Religion, Spirituality and Counseling: Can They Be Integrated?

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Abstract

Despite the past suspicion and abject distrust between religion, spirituality and counseling psychology, it is now clear that things are changing. In recent years, the relationship between religion, spirituality and counseling has evolved. A growing body of research shows that integrating religion and spirituality into counseling is vital, and that they can interact together to help improve the human condition. The suspicion among religious and spiritual individuals toward counseling was partly a result of the historical mistrust between religion and psychology. This paper attempts to explore the relationship between religion, spirituality and counseling, and the importance of integrating religion and spirituality into counseling process. After general overview of their relationship, and the role of religion and spirituality in counseling, both the benefits, and suitability of including religion and spirituality in counseling, along with the ethical guidelines, will be outlined.
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Religion, Spirituality and Counseling: Can They Be Integrated?

Definition of Concepts

It is generally agreed that the terms religion and spirituality have numerous definitions and interpretations. Although some people use the two terms interchangeably, many people give "special meaning in the contrast between spirituality and religion" (Wuthnow, 1998, p. 74). Some call themselves religious, some spiritual, others both, or none. Nevertheless, it is necessary to clarify the definitions of both terms for the sake of the counselors' understanding. Counselors are required to have the knowledge of their clients' religious and spiritual beliefs and practices. Religious and spiritual issues are important for many clients seeking mental health services (Richards & Bergin, 2000). Therefore, a comprehensive definition of religion and spirituality could help counselors, especially those working in multicultural setting, where counselors are most likely required to determine the influence and meaning of religion and spirituality in their clients' lives.

According to Richards and Bergin (2005), the issue of how spirituality influences clients is currently recognized as being relevant for counseling. Most often, religious and spiritual matters are seen therapeutically to be relevant for the practice of counseling in both secular and religious settings (Frame, 2003). This was the reason why over the past several years the counseling profession has started to address spiritual and religious issues (Onedera, 2008).

Likewise, a clear definition of counseling will help clients understand the nature of counseling as profession and the cure goals of it. Counselors are required to define their profession clearly in order to articulate what it is that they do as counselors (Lock, Myers & Herr, 2001). When clients and their counselors understand each other, they can know what to expect from each other, which facilitates more effective collaboration.
Religion

Religion has been defined as "an organized, institutionalized belief system, set of practices, and faith community" (Walsh, 2009, p. 5). Religion can also be defined as beliefs and practices endorsed by a specific organized sacred institution such as a church, mosque, or synagogue (Good & Willoughby, 2008; Shafranske & Maloney, 1990). As Walsh (2009) notes the said belief system includes "shared, institutionalized moral values, practices, involvement in a faith community, and, for most, belief in God or a Higher Power" (p. 5). Through its teachings and sacred scriptures, religion provides standards and prescriptions for individual virtues, relational conduct, and family life based on core beliefs (Walsh, 2009).

Spirituality

Many authors think that the definition of spirituality is difficult, and that it is hard to even discuss it. Hunt, Cobb, Keeley and Ahmedzai (2003) state that spirituality is a complicated concept to define, discuss and audit. Zinnbauer et al., (1997) say that spirituality is hard to define. West (2000) notes that spirituality is a significant concept that is difficult to define. Byrne (2002) points out that there is no clearly defined language of spirituality. Cornett (1998) says that spirituality is difficult to define, in part, because it is being equated with religion. However, Walsh (2009) has defined spirituality as an overarching construct which "refers to a dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion, through family and cultural heritage, and in connection with nature and humanity" (p. 5). Spirituality can also be defined as a "more general feeling of closeness and connectedness to the sacred" as described by a specific religion (Worthington, Hook, Davis & McDaniel, 2011, p. 205).
Many other authors see spirituality as something that can be experienced either within or without organized religion, and that spirituality is not necessarily tied to a certain religion. For example, Brantmeier, Lin, and Miller (2010) note that one can be spiritual without being religious and that one can be religious without being spiritual, while one can be both spiritual and religious at the same time. As Walsh (2009) points out, some see spirituality as a sense of connection to others, the world, and the universe. The United Nations (2009) puts spirituality this way: "spirituality can be seen as an internal connection to the universe, which includes a sense of meaning or purpose in life, a cosmology or way of explaining one's personal universe and personal moral code" (p. 60).

Counseling

Generally, counselors have struggled with the definition of their profession. The reason for their struggle is that counseling is a confusing and broad profession. Kottler and Shepard (2011) note, "counseling is indeed an ambiguous enterprise" (p. 17). According to Kottler and Shepard counseling is done by people who cannot agree on the best treatment approach and, most often, cannot figure out what was mainly helpful to their clients. Matter of fact, the "lack of a readily available, uniform definition of counseling in the literature and the apparent similarity of the practice to everyday activities may be confusing to those who use counseling skills in their work" (Rose & Best, 2005, p. 68).

In an unusually detailed description, Kottler and Shepard (2011) define counseling as:

- A profession with a history and set of standards that are distinct from other related disciplines such as social work, psychology, and psychiatry.
• An activity that is designed to work primarily with those who are experiencing
developmental or adjustment problems (but also to work with those who struggle
with forms of mental illness).

• A relationship, whether in a group, family, or individual format, that is
constructed in a way to promote trust, safety, support, and lasting change.

• Multidimensional, dealing with human feelings, thoughts, and behaviors, as well
as with the past, present, and future.

• A process that has a series of sequential steps (p. 18).

Biggs (1994) defines the formal practice of counseling as a "helping process in which one
person, a helper, facilitates exploration, understanding, and actions about developmental
opportunities and problem conditions presented by a helpee or client" (p. 63). The American
Counseling Association (ACA, 2010) has approved a new definition of counseling, that is:
"counseling is a professional relationship that empowers diverse individuals, families, and
groups to accomplish mental health, wellness, education, and career goals" (p. 1).

Biggs (1994) points out that counseling is a process in which clients learn to:

• Develop insights or a new understanding of a problem situation based on
consideration of alternative perspectives.

• Develop increased awareness of the possible meaning of their behaviors,
emotions, and experiences to themselves and others in a problem situation.

• Learn new behaviors, concepts, and skills that will allow them to achieve their
goals in a problem situation (p. xii).

As a profession, counseling is typically limited to the clients whose issues consist of "reasonable
levels of distress or emotional arousal combined with personal deficits such as inadequate or
inappropriate knowledge and skills" (Biggs, 1994, p. xii). According to Biggs, counselors most often offer their services to clients who are ready and motivated to change, and, at the same time, desire their help in acquiring the knowledge and skills they need to achieve the desired changes. Biggs (1994) defines the position of potential client for counseling in the following three conditions:

1. A sense of dissatisfaction or distress with present situations.

2. A sense of inadequacy that makes it difficult or improbable to make desired changes without help.

3. An awareness of personal goals that include changes in life situations (p. xiii).

As Carkhuff (1984, cited in Biggs, 1994) notes, once clients get into the counseling, they move through the following stages in their learning problem management skills:

a) The pre-helping stage.

b) The first stage, which involves facilitating client exploration of the meaning of the problem situation.

c) The second stage, which involves facilitating clients' understanding of their problematic behaviors and how these behaviors stand between them and their desired goals.

d) The third stage, which has to do with clients learning skills for planning and implementing courses of action for achieving desired goals (p. xiv).

**History of Religion and Spirituality in Counseling**

Before the formal emergence of counseling psychology, religious and spiritual leaders had the responsibility for the mental health of people (Sevensky, 1984). Generally, health, religion and spirituality were seen as strongly linked. Religious institutions were responsible for helping mentally ill people. According to McKenzie, Pinger, Kotecki (2012), religious and
spiritual leaders had the skills and were experienced in helping people who suffered from mental illnesses. When sick, people turned to religion and spirituality for healing. Religion and spirituality offered people the critical support they needed for many years. Various religions took it upon themselves as "a sacred duty" for the caring and helping of sick people (Maniampra, 2006, p. 29). According to Fuller (2001), people whose lives were "broken, divided, or afflicted" became healed after getting in touch with spiritual power (p. 118). Fuller notes that spiritual power brought people into experiential contact with a higher power, which transformed their lives.

Throughout history, religion and spirituality were known to have had a significant relationship with mental health (Hill et al., 2000). Today, there is an increasing body of evidence that supports the link between religiousness, spirituality and physiological and psychological processes (Seeman, Dubin, & Seeman, 2003). It was recently recognized that religious and spiritual issues are relevant across cultures in psychological development (Hood, Spilka, Hunsberger, & Gorsuch, 1996), normative behavior (Stark, 1984; Stark, & Bainbridge, 1985), cognitive and complexity of thought (Hunsberger, Alisat, Pancer, & Pratt, 1996; Humsburger, Lea, Pancer, Pratt, & McKenzie, 1992; Batson, Shoenrade, & Ventis, 1993), emotion (Hill, 1995; Hill, & Hood, 1999), and personality (Maslow, 1964; Tart, 1975). Maniampra (2006) states that religion and spirituality are part of the "most important cultural factors that give structure and meaning to human values, behaviors and experiences" (p.29). Maniampra notes that many of the world's most important health institutions have religious and spiritual roots.

**Religion and Mental Health**

The results of many recent studies indicate that prospective clients are interested in addressing religious and spiritual issues within the counseling process (Cashwell, 2001;
Constantine, 1999; Ellison, 1993; Kelly, 1994, 1995). More than 300 empirical studies have shown a positive relation between religion and spiritual and human health (Thoresen, 1999). Allport (1950) states that spirituality "is the portion of personality that arises at the core of life and is directed towards the infinite" (p. 142). It has now become clear that the counseling process can be productive when counselors are able to assess the religious and spiritual issues and integrate them into the counseling (Bullis, 1996; Richards & Bergin, 2005).

Many studies reveal a positive relationship between religion, spirituality and psychological functioning (Bergin, Masters, & Richards, 1987; Gartner, Larson, & Allen, 1991; Koenig 1997; Payne, Bergin, Bielema, & Jenkins, 1991). Gartner, Larson and Allen (1991) reviewed over 200 studies on religion and mental health, in which religious commitment showed strong correlations with indicators of mental health and social functioning, such as good physical health and lowered rates of morality, suicide, drug and alcohol use, delinquency, and divorce. Pardini, Plante, Sherman, and Stump (2000) also found that high religious faith and spirituality were positively correlated with less anxiety, better coping skills, higher resilience to stress, and an optimistic life orientation.

Generally, clients' regular participation in religious and spiritual practices have repeatedly been found to be positively related to physical and mental health and negatively related to physical and mental disorders (Young, Wiggins-Frame, & Cashwell, 2007).

**Integrating Religion and Spirituality into Counseling**

Historically, the mental health profession dismissed religion and spirituality. Religion and spirituality were viewed negatively by mental health professionals (Frame, 2003), and religion and spirituality had been largely excluded from counseling (Miller, 1999). Counselors had ignored religious and spiritual issues in counseling for decades (Bergin, 1980a, 1991; Strommen,
One of the likely reasons for ignoring the importance of religion and spirituality in the lives of people by mental health professionals is that they themselves tend to be significantly less religious (Hill, et al., 2000). Only about 48% of a sample of counseling psychologists found religion and spirituality to be either very important or fairly important in their lives (Hill, et al., 2000; Shafranske, 1996). Some of the general reasons for this are that until recently contemporary psychology has stood in the opposition to religion and spirituality.

Many believe that the influences of some of the prominent members of the field of psychology, such as Freud and Skinner, have had a negative impact on the role religion plays in most psychological theories (Young, Wiggins-Frame, & Cashwell, 2007). There has been a trend to view counseling and psychology as antagonistic to religious and spiritual experience (Hage, et al., 2006; Freud, 1927; Watson, 1924/1983). Freud (1927) views all religious beliefs as fantasies, and saw them as the source of mental health problems. As Chapman (1989) notes, Freud has on several occasions expressed his intense dislike of religious and spiritual experiences. "At best, psychology, like many other sciences, portrayed religion as an unscientific personal belief system that evolved from metaphysics. At worst, psychology dismissed religion as a simplistic projection of fears assuaging anxiety, and producing pathology and maladaptive thoughts and behaviors" (Milacci, Lawson, Firmin, & Anderson, 2005, p. 1).

Despite the historical antagonism between psychology and religion and spirituality, counselors have in recent years recognized that religion and spirituality are important aspects of multiculturalism (Wulff, 1996). According to Stanard, Sandhu, and Painter (2000), religion and spirituality in mental health are gaining legitimacy since human beings are being recognized as multidimensional organisms. Counselors are increasingly considering the importance of religious and spiritual beliefs in conceptualizing their clients' strengths and meaningful work toward
recovery (Richard & Bergin, 2005; Sperry, 2000). They currently see religious and spiritual beliefs as powerful resources for advancing therapeutic change (Cashwell, & Young, 2011). Counselors realize that by ignoring religion and spirituality they may unintentionally create barriers between themselves and their clients as clients may view them as unfriendly and unwelcoming (Bishop et al., 2003), which could compromise the therapeutic relationship necessary for successful treatment outcomes.

Results of research on counselors point out that religious and spiritual issues are clinically significant and appropriate for counseling (Delaney, Miller & Bisono, 2007; Walker, Gorsuch, & Tan, 2004; Young, Wiggins-Frame & Cashwell, 2007). Studies of actual clients and potential clients suggest that most clients want to have their religious and spiritual beliefs and values incorporated into the counseling (Bart, 1998; Larimore, Parker, & Crowther, 2002; Mathai & North, 2003; Rose, Westefeld, & Ansley, 2001). This is especially essential for clients from cultures where religion and spirituality are important to their personal and community identity (Resnicow et al., 2002, 2004).

Bergin (1991) urges counselors to recognize religion and spirituality as a genuine aspect in counseling. Koenig and Pritchett (1998) suggest that addressing clients' religious and spiritual concerns in counseling will help counselors in a number of ways:

2. Design interventions that are more acceptable to the [client] and congruent with their worldview (and thus more likely to be complied with).
3. Identify healthy religious resources that may bring comfort and support.
4. Recognize psychological roadblocks that prevent the [client] from utilizing potentially powerful spiritual resources.
5. Strengthen the therapeutic relationship (because this demonstrates sensitivity to an area that may be very meaningful to the [client]) (p. 327).

According to Worthington (1991), in the near future, counselors will have to deal with religious and spiritual issues like never before, and the reason is that religious and spiritual people have become more vocal about their religious and spiritual beliefs and practices, and many of them demand religious and spiritual counselors. This may compel counselors to learn more about their clients' religion and spirituality. Worthington (1989) notes the following five reasons why counselors should put forth the effort to understand the importance of religion:

1. A high percentage of the population in the United States identifies itself as religious.
2. Many people who are undergoing emotional crises spontaneously consider religion in their deliberations about dilemmas, even if they have not recently been active in a formal religion.
3. Despite their private consideration of religion, many clients, especially religious clients, are reluctant to bring up their religious considerations as part of secular therapy.
4. In general, therapists are not as religiously oriented as their clients.
5. As a result of being less religiously oriented than their clientele, many therapists might not be as informed about religion as would be maximally helpful to their more religious clients (p. 556).

Several authors proposed practical reasons for incorporating the religious and spiritual dimension into the counseling process as follows:
Incorporating the spiritual dimension provides the counselor with a type of metaphor or roadmap for better understanding the worldview of the client (Mranti, 1998).

Religious identity is often seen as strongly influencing racial and/or cultural identity (Worthington, 1991).

The multicultural perspective includes variables such as religion, ethnicity, language, gender, age, and locality, as well as social, economic, and educational factors and affiliations (Pedersen, 1990).

Sensitivity to client diversity necessitates that all aspects of a client's worldview are considered important in the exploration and facilitation of the counseling process (Burke, Chauvin, & Miranti, 2005).

**Goal of Counseling**

As per the Adlerian perspective, the goal of counseling is to develop client's social interest, which is achieved by increasing their self-awareness and by challenging and modifying their fundamental premises, life goals and basic concepts (Dreikurs, 1967, cited in Corey, 2012). A large part of the important work of the counseling process involves helping clients identify specific ways to fulfill their wants and needs (Corey, 2012). Mosak (1995) summarizes the goal of counseling as:

- Promoting social interest
- Decreasing feelings of inferiority, overcoming discouragement, and recognizing resources
- Changing lifestyle perceptions and goals
- Altering faulty motivation
• Teaching the person to realize the equality among humans
• Encouraging the person to become a contributing person (P. 67).

The Adlerian perception of the goal of counseling was selected for this paper, because Alfred Adler, the founder of Adlerian theory, is known for his positive view towards religion and spirituality (Kelly, 1992).

The Role of the Counselor

Corey (2009) points out "the role of counselor is to create a climate in which clients can examine their thoughts, feelings, and actions and eventually arrive at solutions that are best for them" (p. 23). Corey (2009) adds that the task of the counselor is "to assist individuals in finding answers that are most congruent with their own values" (p. 23).

Generally, counselors understand that human beings as a whole do not like being controlled or forced to do things they don't want to do. Therefore, counselors use strategies which are aimed at enhancing the client's awareness of what is here and now, and, most often, let the clients decide for themselves how they want to change (Geldard & Geldard, 2009). They assist their clients with the treatment or remediation of relational or transitional problems of career and life crises, or they help develop attitudes, knowledge, and skills through which clients can acquire the behavior necessary in the future to prevent problems or crises (Herr (1999).

As Dreikurs (1967, cited in Corey, 2012) notes, when helping a client, for example, an Adlerian counselor would take his or her client through a series of four phases:

1. Establishing the therapeutic relationship.
2. Exploring the psychological dynamic operating in the client (an assessment).
3. Encouraging the development of self-understanding (insight into purpose).
4. Helping the client make new choices (re-education and re-orientation) (p. 113).
Counselors allow their clients to decide what they would like to change as they are ready to explore other possible behaviors and formulate an action plan (Corey, 2012). According to Corey, Corey and Callanan (2011), clients should be encouraged "to assume as much responsibility as they can," because this helps maintain the focus of responsibility on clients by challenging them to make a decision about what they would want from counseling and what they are willing to do to get what they would want (p. 413).

**The Role of Religion and Spirituality**

The importance of the role of religion and spirituality in counseling cannot be ignored in the United States. Studies have confirmed that religion and spirituality play a significant role in the lives of many Americans. For example, according to surveys conducted by Gallup since the 1950s, more than 90 percent of Americans consistently report that they believe in God (Gallup, 1994). In a 2007 Gallup survey, 78 percent of those who responded asserted a belief in God and 14 percent in a universal spirit.

The role of religion and spirituality in mental health has received growing attention recently (Fry, 2000; George, Ellison, & Larson, 2002; Powell, Shahabi & Thoresen, 2003). The significance of religion and spirituality has pushed many researches to study further on the issues relating to religion and spirituality in counseling process. Stefanek, McDonald and Hess (2005) report that from 1993 to 2002 spirituality and health publications increased 600 percent and that religion and health publications increased 27 percent. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, recognizes religion and spirituality as relevant resources for either emotional distress or support (Turner, Lukoff, Barnhouse & Lu, 1995).

Furthermore, the Ethical Code of the American Psychological Association (APA, 2002) states that mental health professionals should consider religious and spiritual issues as they do
any other kind of diversity-based issue such as race, ethnicity, gender and sexual orientation. In addition, the guidelines of the Joint Commission on Accreditation of Healthcare Organizations require hospitals to meet the religious and spiritual needs of their clients (La Pierre, 2003).

Several things make religion and spirituality necessary for the majority of people. For many people, religion and spirituality provide psychological and physical comfort in times of difficult and anxiety (Pargament, 1997). If tragedy or trauma strikes, most people use religion and spirituality as their central coping mechanism (Bergin, 1983; Gartner, Larson & Allen, 1991; Meichenbaum, 1994; Stefanek, McDonald & Hess, 2005). Even in times of hardship, religious and spiritual people claim to be happy because of their connection with their beliefs and values.

McFadden (1996) notes that the people who rely on religious and spiritual support report better personal well-being even when they are under enormous stress. As Richards and Potts (1995) state, people who have strong religious and spiritual identities heal at faster rates and can create healthier lifestyles. Basham and O'Connor (2005) point out that counselors are capable of utilizing the role of religion and spirituality in counseling as they explore and determine their clients’ concerns.

Religion, spirituality and psychology

According to Walker, Gorsuch, and Tan (2004, p. 70) “more than two thirds of Americans consider personal spiritual practices to be an important part of their daily lives.” These people want to have religious and spiritual practices and beliefs incorporated into the counseling process (Keller, 2000). Incorporating religion and spirituality into the counseling process can be an effective approach for facilitating insight, hope, and change, which are all important elements in counseling practice (Bowen-Reid, & Harrell, 2002). Knowing this, many mental health professionals do currently address the religious and spiritual issues in the
counseling process (Richards & Bergin, 2000). Counselors who are interested in incorporating religion and spirituality into counseling can benefit from spiritual resources available in their communities. Johansen (2010) notes, counselors who are connected in their communities can enjoy "greater access to chaplains, pastoral counselors, shamans, imams, rabbis, and other spiritual healers" (p. 15).

According to Burke, Chauvin, & Miranti (2005), incorporating the religion and spirituality of clients into the counseling process has various advantages. For example, religion and spirituality gives mental health professionals a gigantic stockpile of wisdom on human nature and how to gain good life (Nelson, 2009). For example, mindfulness-based stress reduction has been frequently used in counseling, which has roots in a certain religious tradition (Tibetan Buddhism) (Miller, 2012). Mindfulness is a term which comes from the Pali word, whereby sati is combined with Sampajana, and then is translated to mean awareness, attention, shrewdness, and remembering (Shapiro, 2009). Mindfulness requires "the person to attend, to be consciously aware of, the emergent nature of phenomena in consciousness, and to recognize the nature of attachments made to these phenomena as they occur" (Hirst, 2003, p. 360). Studies indicate that mindfulness to be effective in the treatment of anxiety disorder (Semple, Reid, & Miller, 2005), posttraumatic stress disorder (Bormann, Thorp, Wetherell, & Golshans, 2008; Wolfsdorf, & Zlotnick, 2001), depression (Rokke, & Robinson, 2006; Teasdale, & Williams, 2000; Telner, 2005), borderline personality disorder (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006), addiction (Bowen et al., 2006), and eating disorder (Baer, Fischer, & Huss, 2005). According to Miller (2012), clients are not required to being religious or spiritual to benefit from this technique, which is derived from a religious tradition.
Furthermore, counselors can also use rituals as part of the counseling process. Rituals have many meanings. Martin and Doka (2000) define rituals as "special acts that offer sacred meaning to events" (p. 151). Gruenwald (2003) describes rituals as "channels through which the mind transmits and activates structured messages, which can be transmitted only in this manner and which aim to achieve a self-defined target" (p. 244). As this author points out, rituals work as a language in some ways of expression, which the author says are critical to the maintenance of life-enhancing processes. Rituals are believed to come from religious traditions. They have been practiced in many cultural and religious contexts (Alkrenawi & Graham, 1996; Perry, 2008). Perry (2008) states that when people think about organized religion they think of rituals, which the author says help order life. All organized religions include rituals for the significant transitions of life, such as "birth, marriage, and death, as well as rituals for worship" (p. 12). The author notes that rituals are very powerful and useful in counseling, therefore, he urges counselors to make inquiries about them and consider their use.

Rituals are used for a variety of clinical purposes, and their therapeutic importance is widely recognized in counseling. Rituals are applied to rape survivors (Galambos, 2001), and as cited in Galambos, grief work (Bolton & Camp, 1989; Bradley, 1990; Reeves & Boersma, 1990), couple and family therapy (Hughes-Schneewind, 1990; Laird, 1984; Imber-Black & Roberts, 1992; Mackey & Greif, 1994: Olson, 1993; Parker & Horton, 1996; Sand-Pringle, West, & Bubenzer, 1991), group work (Banawi & Stockton, 1993), treatment of anorexia and bulimia (Brown, 1991), and as a contribution to positive coping (Juhasz, 1995; Winslow, 1990). Counselors are enhancing their performance when they incorporate the aforementioned religious and spiritual techniques into their counseling process. Studies support that religious and spiritual techniques and practices are advantageous for improving and maintaining clients' good mental
and physical health (Larimore, Parker, & Crowther, 2002). Fallot (2001) notes that these advantages include (a) more strength in coping and better decision-making, (b) wider social support, and (c) individual coherence or wholeness.

Suitability of Religious and Spiritual Discussion in Counseling

A majority of clients think that religious and spiritual issues are suitable in counseling and show that they would prefer to discuss religious and spiritual topics with their counselors (Rose, Westefield & Ansley, 2001). Rose, Westefield and Ansley (2001) studied clients' beliefs and preferences in looking at spiritual concerns in counseling. The outcome of their study suggested that the majority of clients wanted to discuss religious and spiritual concerns in counseling. Many clients examined reported that religion and spirituality were significant to them and necessary for their healing and growth (Rose, Westefield & Ansley, 2001). "Clearly, many clients, especially the highly spiritual, believe that religious and spiritual issues not only are acceptable and preferable for discussion in therapy but also are important therapeutic factors, central to the formation of worldview and personality and impacting human behavior" (Rose, Westefield & Ansley, 2001, p. 69).

Leaving out matters of religion and spirituality in counseling is a decision to overlook a crucial part of clients' lives (Young, Wiggins-Frame, & Cashwell, 2007). Allender (1984) reports that, sometimes, religious and spiritual interventions heal when counseling fails, because they take care of the mental and emotional aspects that prevent the strength of life from doing its work.

Friendly Atmosphere

Traditionally, as stated earlier in this paper, the relationship between religion, spirituality and psychology has been one full of animosity. Milacci, Lawson, Firmin, and Anderson (2005)
note that the past relationship between religion, spirituality and psychology was one filled "with caustic, often contentious rhetoric" (p. 1). Brawer et al., (2002) called the earlier relationship between religion, spirituality and psychology "tumultuous at best" (p. 203). In those days, religion and psychology attacked each other without attempting to understand one and other (Milacci, Lawson, Firmin, & Anderson, 2005).

However, this animosity has been disappearing in recent years (Weinstein, Parker, & Archer, 2002). It is now clear that something has changed in the relationship between religion, spirituality and psychology. Psychology now seems to have accepted religion and spirituality. This acceptance is caused by the revival of interest in religion and spirituality by the people (Burke & Miranti, 2005). The incorporation of religion, spirituality and counseling has now been legitimized and has received considerable grant and support from the profession and the public (Koenig et al., 2001). The Journal of Individual Psychology, published by the North American Society of Adlerian Psychology (NASAP), has dedicated several issues to the topic of religion and spirituality (Johansen, 2010). Various other mental health professionals and organizations call the importance of religion and spirituality as a "fourth great movement" (Milacci, Lawson, Firmin, & Anderson, 2005, p. 1).

**Counseling Can Learn From Religion and Spirituality**

Although mental health counseling has been around since the early 1900s, it has only become a professional field since the mid-1970s (Gladding, 1988). This means counseling as a profession is very young compared to religion and spirituality, which have been around for thousands of years, or since the rise of civilization. Religions had been the frame of "human civilization, culture, law, morality, and spirituality" for the people throughout the world (Mark,
2010, p. 81). Nearly all world religions offer some form of what it means to live a good life and encourage people to mature towards certain principles and values (Kass & Lennox, 2005).

May be counseling can learn something from religion and spirituality, since one of its goals is toward helping people get healthier strategies to live better, which is similar to what religion and spirituality do to help people. These fields share a concern with the quality of human life (Nelson, 2009). As this author notes, counseling, religion and spirituality offer guidance to people who are looking to "find meaningful, fulfilled, and even happy lives" (p. 41).

According to Burke, Chauvin, and Miranti (2005), religion, spirituality and counseling attempt to help clients to:

- Learn to accept one's self.
- Forgive others and one's self.
- Acknowledge one's shortcomings.
- Accept personal responsibility.
- Let go of hurts and resentments.
- Deal with guilt.
- Modify self-destructive patterns of thinking, feeling, and acting (Gladding, 1995).

People seek professional counseling for help, for example, when they are struggling with the task of mourning "with thoughts, feelings, and behaviors with which they are finding it difficult to cope" (Worden, 2009, p. 84). Altmaier and Hansen (2012, p. 601) suggest, "since religious and spiritual traditions have long offered wise council on these issues for thousands of years, perhaps the counseling community could learn a few things from the collective wisdom of these faith traditions."
Altmaier and Hansen (2012) point out that counseling could learn from religion and spirituality on any of the following:

- Focusing on forgiveness (self, situation, others).
- Promoting greater acceptance of others as well as self-acceptance.
- Using significant rituals.
- Providing group and community support (i.e., physically, socially, emotionally, and materially).
- Emphasizing selfless love.
- Encouraging kindliness.
- Volunteering regularly to serve others in need.
- Learning to perceive oneself as a part of something much larger than just oneself.
- Enhancing a greater sense of meaning and purpose in life (p. 601).

According to Cashwell and Young (2011), many clients use religious and spiritual concepts in developing coping strategies when dealing with difficult problems such as life-threatening illness or chronic mental illness. Normally, people seek religious and spiritual help for direction and emotional relief when they face difficult times (Worthington, 1989). Since religious and spiritual beliefs and practices are helpful to the same clients that counseling is striving to assist, it is important for counselors to be sensitive to and accepting of such beliefs and practices.

Learning these practices from religion and spirituality will give the field of counseling a strong source of support. As Altmaier, and Hansen (2012) note, as long as counselors are "open-minded, well-trained, have access to appropriate consultation, and closely monitor ethical issues"
with competence, respect, integrity, and responsibility in mind, they can learn a great deal from spiritual and religious wisdom traditions” (p. 607).

**Religious and Spiritual Interventions**

Studies have shown that religious and spiritual interventions can positively impact a client's physical and mental health (Koening, 2004). For instance, religious and spiritual support group within clients' religious and spiritual belief system can provide clients with companionship, support, and prayer, which can help them further in their growth and healing process. Richards and Bergin (2005) report that variety of religious and spiritual interventions, such as praying with clients and using forgiveness, are considered positive. Religious and spiritual interventions are successfully incorporated into various therapies, including marital therapy (Sperry & Giblin, 1996).

Many religious and spiritual interventions are available for religious and spiritual clients. In a survey, Bullis (1996) found that the most helpful professionals viewed the following religious and spiritual interventions appropriate:

- Exploring client's religious and spiritual background
- Recommending religious and spiritual books
- Praying privately for clients
- Using religious and spiritual language or metaphors
- Recommending religious and spiritual support groups
- Recommending religious and spiritual journaling
- Helping clients develop an practice rituals
- Helping clients clarify religious and spiritual values
- Explore religious and spiritual elements in dreams
For counselors, using religious and spiritual interventions when working with clients who are religious, or spiritual, will probably increase the effectiveness of their counseling (Richards, Keller, & Smith, 2004). However, every time counselors decide to use religious and spiritual interventions in their practices they must be very careful. Koenig, McCullough, and Larson (2001) warn: "patients and situations should be carefully selected and the interventions highly individualized to fit the patient's religious background and spiritual need" (p. 443).

Counselors should use thorough assessment interviews to explore the client's situation. The National Cancer Institute (NCI, 2012) recommends that spiritual assessment interviews with clients should attend to the following:

- Religious denomination, if any.
- Beliefs or philosophy of life.
- Important spiritual practices or rituals.
- Using spirituality or religion as a source of strength.
- Being part of a community of support.
- Using prayer or meditation.
- Loss of faith.
- Conflicts between spiritual or religious beliefs.
- Ways that health care providers and caregivers may help with the patient's spiritual needs.
- Concerns about death and afterlife.
- Planning for the end of life (p. 1).
Ethical Guidelines

All counselors are expected to respect, and be sensitive to a diversity of religious and spiritual beliefs as well as the multicultural dimension (Lee & Sirch, 1994). Religion and spirituality are very important to a majority of people, their beliefs and values are essential parts in their lives (Bishop, 1992, Pate & Bondi, 1992; Richards & Bergin, 2005). This is part of why many people want religion and spirituality included in their counseling process. Most of those who received counseling with religious and spiritual components included felt pleased and reported progress in moving towards attaining their therapeutic goals (Morrison, Clutter, Pritchett & Demmitt, 2009). However, there are many ethical issues involved in counseling the religious and spiritual client, which are important for counselors to be aware so they can ethically and effectively meet the needs of their clients.

It is important for each counselor to know that, in all cases, it is unethical for counselors working in nonreligious or unspiritual settings "to promote, proselytize, or attempt to persuade clients, covertly or overtly, to their religious viewpoint or tradition" (Richards & Bergin, 2005, p. 201).

As Kelly (1995) and Hage (2006) state, counselors can ethically introduce religion and spirituality under the following conditions:

- The client is cognitively and affectively prepared to consider alternative ideas and values with free awareness
- Religious, or spiritual, perspectives are raised as one of several potential interventions.
- The counselor does not advance a specific expression of religion or spirituality but facilitates consideration based on the client's beliefs.
The counselor does not move beyond her or his competence with respect to specific aspects of religion or spirituality.

The counselor focuses on the therapeutic relevance of the religious or spiritual ideas or beliefs.

APA's (2002) [Ethical Principles for Psychologists and Code of Conduct] make it clear that religion is an important part of individual diversity which supports the notion that understanding spiritual beliefs is vital to creating a comprehensive picture of an individual's worldview. The APA ethical code requires a psychologist to assess, understand and respect the religious and spiritual beliefs, values, and practices of his or her clients. They further acquire the training and experience necessary to sensitively and appropriately address these dimensions. As cited in Hathaway and Ripley (2009, p. 46-49), APA Division 36 identifies preliminary practice guidelines for working with religious and spiritual issues as follows:

1. Psychologists obtain appropriate informed consent from clients before incorporating religious/spiritual techniques and addressing religious and spiritual treatment goals in counseling.

2. Psychologists accurately represent to clients the nature, purposes, and known level of effectiveness for any religious and spiritual techniques or approaches they may propose using in treatment.

3. Psychologists do not use religious and spiritual treatment approaches and techniques of unknown effectiveness in lieu of other approaches and techniques with demonstrated effectiveness in treating specific disorders or clinical problems.
4. Psychologists attempt to accommodate a client's spiritual and religious tradition in congruent and helpful ways when working with clients for whom spirituality and religion is personally and clinically salient.

Incorporating clients' diverse religious and spiritual beliefs is a professional and ethical issue for mental health professionals (Kelly, 1992). Counselors who wish to work clients with religious and spiritual issues need to be competent enough to do so. Miller (1999, cited in Husain et al., 2008) notes that counselors should be able to help their clients and address the religious and spiritual dimension in their lives. The following nine spiritual competencies are considered to be necessary for the ethical incorporation of religion and spirituality into the counseling process:

1. Explain the relationship between religion and spirituality, including similarities and differences.
2. Describe religious and spiritual beliefs and practices in a cultural context.
3. Engage in self-exploration of his or her religious and spiritual beliefs in order to enhance sensitivity, understanding and acceptance of his or her belief system.
4. Describe one's religious and spiritual belief system and clarify various models of religious and spiritual development across the lifespan.
5. Demonstrate sensitivity to, and acceptance of, a variety of religious and spiritual expressions in the client's communication.
6. Identify the limits of one's understanding of a client's spiritual expression, and demonstrate appropriate referral skills and possible referral sources.
7. Assess the relevance of the religious and spiritual domains in the client's therapeutic issues.
8. Be sensitive to and respectful of the spiritual themes in the counseling process as befits each client's expressed preference.

9. Use a client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preference (p. 241-242).

Locke, Myers, and Herr (2001) note that if the following four reasons are met, the counselor may hesitate to address religious and spiritual issues in counseling:

1. A fear of imposing personal values.

2. The counselor's attitude toward spirituality (for example, if he or she has had a negative experience with religion or spirituality).

3. A lack of knowledge of spiritual concerns.

4. A lack of facilitative theoretical models for working with spiritual issues (p. 604).

There are number of ethical concerns presented by Richards and Bergin (2005) including the presence and effect of multiple role relationships. The authors think that working within one's own spiritual community highly increases the risk of clinicians forming multiple relationships with their clients. They state that the counselor and the client are more likely to make outside social contacts regularly. In regard to this, the authors issue the following recommendation for mental health professionals who are helping clients within their own faith communities:

1. Therapist should avoid therapist-religious leader and therapist-religious associate dual relationships.

2. After carefully considering the circumstances, if a therapist believes that a dual relationship may be in a person's best interest, the therapist should, before entering into such a relationship, consult with his or her supervisor and professional colleagues to see whether they agree.
3. If the therapist and professional colleagues agree that the risk of a professional-religious dual relationship is warranted, the therapist should carefully define and limit the extent of the dual relationship and explain the risks and boundaries to the client.

4. The therapist should consult frequently with professional colleagues about the case as the dual relationship proceeds. If at any time the client, the therapist, or the therapist's professional colleagues believe the client is being harmed by the dual relationship, the therapist should terminate the relationship and refer the client to another therapist.

5. The therapist should continue to consult with and inform professional colleagues about the case until the dual relationship has ended and the case has been carefully documented (p. 187-188).

**Conclusion**

Although there are differences in their meaning, religion and spirituality share commonalities and, for many, provide comfort and hope. Despite the past mistrust between religion, spirituality and counseling psychology, numerous studies point out that religion and spirituality can greatly affect both people's health and the counseling process. This makes religion and spirituality indispensable, and, when appropriately used where ethically right, suitable of integrating into counseling process. Counselors who incorporate religion and spirituality into counseling process facilitate insight, hope and change, which are all necessary in order to reach successful treatment outcomes. Counselors are required to understand their clients' religious and spiritual beliefs, values and how they perceive the world in order to be able to help
clients better. When incorporating clients' religious and spiritual beliefs and values into the counseling process, counselors must operate within the boundaries of ethical practice.
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