes unsettled feelings about the church and religion. These people tend to seek out spiritual guidance and fulfillment outside of traditional settings. Thus they may seek counseling. Spiritual and religious beliefs may be deeply related to how individuals live their lives, find meaning, cope, view death, and define themselves. By avoiding the topic of spirituality clinicians could be avoiding a part of the person or a part of the issue that brings them to counseling. To refuse to explore spiritual components with some clients is to refuse to know these clients completely.

Importance of Proper Training and Theoretical Base

Larson and Greenwold (1997) identified the discrepancy between reported patient need and clinician's competency. Many clinicians seem unwilling to explore spiritual issues because they feel inadequate to do so. This feeling of

inadequacy may be linked to the lack of training in regards to spiritual matters

(Fallot, 2001). Sheridan, et al (1992) gathered information in survey from 328

randomly selected professionals including social workers, psychologists, and

counselors. Results yielded that 22 (7%) subjects reported receiving any sort of

training in theology or religion in their graduate programs, and 14 subjects

received specific degrees in religion or theology. Ninety-eight (30%) subjects

reported that religion or spirituality was never addressed in their educational

training while 52 subject (16%) said it was rarely discussed. Overall the majority

of subjects, 259 (79%), reported having little training in this specific area.

However, 124 subjects (38%) surveyed reported attending conferences or

workshops in the previous five years seeking information on religion and

spirituality in counseling. The topics of these workshops included grief,

psychotherapy and spirituality, additions, and personal growth and spirituality.

According to this research clinicians may not be receiving what they perceive to

be adequate training the area of spirituality and are seeking that information in

their professional couriers. Even counselors who personally incorporate

spirituality into their own lives fear identifying as a "spiritual" counselor for fear

they will appear too zealous or trying to force their personal convictions on their

clients (Bart, 1998). Bart (1998) summarized findings from a doctoral dissertation

by Schmider, who interviewed 200 students from five different CACREP-

approved counseling programs. Schmider found that although objectively students

responded neutral when asked if they would be will to explore spiritual issues

with a client, when asked to subjectively elaborate unofficially, students reported

fear of being stigmatized as "religious fundamentalist" by faculty. In regards to

clinician training, Sperry, 2001 reported the following:

> They may even engage in spiritual practices...Yet, most have had no
>
> formal training in incorporating the spiritual dimension into clinical
>
> practice, and many wonder whether this function of attending to some or
>
> all of the spiritual dimension, which in the past seemed to have been
>
> discouraged, should be a legitimate part of the practice of psychotherapy.
>
> (p 5-6).

Clinicians, who do recognize the need for incorporating spirituality, are

seeking out the available resources for educating themselves. These providers

seek conferences, workshops, and reputable publications. Although there is an

increased amount of literature and research in the area, and some workshops

available, mental health providers need some sort of formal training in the basic

integration of spirituality. One essential part of this training should include proper

supervision during training (Kersting, 2004).

Another inadequacy in the area of integrating spirituality into counseling

is the absence of a solid theoretical foundation. Few theorists have ventured into

the realm of developing a theoretical system integrating spiritual components.

While a few theories do exist, the are not integrated into mental health counselor

education, thus professional who do choose to integrate spiritual components in counseling lack the theoretical framework to do so. Although they are few in number, some theories do exist that examine spirituality and the way clients use spirituality.

Ellor, Netting, and Thibault (1999) summarized Erickson's contributions as they describe his concepts to religious development. Erickson believed three components were necessary for an individual to develop a spiritual belief system. These three components are playfulness, transcendence, and trust. Erickson also stressed the importance in the process of ritual development to an individual's spirituality.

Johns Gleason's theory relating to spiritual development is summarized (as cited in Ellor, Netting, Thibault, 1999) as a continuum ranging from literalism to symbolism. Gleason presents four worlds in which he describes individual's different uses and beliefs about spirituality. Gleason's model is applicable from a theoretical standpoint in that although it is a continuum, the four worlds are not progressive or liner. They are however, four diverse ways of thinking and are not hierarchal. Gleason's model emphasizes the difficulty in measuring any aspects of spirituality, therefore lacks any measurable components.

Fowler's faith development theory, as summarized by Ellor, Netting, and Thibault (1999) consists of seven faith development stages. Fowler emphasizes that theses stages are not to be viewed as a hierarchy in which a person in an

earlier stage is view as less than a person in a later stage. Fowler's stages include primal faith (infancy), intuitive projective faith (early childhood), mythic literal faith (childhood and beyond), synthetic conventional faith (adolescence and beyond), individuative reflective faith (young adulthood and beyond), conjunctive faith (midlife and beyond), universalizing faith (midlife and beyond). Within these faith stages, Fowler identifies structural aspects that occur, these include, form of logic, role taking, form of moral judgment, bounds of social awareness, loci of authority, form of word coherence, and symbolic functioning. In their chapter on apply developmental theory to spiritual exploration, Ivey, Ivey, Myers, and Sweeney (2005) provide additional support of Fowler's theory and suggest techniques for helping client's in each stage. Fowler stresses that these stages should not be used as goals for an individual to achieve, but instead provide a framework to conceptualize an individual's journey of spirituality.

Mortia therapy originated out of Japan and is based in Eastern Buddhist thought. According to Capuzzi & Gross (2003) the goals of this theory include avoid preoccupation with self, acceptance of reality, moral and social responsibility, living a constructive life, and recognition of one's purpose. Mortia therapy is based upon the belief that humans are decent, optimistic, and have constructive drives. Similarly the Eastern approach to therapy incorporates Buddhist teachings that encourage enlightenment and mindfulness and rely heavily on the use of meditation.

Few theorists have ventured to include the taboo topic of spirituality. Of those who have, more research is needed to provide guidance for counselors who wish to practice by these theories. Specific direction regarding techniques and integration is an area in which research is lacking. Not only is further theoretical development including spirituality necessary, but also a mean to integrate these theories into counselor education programs.

Assumptions and Research

As with any topic that arises in counseling there is a risk of making assumptions about a client while integrating spirituality in the counseling process. Some specific risks when exploring spiritual topics in counseling are discussed. The only way to successfully counter assumptions is through research. This section will first identify and explain common assumptions, followed by the findings of empirical research.

A common assumption some counselors may make about a client's spirituality is rooted in the belief of some theoretical orientations that spiritual beliefs equate irrational, primitive, or dysfunctional symptomology (Fallot, 2001). Fallot believes that these preconceived assumptions do injustice to the many different roles and functions that spirituality has in the lives of clients. Empirical research in the field of psychiatry has actually suggested spirituality is often associated with health benefits (Larson & Greenwold, 1997). Larson and Greenwold (1997) specifically linked the exploration of spirituality in counseling

to increased patient satisfaction, curtailed suicide and substance abuse rates, improved coping related to illness, and improved treatment outcome. Hodge (2004) confidently stated "Spirituality often plays a central role in helping people with mental illness cope and recover." (p.36).

Conversely a dangerous assumption that could be made by a counselor is all spiritual aspects of a client are healthy. Prior to the nineteenth century, little differentiation was made between mental and spiritual disorders as pathological behavior was described in spiritual terms such as demon possession (Ellor, Netting, and Thibault, 1999). With such radical historical beliefs easy to see how Freud came to the conclusion that spiritual practice equaled pathology. However, the pendulum continues to swing as counselors realize that spirituality can have both a positive and negative effect on the overall mental health of their clients. Although research has shown the positive effects of spirituality in counseling, there are cases where the expression of spiritual beliefs has been distorted and lead to clearly unhealthy expressions (Zinnbauer, Pargament, & Scott, 1999; Sperry, 2001). Cults and religious extremists have used spirituality to do terrible things such as physical, emotional, sexual abuse of members, mass suicide, ritualistic killings, and numerous others (Ellor, Netting, and Thibault, 1999). More research is needed to educate counselors on differentiating between client's healthy use of spirituality and maladaptive forms of spirituality. Before assuming

that a client's spirituality is helpful or harmful to their psychological well-being,

counselors need to assess the client's overall functioning (Fallot, 2001).

Another foreseen assumption while dealing with the integration of

spirituality into counseling is the assumption, either on behalf of the client or

counselor, that the two have a similar set of beliefs (Ellor, Netting, and Thibault,

1999). For example, a client may ask if their counselor is spiritual. Although both

client and counselor may both profess religious involvement, the two may have

very different religious practices and beliefs. Again this assumption is easily

avoidable by merely requesting clarification from the client. Another assumption

is the counselors understanding a client's identified belief system. For example, a

client may identify herself as a Buddhist. Dependent on the counselor's available

knowledge and understanding of that particular religion, the counselor may or

may not be able to recognize certain beliefs or practice with that culture.

Counselors need to encourage clients to define their personal spirituality as

specific as possible. Clarification questions might include, "You said you identify

yourself as a practicing Buddhist. I know a little bit about the main beliefs of that

religious group, but my knowledge is limited. I wonder if you would be willing to

share specifically what that looks like in your life."

Clinicians need to be careful to avoid assumptions of any type while

working with client's spiritual issues. Counselors need to be mindful that all

individuals, groups, and organizations are unique and so are their spiritual

experiences and should not be categorized and over generalized. Although clients and counselor may share beliefs and common experiences, one must realize spiritual experiences may be personal and unique. It is crucial clinicians listen to their client's experience and seek to learn about and empathize with the client's unique spirituality. Research has shown not only that some client's wish to integrate their spiritual beliefs into counseling, but also that integrating spirituality increases effectiveness. Research has found that spirituality may provide personal identification, and a source of strength for many clients (Fallot, 2001). Research even suggests a correlations between client's use of spirituality with lower suicide rates, lower depression rates, and lower use of alcohol and drugs (Shafranske,1996).

<center>Importance of Clinician's Personal Awareness</center>

Ellor, Netting, & Thibault (1999) stated "Whether or not a human service worker finds meaning in an organized religious group or from personal spiritual reflection, many professionals' caseloads will include persons who do find meaning in these things." (p.1). This statement, although true, would convey to clinicians it is of little importance where he or she is at personally in regards to spirituality. However, it is of the utmost importance that mental health providers be aware and constantly explore there own beliefs and bias regarding spirituality. Increased self-awareness is crucial for clinicians as to not confuse or enmesh personal thoughts, beliefs, and values with the client's (Ivey, Ivey, Myers, &

Sweeney, 2005). Counselors are encouraged to continually examine themselves in areas of personal beliefs, values, practices, and bias in regards to spirituality (Sheridan, et all, 1992). Once counselors have determined their own personal convictions, then they may be able to decide the role of spirituality within their counseling practice (Ivey, Ivey, Myers, & Sweeney, 2005). Counselors are warned to be particularly careful of their personal ideas about spirituality as not to abuse of their authority role within the helping relationship. The possibility of transference and countertransference are always present in the client/counselor relationship. In regards to integrating spiritual components into counseling it is essential the counselor be extremely careful no to impose his or her own beliefs on the client (Hodge, 2004; Kersting, 2003). ASERViC believed this area so important that they dedicated two competencies to the area of counselor's personal awareness (see Appendix).

These two competencies suggest not only is it important for counselors to be self-aware regarding spirituality, but also to be able to successfully communicate this information with clients. Self-disclosure is frequently used when integrating spirituality into counseling. It is important for counselors to explain to their client they are willing to discuss and integrate spirituality because research has found clients believe this to be a taboo issue (Hodge, 2004). It may even be necessary for clinicians to self-disclose their own spiritual beliefs when asked by client's to do so. Counselor may encounter client's probing self-

disclosure as many clients' fear clinicians will not understand or minimize their spiritual beliefs (Dittmann, 2003).

Assessment

As mental health professionals begin to recognize the importance of being open to integrating spirituality into counseling, and as client's more frequently express desire to do so, professionals have realized the need for spiritual assessment (Hodge, 2004). Joint Commission on Accreditation of Healthcare Organizations (JCAHO) a major healthcare accrediting agency who accredits most hospitals and many mental health service providers that now recommends that spiritual assessments be included when gathering client information (Hodge, 2004). A logical starting point for spiritual assessment may be for mental health service provides to incorporate a question, or section on the intake form to allow for clients to share the importance, if any, that spirituality has in their life or treatment. This addition need not be of great length, but an initial assessment would identify interest or concern in this area, and indicate if further spiritual assessment is necessary. Assessment questions may include questions about spiritual or religious background and current use of spiritual practices (Kersting, 2004). Discussion of the initial assessment with a client may reveal strengths and resources that can be used in therapy. ASERViC recognizes the importance of spiritual assessment as Competency 7 states, "The professional counselor can

assess the relevance of the religious and –or spiritual domains in the client's therapeutic issues."

Spiritual assessment can also be useful in equipping the counselor with the appropriate terminology to use with a specific client. It is vital that both counselor and client are clear as to the meaning of terms used while exploring this subject matter. As discussed previously in this paper, even the term "spirituality" is vague and unclear. Counselors need to be persistent in seeking clarification of a client's terminology and seek to use that terminology accurately with the client. Ivey, Ivey, Myers & Sweeney (2005) discussed that in their work with clients they encountered resistance when attempting to define spirituality to their clients. They instead have developed the belief that it is both a privilege and requirement to let their client educate them on what spirituality is to them. Competency 8 states "The professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befits the expressed preference of each client."

Boundaries and Referral

According to ASERViC's competency 6 (see Appendix) counselors should be able to identify their limits of understanding regarding religious or spiritual issues and provide adequate referral sources. Clearly there are limitations in the abilities of each counselor. Self-awareness is essential as it allows counselors to know their boundaries and limits. Boundaries for a counselor in

regards to spirituality may consist of a client's using their own self-awareness to avoid imposing their own beliefs on a client (Hodge, 2004; Kersting, 2003). Although counselors may successfully integrate components of spirituality into counseling, they are not spiritual directors. As with any issue in counseling, if a clinician feels an issue has surpassed his or her competence he or she should refer clients to a more appropriate professional (Ellor, Netting, Thibault, 1999). This ability to refer to appropriate professionals or agencies requires the counselor to be familiar with what options are available in their local community.

Techniques

One component of spiritual competency involves the ability to develop and use interventions appropriately based on the specific unique needs of each client (Hodge, 2004). This section will briefly identify some techniques that integrate spirituality into counseling. It is important to remember that in counseling the use of specific techniques and interventions is not always necessary. This is relevant while incorporating spirituality into counseling. Simply encouraging client's to explore the role spirituality has in their lives is an equally effective manner in which to integrate spirituality. Incorporating and building upon the unique belief system and personal strengths of the client based on their spiritual beliefs may reveal resources and strengths that can be used as tools to foster change and healing. (Ivey, Ivey, Myers, Sweeney (2005); Hodge, 2004). Other more specific interventions that will be described include 12 step

programs, spirituality providing meaning, spiritually guided forgiveness, integration of client's existing spiritual practices, meditation, spiritual groups providing support systems, and other familiar techniques with spiritual undertones.

The first type of counseling that unapologetically incorporated spirituality into their theoretical base were 12 step substance abuse treatment programs. Twelve step programs, including Alcoholics Anonymous were built around the recognition and belief in a higher power. Programs such as these encourage the use of spirituality as a vital component to treatment. Seven of the twelve steps from which the program is founded incorporate spirituality. Clay (2003) summarizes research findings that confirm a correlation between the use of spirituality and effectiveness in treating substance abuse. Research has even suggested that the use of spirituality can even prevent adolescences from smoking cigarettes, drinking, and using marijuana (Clay, 2003). This study suggested that the use of spirituality was a means for coping with life stressors, thus reducing the use of substances as a means of coping.

Victor Frankl, a founding father of Existential Theory believed a sign of mental health was living beyond oneself (Frankl, 1978). Spirituality can provide an avenue for individuals to find meaning and the ability to look beyond themselves (Fallot, 2001). Paloutzian, Richardson, and Rambo (1999) stated, "People have needs for meaning, belonging, identify, and definition, and

commitment to a religion is a way to meet them." (p 1048). Many individuals

enter counseling amidst an existential crisis or a search for meaning (Capuzzi &

Gross, 2003). Many spiritual traditions recognize a search for a greater meaning.

Native American spirituality refers to this time in an individual's life as their

vision quest. This vision quest is a time for the individual to spend time in nature

seeking their higher purpose (Ivey, Ivey, Myers, & Sweeney, 2005). In the midst

of this crisis of meaning, spiritual beliefs and practices can often provide meaning

and purpose by answering existential questioning.

Kersting (2003) describes using spiritually based forgiveness to help

client's move past emotional difficulty caused by others. This type of spiritual

forgiveness enables clients to forgive and move past anger without belittling their

pain or justifying the abuse or the abuser. When working with victims of abuse it

can be very effective to find a means for which the individual can let go of the

pain and begin to move forward in healing. Spiritually based forgiveness can be

one way an individual finds the ability to let go.

Another approach to integrating spirituality into the counseling is in

exploring spiritual rituals and practices used by the client and integrate them into

the client's treatment (Hodge, 2004). Hodge (2004) summaries results of clinical

trials which suggested spiritually modified cognitive-behavioral therapies

developed by integrating the Koran with Muslim clients were as successful as

traditional forms of therapy. One such example is Cognitive Experiential Self

Theory (CEST) which incorporates the use of Biblical passages into counseling

(Hill, 2005). Kersting (2003) suggests using biblical texts to reinforce healthy

habits. Ivey, Ivey, Myers, & Sweeney (2005) suggest incorporating client's use of

prayer or other ritual practices as a positive intervention, however, warn against

the risk of the counselor imposing their own beliefs and traditions when doing so.

Regardless of the specific intervention, incarcerating existing aspects of the

client's spirituality is very effective when integrating spirituality into the

counseling relationship.

Eastern psychological and spirituality have provided a theoretic

perspective different from that of traditional Western mental health counseling.

Mortia Therapy incorporates meditative interventions from a Buddhist perspective

(Capuzzi, & Gross, 2003). The use of meditation similar to that used by Tibetan

Buddhist monks can yield intensive mental awareness through mindfulness

meditation. When this type of meditation is integrated into counseling client's can

lean to recognize, and not merely react to emotions and other mental events. The

use of meditation can provide a means for emotional control.

Research has shown spiritual and religious involvement provides means

for a support system (Ivey, Ivey, Meyrs, & Sweeney, 2005; Fallot, 2001; Hodge

2004). This type of support system has been found to be particularly effective in

providing support to disadvantaged populations who have limited resources to

utilize (Hodge, 2005). Support from churches and other spiritual organizations are

able to meet a wide range of needs clients may have such as social support, emotional support, financial support, spiritual guidance, networking, support grounds, and many others. Hodge (2005) emphases the importance of professionals becoming aware of what their community has for outside referrals and resources.

These are a few techniques that have been developed to help counselors who are integrating spirituality into their practice, there or of course countless more techniques that work with exploring a client's spirituality. Counselors may also be surprised to find many existing techniques adequate for exploring a client's spirituality. Many times a spiritually specific intervention is not required to explore topics of spirituality. Counselors will find that using techniques such as reframing, solutions-focused, life maps, and goal setting are all effective when discussing a client's spirituality (Hodge, 2005). Counselor may encourage client's to incorporate their spiritual beliefs and practices when making decision. Many times client's know what they goals are spirituality but encounter difficulty reaching these goals. Counselors may find that confronting and pointing out discrepancies provide what a client needs when addressing spiritual concerns. Experts in the area remind counselors to rely on their skills, presence, and existing techniques when exploring spirituality issues in the counseling setting.

A quote from William Hathaway summarizes the current state of counselor's integration of spirituality and counseling. "Using religion as a therapeutic tool is a little controversial and still emerging," (as cited in Kersting, 2003).

Conclusion

While the field of counseling is making tremendous progress in it's research and awareness of multiculturalism, the idea of integrating spirituality is still a undeveloped aspect. Spirituality may be a means of well-being for many client's and thus may need to be addressed with in counseling. ASERViC encourages professional counselors to be aware of the spiritual beliefs of their clients and to integrate that awareness into the counseling process. As the mental health field has begun to recognize the importance of being open to the integration of spirituality, it has been realized that many considerations to be acknowledge. First and foremost before clinicians can begin to incorporate spirituality into clinical settings, they need to receive adequate training and supervision. Along with adequate training, mental health professionals need to be aware of their own spiritual beliefs and bias. This awareness will not only reduce the chance of counter transference, but also allow counselors to recognize their own limitations when addressing spirituality. Finally if mental health professionals are to integrate spirituality into counseling there is much more research needed in the areas of theory, assessment, and intervention/techniques.

Although the field of mental health has made notable advancements to integrating spirituality into counseling, there are much more to be done.

References

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, Fourth Edition, Text Revision. Washington, DC. American Psychiatric Association, 2000.

The Association for Spiritual, Ethical, and Religious Values in Counseling Retrieved January 26, 2006, from http://www.aservic.org/index.htm

Bart, M. (1998). Spirituality in counseling finding believers. *Counseling Today, 41*, 5-6.

Capuzzi, D. & Gross, D. (2003) *Counseling and Psychotherapy theories and interventions* (3rd ed.). New Jersey: Pearson Education, Inc.

Clay, R. (2003). The secret of the 12 steps. *Spirituality and mental health, 34),* 50.

Dittmann, M. (2003). Struggling to keep the faith. *Spirituality and Mental Health, 34*, 52.

Ellis, A. (1988). Is religiosity pathological? *Free Inquiry, 8*, 27-32.

Ellor, J.W., Netting F.E., & Thibault, J.M. (1999). Religious and spiritual aspects of human service practice. Columbia, SC: University of South Carolina Press.

Fallot, R. D. (2001). The place of spirituality and religion in mental health services. *New Directions for Mental Health Services, 91*, 79-88.

Frankl, V. (1978). The unheard cry for meaning. New York, New York: Simon

    and Schuster.

Freud, S. The Future of an Illusion. Gardent City, N.Y.: Anchor Books, 1964.

    (Originally published in 1927.)

Hill, P. (2005). Living on the boundary: Scriptural authority and psychology.

    Journal of Psychology and Theology, 33, 98-112.

Hodge, D. (2005). Spiritual Lifemaps: A client-centered pictorial instrument for

    spiritual assessment, planning, and intervention. *Social Work, 50*, 77-87.

Hodge, D. (2004). Spirituality and people with mental illness: Developing

    spiritual competency in assessment and intervention. *Families in Society:*

    The Journal of Contemporary Social Services, 85, 36-44.

Holden, J. (2000). Counselors' accounts of their clients' spiritual experiences.

    Counseling and Values, 44(2), 92-100. Retrieved November 11, 2005

    from the APA website.

Holloway, J. (2003). Did you know? *Monitor on Psychology, 34*, 41.

Ivey, A. E., Ivey, M. B., Myers, J. E., & Sweeney, T. J. (2005).

    Developmental counseling and therapy. Boston, MA: Houthton Mifflin

    Company.

Kersting, K. (2003). Religion and spirituality in the treatment room. *Spirituality*

    and Mental Health, 34, 40.

Larson, D. B. & Milano, M. G. (1997). Making the case for spiritual interventions

in clinical practice. *Mind/Body Medicine 2,* 20-30.

Larson, D.B., Thielman, S.B., Greenwold, M.A., Lyons, J.S., Post S.G., Sherrill, K.A., Wood, G.G., & Larson, S.S. (1993). Religious content in the DSM-III-R glossary of technical terms. *The American Journal of Psychiatry 150,* 1843-1848.

Paloutzian, R., Richardson, J., & Rambo, L. (1999). Relgious conversion and personality change. *Journal of Personality, 67,* 1047-1079.

Shafranske, E. F.(ed.). (1996). *Religion and the Clinical Practice of Psychology.* Washington, D.C. American Psychological Association.

Sheridan, M. J., Bullis, R. K., Adcaock, C. R., Berlin, S. D, Miller, P. C. (1992). Practitioners' personal and professional attitudes and behaviors toward religion and spirituality: Issues for education and practice. *Journal of Social Work Education, 28,* 190-204.

Sperry, L. (2001). *Spirituality in clinical practice.* Philadelphia, PA:Brunner-Routledge.

Zinnbauer, B., Pargament, K., & Scott, A. (1999). The emerging meanings of religiousness and spirituality: Problems and prospects. *Journal of Personality, 67,* 889-917.

Appendix A

Competencies for Integrating Spirituality into Counseling

Competency 1-The professional counselor can explain the difference between religion and spirituality, including similarities and differences.

Competency 2- The professional counselor can describe religious and spiritual beliefs and practices in a cultural context.

Competency 3 - The professional counselor engages in self-exploration of religious and spiritual beliefs in order to increase sensitivity, understanding and acceptance of diverse belief systems.

Competency 4 - The professional counselor can describer her/his religious and/or spiritual belief system and explain various models of religious or spiritual development across the lifespan.

Competency 5 - The professional counselor can demonstrate sensitivity and acceptance of a variety of religious and/or spiritual expressions in client communication.

Competency 6 - The professional counselor can identify limits of her/his understanding of a client's religious or spiritual expression, and demonstrate appropriate referral skills and generate possible referral sources.

Competency 7 - The professional counselor can assess the relevance of the religious and/or spiritual domains in the client's therapeutic issues.

Competency 8 - The professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befits the expressed preference of each client.

Competency 9 - The professional counselor uses a clients' religious and/or spiritual beliefs in the pursuit of the clients' therapeutic goals as befits the clients' expressed preference.

The Association for Spiritual, Ethical, and Religious Values in Counseling
Retrieved January 26, 2006, from http://www.aservic.org/index.htm