Ethically Incorporating Spirituality in Therapy

A Research Paper

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Abstract
This research paper explores the impact of self-esteem and spiritual formation on the belief structure individuals maintain. The importance of these beliefs on the interpersonal relationships, decision-making processes, and connectedness one has to a spiritual life force is examined. With the diversity of cultures and religious faiths, helping professionals need to be aware of their ethical duty to embrace and not avoid spiritual topics that clients want to discuss in their psychotherapy. Research considerations include an exploration of how psychotherapists can address psychological issues that are spiritual in nature when therapists hold beliefs that will often differ from the worldviews and belief structure of the clients they work with. An evaluation of the ways helping professionals can implement the spiritual resources a client wants to employ therapeutically is explored to understand how the motives and core beliefs established affect the client’s movement process. In addition, ethical implications for counselor competency in regard to personal biases, beliefs, and professional limits are considered for utilization in a counseling session. The application of specific treatment decisions is also explored, as well as recommendations for further research.
ETHICALLY INCORPORATING SPIRITUALITY IN THERAPY

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Introduction to the Problem

Mental health clinicians carry with them personal values, beliefs and assumptions about themselves, relationships, and the world. These beliefs may or may not be drawn from a religious or spiritual framework. No matter what the source, these beliefs will directly affect the therapeutic relationship and process. For licensed practitioners, there is a legal obligation to maintain the ethical codes defined by the state and practice site. Upholding an ethical standard is important and may at times be difficult to discern when clients are dealing with issues of a spiritual and religious nature. With an abundance of diversity in clientele, there are bound to be situations where therapists do not hold the same beliefs as their clients. This can create a discomfort and at times a moral dilemma for counseling professionals that needs to be recognized and addressed. Treatment approaches and guidelines need to be established to facilitate the needs of clients from various spiritual and cultural backgrounds. Personal awareness, education, and an openness to providing care that is appropriate for each individual is essential.

Helping clients discover ways they have compared their image to their substance and worth as a person is a vital part of spiritual exploration. To be a wholehearted person requires a willingness to be vulnerable in relationships. Recognizing the motives of behavior driven by beliefs will help mental health professionals better understand how clients are moving towards relationship or away from it. This movement is tied to the beliefs about worth, significance, and purpose that are often tied to a spiritual framework. Identifying the goals motivating behavior allows psychotherapists the opportunity to help their clients to better their relationships with others.
Statement of the Problem

Not all clients will feel comfortable discussing their faith and some might say that faith is not a resource for them. Yet in many cases, the spiritual realm of therapy may be ignored due to a helping professional’s fear, uncertainty, or lack of treatment resources surrounding the topic. There is a need for spiritual competence among clinicians. This includes an understanding of faith versus belief and how each are understood by clients in a personal way. For therapists to explore this with clients and support them in the implementation of spiritual resources, clients can develop the courage they need to make decisions in life that they feel good about.

Humans have a need to find significance in the world and with others. No matter what the theoretical orientation or spiritual background, clients are making decisions and relating to others based on a belief system. Understanding the development of self-esteem and what has impacted the level of its prevalence in a client’s life will directly link to a belief structure. By recognizing the goals and strivings of each client and what the source is, therapists can better decide which approaches and treatment strategies might be appropriate to implement.

Purpose of the Study

The purpose of this study is to explore research on incorporating spirituality into therapy in an ethical and therapeutically useful way. By examining the influence spirituality has on shaping one’s beliefs, feelings of self-worth, and relational motivators, practitioners can develop more concrete strategies to help clients who draw from religious or spiritual sources. This study also focuses on the necessity for counselor competence and an ethical framework for creating these strategies.
Rationale

How can mental health professionals make treatment decisions and provide counsel that is ethically and morally sound while still respecting the spiritual and cultural practices and beliefs their clients maintain? A discovery of the strong personal beliefs one maintains, how they were established, and the impact these beliefs have on relationships is crucial. Clinicians must examine their own biases, core beliefs, and any limitations that might create barriers in treating clients who utilize specific spiritual and religious resources. A counselor that typically implements Scripture or biblical teaching into therapy may encounter clients who are strongly opposed to such incorporation due to their belief system. Clients who would like biblical resources might feel uncomfortable with other techniques, such as relaxation techniques that draw from a new age energy rather than God. If helping professionals are limited in their understanding of appropriate spiritual interventions they might miss out on the opportunity to engage with clients and challenge them in a meaningful way. Discovering where clients are coming from spiritually can bring greater focus into the ways they might be turned off or engaged and encouraged through the use of specific therapeutic interventions.

It is the responsibility of helping professionals to make treatment decisions that are ethically sound. When there are differing beliefs between a client and therapist this can be a challenge. Recognizing the need for further education and establishing relationships with other professionals that may be referral sources is an important part of facing this challenge.

Nature of the Study

The nature of this study consisted of researching peer reviewed journal articles that address spiritual incorporation in therapy, the connection between self-esteem and spirituality, and ethical implications that apply. This research was compiled to better understand how mental
health professionals can challenge the mistaken beliefs of clients, while maintaining an awareness of personal limitations and ethical considerations.

Significance of the Study

There is a definite need for mental health practitioners to be aware of any spiritual or religious biases they might have and receive proper instruction on ways to implement spiritual and religious techniques according to a client’s specific needs and desired utilization. In the General Social Survey in the United States 85% of the population described themselves as being religious to some degree and 88% identified themselves as spiritual (Idler et al., 2003). This study is an examination of research that depicts the need for spiritual incorporation in therapy as well as legal and ethical implications to consider.

Mental health practitioners are called to an ethical responsibility of not letting biases and blind spots interfere with their therapeutic relationships. It is crucial that therapists discover what cultural or spiritual biases may exist and surface so that clients’ beliefs are not judged and left out of the therapeutic process. Spiritual or cultural biases within a therapist could also affect the use of therapeutic interventions that align with the therapist but not the client and this could potentially cause harm to the client. The exploration of spiritual integration is needed for helping professionals to treat clients in an effective and ethically sound manner.

Definition of Terms

Rather than summarizing some of the main worldwide religions and belief systems, the definition of spirituality in this discussion is defined in the following description. The Association for Spiritual, Ethical, and Religious Values in Counseling (1998) provides this definition for spirituality:
Spirit may be defined as the animating life force, represented by such images as breath, wind, vigor, and courage. Spirituality is the drawing out and infusion of spirit in one's life. It is experienced as an active and passive process. Spirituality is also 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 psychospiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture. (para. 3-4)

This perspective seems to include a myriad of spiritual experiences, expressions, and viewpoints. Taking a flexible approach to spirituality as defined by each client allows psychotherapists the opportunity to explore a client’s spirituality and value assumptions in a non-threatening way.

**Literature Review**

One of the challenges presented when trying to remain objective as a therapist is that everyone has their own value system based on what they believe to be right and true. While mental health professionals are responsible for advancing the welfare and rights of families and individuals, professionals are also inclined to make decisions based on their personal beliefs and value assumptions. Professional competence includes awareness of ways the social, cultural and spiritual beliefs of clients impact their identity and interpersonal relationships. Recognizing the diverse characteristics that make up each client allows therapists a better opportunity to determine which treatment options might be effective for each individual.
The following is an exploration of spirituality in a therapeutic context. A discussion of the importance of self-esteem, as well as the multicultural and spiritual dimensions of individuals provides insight into use of spiritually-based therapeutic approaches. The ethical responsibility of mental health practitioners to practice competently when navigating the religious and spiritual components of clients’ lives is also examined. The impact this has on developing greater self-awareness as a psychotherapist and implications for clinical practice are outlined as well.

Development of Self-Esteem

Where does the correlation between spirituality and self-esteem come from? For many, self-esteem is rooted in the beliefs held about oneself. The development of these beliefs often occurs during early childhood, when individuals learn how to do life and what approaches will help them move towards accomplishing their goals. Beliefs may be established through parental guidance, personal experiences, and outside influence. The reasons parents promote good behavior are often interpreted by children to have significance and meaning. If a child is reprimanded, what might result are feelings of guilt and shame, possibly revealing personal limitations that are in need of growth or creating feelings of shame that lead to alienation and unhealthy coping mechanisms.

Murray and Ciarrocchi (2007) discuss how religion and spirituality may create an excessive self-focus that might lead to neurosis in regards to sin and shame, yet how it can also provide pro-social regulators that enhance a relationship with God and supply a source to deal with the maladaptive effects of shame and guilt. These researchers sought to discover whether or not the spiritual and religious aspects of personal experience have a significant effect on one’s subjective well-being, even when the effects of shame and guilt are included. A sample of 176 graduate and undergraduate students completed a five-factor measure of personality as well as
measures of spirituality, religiosity, shame, guilt, and subjective well-being (Murray & Ciarrocchi, 2007). Results indicated that guilt and shame were not connected to positive dimensions of spirituality or religious behaviors (both private and public), however shame and guilt were associated with increased alienation from God and congregational dissatisfaction, causing decreased subjective well-being controlling for personality, with shame being the direct cause (Murray & Ciarrocchi, 2007). Interestingly, shame is directly linked with feeling spiritually alienated without there being a reduction of overall spiritual connection or participation in religious practices.

The magnitude that shame can have in a person’s life is difficult to measure. What is clear is that though shame may create a realization of a need to make a positive change and seek true connection, shame can also create a deep sense of unworthiness. That is a difficult concept to reckon with in many religious and spiritual dimensions. The sense of unworthiness is what causes Christians to turn to their dependence on a Savior, by trusting in a saving grace that is available despite any effort on their part. Yet shame and a deep sense of unworthiness can also cause an aching void that people might try to fill with destructive behaviors. A low sense of self-worth or self-esteem may cause a number of psychological or interpersonal problems. Part of therapy is asking clients to take steps of vulnerability and be honest about who they are and what they believe. Understanding the spiritual, emotional, and psychosocial framework of clients allows practitioners the opportunity to promote the growth and positive changes clients are longing to experience.

**Influence of Spirituality on Self-Esteem**

The self-image an individual tries to maintain or achieve may be based on his or her perception of an internal or external ideal. If the image was another person or what others might
view as favorable, the ideal would be more external. Those who strive to maintain internal ideals might be trying to meet personal standards set in place by beliefs and values. For instance, a Christian would set Jesus Christ as an ideal image or standard to strive to be like. Individual Psychologists examine the final fictional goal a client is striving towards in an effort to help uncover mistaken beliefs. Understanding the development of self-esteem in this process and how it is shaped by beliefs, including those of a religious or spiritual nature, is an important dynamic.

Boyatzis, Kline and Backof (2007) examined whether college women’s body image would improve after reading religious and spiritual affirmations about their bodies. The study was a random-assignment pretest-posttest format conducted with a predominantly Caucasian and Christian sample of women. The pretest consisted of having the women describe their levels of religiosity and how they felt about their weight and appearance and were then given random assignment to one of three different groups for a treatment and posttest one week later. Women in the Religious group read theistic and Christian-based affirmations that emphasized God’s love and acceptance of their bodies; women in the Spiritual group read body affirmations that exuded a more positive secular tone with no mention of God; and the women in the Control group read random statements about campus issues. After the affirmation readings, the women viewed pictures of thin fashion models to activate body image issues and then completed the posttest body esteem measures (Boyatzis et al., 2007). The results indicated that women in the Religious group increased significantly compared to the Control group women who declined in how they felt about their appearance and looks, whereas women in the Spiritual group improved marginally in comparison with the Control group. Further research must be conducted to
determine whether the theistic-religious affirmations are able to have long lasting positive effects on body image for both men and women.

Hayman et al. (2007) found a positive correlation between spirituality and self-esteem when investigating the relationships between spirituality, body image, self-esteem, and stress in 204 college freshmen who identified themselves as being highly spiritual. Even though self-esteem was found to be negatively related to stress, spirituality served as a safeguard in this relationship. Men and women did not differ in spirituality when the gender of participants was assessed. Greater spirituality was related to lower body surveillance, an aspect of body image for men, but spirituality was not related to body image for women. There was an overall finding that women experienced greater body image dissatisfaction than did men.

**Importance of Self-Esteem on One’s Value System**

Low self-esteem may lead to anxiety, depression, and self-damaging behaviors, which may put strain on the ability to cope effectively when stress and difficulties arise. The level of self-esteem a person maintains is value driven and beliefs often drive behavior. Intrinsically, humans are searching for worth, significance and meaning. As relational beings, the messages taken from relationships throughout life tend to affect what each person decides is meaningful. When there are core beliefs of deep shame, unworthiness, and inadequacy, the development of positive coping strategies when faced with life’s problems may be more challenging.

Kwan, Lu Lu and Hui (2009) examine in their study the sources of self-esteem, why and when self-esteem can be beneficial or detrimental to adjustment, and explore the subjective expression and behavioral manifestation of self-esteem. Considerations include a look at non-contingent self-esteem which comes from a secure sense of self rather than personal evaluations of recent performance, as well as the notion that self-esteem be viewed as self-compassion and
belief in oneself despite failure (Kwan et al., 2009). Contingent self-esteem would be an “if...then” expectation, where an individual would base personal value and significance on performance or social responses. Non-contingent self-esteem would be derived from an inner sense of worthiness, not from an external source. Kwan et al. (2009) discovered that individuals may develop self-esteem based on a compassionate view of self and others, due to their narcissistic self-bias, or because of the general sense of self-efficacy they maintain. The researchers find it necessary to examine the importance individuals place on merit, bias, and benevolence and the effect each part has on the collective level of self-esteem, as manifested in each person’s life.

This study also took cultural differences into consideration, revealing in the research that East Asians tend to show more self-critical attitudes than Westerners (Kwan et al., 2009). Kwan et al. (2009) sought to discover whether merit, bias, and benevolence also were sources of self-esteem for individuals in China. One hundred and thirty-one (89 women) Princeton University undergraduates and 116 undergraduates (72 women) from Beijing Normal University in China participants filled out measures of self-esteem, self-efficacy, narcissism, and self-compassion (Kwan et al., 2009). Their findings suggest that despite social and cultural considerations, the sources for having high self-esteem hold true in both America and China. Further research is needed, as the present research focuses on a structural sense of self-esteem, rather than a developmental or causal sense. More information is needed to determine outcomes and personal judgments for those with high self-esteem.

A study conducted with 272 undergraduate participants from Central Taiwan University of Science and Technology and Nan Kai Institute of Technology measured optimism, sense of control, self-enhancement, self-esteem have-want discrepancy and life domain focus, and global
life satisfaction in a classroom setting (Wu, Tsai, & Chen, 2009). The analysis model used was correlation and structural equations to examine the mediation effects of these pathways. Have-want discrepancy might be defined as predictive satisfaction based on the degree of discrepancy between what people have and what they desire. The attainability of positive views has an impact on the level of satisfaction. Results indicated that the correlation between positive views and life satisfaction was completely determined by self-esteem, have-want discrepancy and a fluctuating tendency of importance perception (Wu et al., 2009). There appears to be a direct correlation between healthy self-esteem and reported life satisfaction. This supports the Adlerian concept of humans longing to find significance in life. Recognizing one’s intrinsic worth and believing the truth about oneself, despite the opportunity for material advancement or success, promotes positive views and life satisfaction.

Beliefs one has about oneself seem to be the predictor of the level of self-esteem in relation to the level of worth one feels after achieving success, being praised or reminded of one’s worthiness externally. Johnson (2010) identifies the connection that feelings of inferiority or failure to meet internal or external expectations and those who fear abandonment and feel helplessness are more vulnerable to depression. Empirical evidence suggests a correlation between strivings, needs, and perceived significance of corresponding life events (Coyne & Whiffen, 1995). A self-critical individual is likely to react adversely to failures in achievements, whereas dependent individuals interpret rejection and losses in close relationships to be of major significance (Coyne & Whiffen, 1995). These experiences may cause self-critical individuals to avoid vulnerability out of a fear of rejection, abandonment or humiliation. Having the courage to be vulnerable to this possibility allows people the opportunity to develop the strength of character needed to rise above the judgments of others.
Kernis (2005) discusses that there is not just a level of self-esteem that needs measuring, but also a stability factor worth noting, due to the way stability reflects whether a person has a strong or weak sense of self. According to Kernis (2005), unstable self-esteem could be described as “fragile and vulnerable feelings of self-worth that are affected by internally generated and externally provided evaluative information” (p. 10). This description portrays how a person with unstable self-esteem would react strongly to situations he or she views as self-esteem relevant. The personal evaluations drawn from events where self-esteem was not indicative and the conclusions and generalizations obtained may consequently create miscommunication and relationship disconnect for individuals with unstable self-esteem.

The stability of self-esteem is linked to the perceptions drawn from the first relationships in life through the child-caretaker relationship. Eckstein and Sarnoff (2007) discuss the stability factor in this description:

Individuals who are characterized by a positive image of the self and positive images of others generally received consistently responsive caretaking in childhood. Such a secure typology is thus high on both autonomy and intimacy; such individuals are comfortable using others as a source of support when needed. Inconsistent parenting, particularly if accompanied by messages of parental devotion, may lead children to conclude that they are to blame for any lack of love from caretakers. Such preoccupied individuals are often overly concerned with their attachment needs; they actively seek to have those needs fulfilled in their close relationships. This results in an overly dependent style in which personal validation is sought through gaining others' acceptance and approval. (p. 330)
When a child grows into adulthood with a dependence on the approval and acceptance of others, an insecure approach marked by unstable self-esteem becomes a driving force in relationships.

A child’s perception of the communication that occurs with his or her parents directly correlates with self-esteem stability. Kernis, Brown, and Brody (2000) examined this in their study of participants consisting of 11- to 12-year-old boys and girls, 79 percent self-identified as Caucasian and the remainder as African American, who resided with both of their biological parents. Of the parents represented, 95 percent of mothers and 91 percent of fathers had graduated from high school, and the majority had pursued further education.

The data was collected in two home visits. When the first visit was complete, the child and parents received instructions for completing the stability of self-esteem measure. A packet of self-esteem measures (Rosenberg’s Self-Esteem Scale, with added instructions to base their responses on how they feel ‘‘right at this moment’’) were left with the child. The participants were asked to complete one form before bedtime and one before leaving for school in the morning for a period of five consecutive days. The results indicated that children’s perceptions of many characteristics of parent-child communication patterns (especially fathers’) were directly linked to the degree to which they possessed unstable or low self-esteem.

The children who identified their fathers as highly critical described instances of name-calling, guilt arousal and love withdrawal as control techniques and reported having more unstable and lower self-esteem than did children who did not perceive their fathers in this way. Findings indicated that children with unstable self-esteem revealed that their fathers less frequently talked about the good things that they (the children) had done and were less likely to use value-affirming methods when they did show their approval, in contrast to the experiences of
children with stable self-esteem (Kernis et al., 2000). Compared to fathers of children with low self-esteem, fathers of children with stable but not unstable high self-esteem were perceived as using better problem-solving methods to solve disagreements with their children. Interestingly, perceptions of mothers’ communication styles were more consistently related to children’s self-esteem level than to their self-esteem stability. The results for self-esteem stability that did emerge, however, were largely consistent with those that occurred for fathers.

Evaluative information conveyed to children by parents and other meaningful adults appears to have great importance for worth recognition. Overt criticism and control techniques clearly have an impact on a child’s understanding of his or her value. Creating a contingency of worth where a child will only feel loved if his or her behavior is appropriate creates a future template where that child may only out act of an ‘I should’ mentality in an effort to avoid guilt, anxiety, or further loss of self-esteem. The children who experienced approval from their fathers in value-affirming ways experienced greater stability in their self-esteem. An authoritative parenting approach promotes an intrinsic self-regulatory stance, where children are urged to trust their decision-making abilities in the promotion of stable self-esteem. Adlerian therapists tend to promote this style of parenting due to the positive effects it has on the relationship established between children and their parents. By experiencing encouragement, children are able to experience what it means to have courage despite failures in life and to trust that the outcomes of their efforts do not define their worth or significance.

**Faith, Belief and Acceptance**

Having a faith basis can be helpful for persevering through difficult situations in life. Ellison (1991) found that individuals with strong religious faith reported higher self-esteem, greater personal happiness, and fewer negative consequences from traumatic life experiences.
Having a support system in place, such as a faith community or strong belief system, may encourage clients who are in a dark place and provide insight for the healing journey and road to acceptance.

Plante, Yancey, Sherman, and Guertin (2000) conducted a study to examine the relationship between religious faith and psychological functioning in 342 university students in diverse educational and geographic settings. Participants for the samples were from a private West Coast Catholic college (sample 1), a Southern public state university (sample 2), and a Southern private Baptist college (sample 3). The results of the self-report measures indicated that strength of religious faith was significantly associated with optimism and encountering meaning in life among sample 1. Results from sample 2 suggest that strength of religious faith was significantly associated with coping with stress, optimism, obtaining meaning in life, viewing life as a positive challenge, and low anxiety. Strength of religious faith was significantly associated with viewing life as a positive challenge and self-acceptance among sample 3. Although modest connections surfaced, results suggest that strength of religious faith is associated with several important positive mental health benefits among college students.

**Summary**

The development of self-esteem is greatly affected by the perceptions of parents, peers, and cultural realities towards an individual’s decisions and movement in life. When there is a felt sense of worthiness that is not contingent on performance or focused on external qualities, a person is able to establish a healthy level of self-esteem. An internal emphasis on guilt and shame battles that sense of worthiness within. Shame masks the power of that worthiness in an individual’s life. Recognizing the messages of guilt and shame that have translated into a poor
self-image is powerful in the therapeutic process. By increasing one’s sense of worthiness there is an ability to feel comforted, confident, and have competence in one’s faith.

The parenting approach an individual experiences has a pivotal role in the application of a felt sense of worth and significance. The authoritarian parenting approach often diminishes a sense of autonomy and self-esteem because the dictatorial method causes children to doubt their ability to make good decisions and mistrust their own capability. Rather, the authoritative parenting approach is balanced and provides children with the ability to trust their caretakers as well as their own potential to make positive decisions. The skills developed from an authoritative approach create a healthier sense of self-esteem. The importance of this is evident in a therapeutic context. Self-esteem promotes stronger, healthier, long-term relationships in the way it increases one’s confidence to be vulnerable with others. A person who is vulnerable takes the chance of being exposed and decides not to let the grip of guilt and shame interfere with being an authentic individual. Vulnerability is fundamental to experiencing a personal sense of worthiness.

**Spiritual and Professional Competence**

There are individuals seeking therapy who feel they would benefit from the inclusion of spiritual resources in their sessions. In a survey of 379 people with persistent mental illness in a Los Angeles Mental Health facility, over 80% reported that they incorporated some sort of religious belief or practice to help them cope with symptoms and problems in life for an average of 16 years, with 65% reporting religion was helpful and the majority devoting 50% of their total coping time to religion (Rogers, Poey, Reger, Tepper, & Coleman, 2002). The survey used was a demographic questionnaire and an adapted version of the Religious Coping Index. Rogers et al. (2002) discuss how those with mental illness experience an affective and mental deterioration
that diminishes their personal control and meaning, increasing their awareness of their limitations and the unfathomable nature of their suffering. The authors suggest that nonreligious coping resources available to the larger culture may be incapable of transcending those personal power and meaning limitations to provide a sense of external significance despite the suffering.

In essence, the powerlessness of human suffering might naturally draw individuals to look beyond their weaknesses for the hope they need to manage their symptoms that seem devoid of an explanation.

Rogers et al. (2002) found that participants with more severe symptomology were more likely to utilize specific religious coping strategies than those with fewer symptoms and that religious coping was related to fewer hospitalizations, fewer frustrations, and lower levels of depression and hostility. When difficult situations occur in life it often causes questions to arise about significance, purpose, and a need to reckon with finitude and the inability to control difficult things that happen in life. For those that desire to access a spiritual dimension for help and healing, psychotherapists may have the opportunity to encourage the search for solutions that provide hope.

Carlson, Erickson, and Seewald-Marquardt (2002) have found that all spiritualities focus on relational experiences with creation, and/or humanity, and/or the divine. Understanding the relational qualities that encompass each client’s spiritual experience provides therapists with the insight needed to appropriately treat each client. Haug (1998) categorizes four dimensions of spirituality and religion: cognitive, affective, behavioral and developmental. The cognitive dimension includes the belief assumptions that are developed around reconciling with the past, accepting value in the present, and looking towards the future in a hopeful way. The affective dimension is the spiritual beliefs that “lead people to feel cared for, valued, safe, and hopeful.”
(Haug, 1998, p. 183) and allows people the feeling of being loved that fosters compassion for others. In the behavioral dimension, rituals and observances can be seen, as well as the relational dynamics that are led by a person’s spiritual framework. The developmental dimension is described as the way “spiritual beliefs evolve throughout the life cycle” (Haug, 1998, p. 183) as individuals process life experiences and formulate how they want to navigate their future.

Understanding the relational aspects and ways of functioning that stem from a client’s spiritual formation allows psychotherapists the awareness to practice competently. The ethical manual from the American Association for Marriage and Family Therapy states that as a competent professional, it the responsibility of marriage and family therapists to “pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience” (Woody & Woody, 2001, p. 222). Part of this call to competency is to understand religious and spiritual beliefs in a cultural context in an effort to be adequately prepared to assess and treat clients. This includes knowing personal limitations in spiritual discussion, which may need to be part of the informed consent form provided for clients during the initial session. Openness to the discussion of values and beliefs that differ from practitioners is vital in every aspect of counseling.

Another way mental health professionals can better understand personal limitations is to define what their roles are. Keeping clear boundaries from the role religious or spiritual leaders have in a client’s life may be difficult in circumstances where there is overlap between the roles and functions of each profession. Chappelle (2000) suggests precautions such as discerning compatibility with each client, identifying the setting of the therapy, and noting the reasons a client is seeking therapy. Ethical considerations include ensuring a religious or spiritual leader is not better suited to meet the client’s specific needs, that payment is appropriate, that there is
proper documentation of spiritual interventions used, and above all, that therapists responsibly promote a client’s well-being with respect and competence (Chappelle, 2000). Maintaining healthy relationships with spiritual leaders in the community is important for times when clients are in need of spiritual help and assistance beyond what therapists can offer. Keeping the role of a mental health practitioner clear, along with respecting the role religious and spiritual professionals have, allows therapy to be a place of safety and support for clients.

What does a healthy relationship between psychotherapists and spiritual leaders look like? McMinn, Aikins, and Lish (2003) conducted a study in which they surveyed 94 clergy (53% response rate), 145 psychologists (76% response rate), and interviewed 20 psychologists and clergy who work well together. The results suggest that collaboration requires psychologists to have respect for clergy and communicate appropriately, with advanced forms of collaboration including shared values and awareness of religious spirituality (McMinn et al., 2003). It is important for both clergy and psychotherapists to be able to entrust those in their care to skilled and reliable professionals when referrals are necessary.

**Protecting Client Welfare**

Counseling professionals have a responsibility to promote the welfare of their clients, which includes encouraging clients to maintain positive support systems in life. Conceptualizing each client’s cultural and spiritual beliefs requires psychotherapists to have awareness and proper skills training. With more than 160 pre-dominantly Christian denominations and more than 700 non-Christian groups (e.g., Muslims, Jews, Hindus, Buddhists) existing in the United States (Richards & Bergin, 2000) there are bound to be situations where consultation or referral to appropriate religious or spiritual leaders is necessary. Self-awareness is essential for understanding strengths and limitations surrounding spiritually-integrated interventions.
Shafranske and Malony (1990) conducted a study to assess the correlation between psychologists’ religious and spiritual orientation and their practice of psychotherapy. Of the 1000 clinical psychologists that were randomly selected from the APA Division 12, Division of Clinical Psychology membership in 1987, only 409 clinicians completed and returned their surveys (1990). The goal of the study was to examine the attitudes clinical psychologists have about religion, their implementation of religious or spiritual interventions, and the level of training they had to address spiritual needs. Religiousness was defined as obedience to a church or religious institution and spirituality was defined as the more personal practices utilized that may not be accessed from a religious place (Shafranske & Malony, 1990). Of the 409 clinical psychologists, 74% believed that religious and spiritual issues were within the scope of psychology (Shafranske & Malony, 1990). The attitudes therapists have towards religion directly correlate to their use of religious and spiritual interventions. Shafranske and Malony (1990) found that the clinical psychologists who were more likely to use religious and spiritual interventions in counseling are those who attain religious perspective through answering personal questions of meaning rather than through religious affiliation. The value assumptions and spiritual background mental health clinicians have affects the approach they take in their psychotherapeutic interventions.

Ethical Implications for Counselor Competence

In the quest to learn more about various spiritual and cultural practices in efforts to better understand how to treat clients ethically and respectfully, therapists need to beware of the trap of becoming encapsulated in their thinking. Cultural encapsulation occurs if one’s reality is defined by a unidimensional cultural perspective, cultural variations are ignored or minimalized, disconfirming cultural evidence is ignored, a technique-oriented strategy was applied across
cultures, or in dismissing rival cultural viewpoints as invalid (Wrenn, 1962, 1985). To pretend to hold a completely unbiased, objective view of the world is irrational. Rather, psychotherapists must learn more about who they are and how they might continue to develop professionally in their ethical duty with clients and the surrounding community.

The worldview clients have developed can be seen in their patterns of decision-making. Understanding the beliefs they developed from a young age and operated by into adulthood allows therapists to see possible areas where intervention might be necessary. Passalacqua and Cervantes (2008) suggest that self-perceptions are influenced by gender, culture, and spirituality, requiring therapists to examine client behavior from an integrated vantage point. These things directly affect mental health, as they are related to things such as ways people process emotions, relationship dynamics, and views on the meaning of existence. With an increasingly diverse population in America, psychotherapists must pursue an expansive multicultural knowledge base if they are to be inclusive and therapeutically respectful to all those that they have an opportunity to work with.

**Ethical Awareness**

The AAMFT code of ethics notes that marriage and family therapists are to be aware of their influence with regard to the client (Woody & Woody, 2001). A high level of self-awareness is needed for approaching spiritual discussion as therapists are ethically responsible to protect the welfare of their clients. Mental health practitioners must also adhere to the ethical codes regarding diversity. The Ethics Code of the American Psychological Association (2002) maintains that psychologists must be have awareness of and respect for “cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and
consider these factors when working with members of such groups” (p. 1063). Competency, sensitivity, and training are essential, as the diversity variables of each client are extensive.

The established ethical laws and codes are a great resource for psychotherapists striving to create an ethically sound treatment plan for each client. When examining the basis for the appropriate decision-making model to use and guide clients with, practicing virtue ethics is essential. “Virtue ethics is an ethical model emphasizing the importance of client and counselor character and traits in ethical decision making” (Urofsky, Engels, & Engebretson, 2008, p. 71). Examining one’s character and motives throughout the course of the therapeutic process is part of maintaining competency and professionalism.

An example of this would be a therapist’s response to child abuse, spousal abuse, or other harmful family patterns that are sanctioned by the client’s religious community. The ethical duty to report abuse and threats of harm for another person still remains for the therapist. Some situations will be clear and others will be difficult to navigate. A therapist might have beliefs about how husbands should treat their wives that differ greatly from the views certain couples a therapist works with will have. Approaching treatment with these considerations in mind is important, as well as recognizing when a referral needs to be made for the best interest of each client.

Mental health professionals need to be aware of their role in relationship to their clients. Engaging in dual relationships or assuming the role of a religious leader is unethical. Assessing for spiritual resources in a client's life and helping them utilize these strategies is different than spiritual guidance and direction that may be found at a place or worship. It is important that therapists recognize that they are getting paid for the time they spend with clients and that if
what they are doing during the therapy session could be done with religious authorities, an appropriate referral is made.

Another ethical danger exists when helping professionals use their religious orientation to challenge clients to make choices in order to satisfy what the therapeutic practitioner would do. Ethical treatment decisions need to be made so that clients have room to make decisions they feel good about rather than putting pressure on them to do what their therapist would do. In order to do this, it is important that psychotherapists respect the work of religious leaders and allow them to fulfill their role in helping individuals move through difficult places in life. Clearly defining these roles with clients seeking spiritual insight and direction is essential.

When utilizing interventions that are specific to a client’s spiritual orientation, it is also important that helping professionals apply them appropriately. Not only are licensed professionals bound to the ethical limitations of the state, but the workplace might also place restrictions on what techniques can be used. To maintain integrity as a helping professional, it is important that the legal and ethical codes established are regarded and followed.

**Interconnectedness of Social, Cultural and Spiritual Beliefs**

Understanding the interconnectedness of social, cultural, and spiritual dynamics is vital in the exploration of a client’s identity. All the experiences individuals have within their family structure, social arena, and the larger community directly affect how they view themselves. The way clients have learned to adapt to the way they have been treated and the system they have developed to survive and flourish will be an integral part of the therapeutic process. Pargament, Murray-Swank, and Tarakeshwar (2005) discuss in their empirically-based rationale that spirituality cannot be separated from psychotherapy. By integrating spirituality as part of a theoretical approach, practitioners will be better able to pinpoint the core values and traditions
clients are operating from. Recognizing the impact spiritual formation has had on the other areas of a client’s life will guide psychotherapists to a greater understanding of the client’s behavior and adaptation to change.

Spiritual changes are likely to affect other life changes as the dimensions of an individual’s personhood and belief system are tightly interwoven. Pargament et al. (2005) suggest a spiritually-integrated model for psychotherapy. Exploring what spirituality is to each client and seeking empirically-oriented spiritual interventions that are ecumenical provides psychotherapists the insight needed to integrate spirituality in ways that are appropriate for each client (Pargament et al., 2005). Adding a spiritual dimension to the psychotherapeutic techniques used may enrich the process for clients who view spirituality as a resource in their lives.

Culture plays a tremendous role in a client’s spiritual framework. An integral part of this cultural component is the relationship dynamics that exist between a client and his or her parents. The research of Reinert, Edwards, and Hendrix (2009) suggests that approaching client spirituality from an attachment perspective allows clinicians to make predictions that can be tested for the development of appropriate therapeutic interventions. Findings indicate that attachment style to primary caretakers throughout the stages of one’s development directly impact one’s feelings of connectedness to God (Reinert et al., 2009). Whatever spiritual background it is that clients are operating from, exploring the multi-faceted relationships clients have with their parents could give clinicians insight into each client’s spiritual formation and what connections might be made. Being attentive to the attachment dynamics an individual experiences about oneself and others allows mental health clinicians the opportunity to make adjustments accordingly. A full understanding of a client’s family of origin and early
recollec tions will guide clinicians as they seek to encourage healthy relationships in the promotion of social interest.

Cultural background affects the coping strategies that are learned and implemented. Rokach, Bacanli, and Ramberan, (2000) conducted a study with a total of 1164 volunteer participants, 389 from Argentina, 568 from Turkey and 711 from Canada, to answer an 86-item questionnaire examining the beneficial strategies they used to cope with loneliness. The average age of the 1164 participants was 32.08 years (range 13-83) and the mean education was 12.08 years (range 1-22). Fifty-seven percent of the participants were single, 28% were married and 14% were separated, divorced, or widowed. Participants were asked to reflect on their past loneliness experiences and to clarify which beneficial strategies they used to cope with loneliness. The strategies listed included acceptance and reflection, religion and faith, self-development and understanding, utilization of a social support network, distancing and denial, and increased activity. Results indicated that cultural background affects the strategies one uses to cope with loneliness. Argentinians had the lowest scores on five out of the six subscales, while North Americans had the highest mean scores on all six subscales.

The interesting piece of this study is that coping with loneliness was not just researched based on simply lack of social contacts, but it was viewed as an expression of an individual’s relationship to the community as part of a social organization within a culture. Recognizing the impact community feeling has on the perception, experience, and coping style of those dealing with loneliness was examined in a cross-cultural comparison. Rokach et al. (2000) discussed how individuals living in Turkey tend to function in an interdependent way in reliance on the community for a sense of belonging and identity, whereas North American culture emphasizes competition, autonomy, individual success, and impersonal social relations due to the instant
media and economic resources available. The fact that North Americans scored higher on the utilization of coping mechanism to ward off loneliness seems to attest to this cultural dynamic as well as the fact that therapeutic support is more readily available than in Turkey or Argentina.

The concepts of Individual Psychology that encourage social interest and the development of meaningful relationships seems to contradict the North American ideals of a need to achieve, produce, and be so active that intimate relationships are difficult to maintain. Rokach et al. (2000) discuss how the fear of being rejected or seen as a failure could stem from a societal pressure to appear connected, romantically desirable and attractive to others. This is a very lonely mindset and can cause individuals to distance themselves from others due to feelings of inferiority.

Encouraging clients to utilize coping strategies in dealing with feelings of inferiority, loneliness, trauma, or other factors that cause psychological distress is important. When spiritual integration is a coping strategy, helping clients apply strategies such as prayer or meditation in a therapeutic context can be healing and supportive.

Summary

Spiritual formation is directly linked to the cultural, psychosocial, and family of origin dynamics that help to establish each person’s beliefs. These beliefs create an internal structure that guides and shapes decision-making processes and relationships. Recognizing the complexity of how beliefs are transformed into faith is vital for mental health practitioners. Faith is placing one’s trust in something or someone beyond oneself. It requires vulnerability because faith might not provide answers to everything, but may call for trust without explanation. This is a difficult concept to grasp for the human nature that desires what is tangible.
Helping clients discuss their spiritual formation is a challenging process that requires trust and honesty. By being authentic and truthful about who they are, clients may have the opportunity to embrace the vulnerability needed to trust the process of therapy and trust their ability to make real and positive changes. Spiritual competency on the part of the mental health professional is essential because it creates an ethical path for navigating the impact of spiritual issues and establishing spiritually-integrated interventions. The purpose of these interventions would be to help clients practice what they believe in an effort to promote a long-term spiritual relationship that supports their act of worship. This process would serve to support and stimulate positive growth in interpersonal relationships as well.

**Treatment Decisions and Therapeutic Techniques**

Establishing techniques to apply for spiritual integration is an important task for helping professionals. Due to the diverse belief set of each individual client, a technique may not work for every person from the same theological or spiritual perspective. However, there are approaches therapists can utilize that will reveal the faith background of clients who are open to sharing about it. Creating a treatment modality that works to challenge conflicting beliefs and restore the spiritual values a client trusts in to navigate life creates a dynamic context for the therapeutic relationship.

**Spiritual Assessment and Self-Awareness**

Making a conscious effort to explore a client’s religious or spiritual framework is an important part of the assessment process. It is vital that mental health practitioners assess whether spirituality has been a source of the problem or if there are ways spirituality may be part of the solution, offering a resource for coping with life’s difficulties in transformative ways. Oakes and Raphel (2008) discuss the importance of spiritual assessment and the need to
incorporate developmental and cultural influences in spiritual assessment. Important topics to address would be the role of faith in a client’s life, the ways a client expresses faith, and any expectations a client may have about how spirituality should be incorporated into the counseling setting (Magaletta & Brawer, 1998). Exploration of a client’s spiritual history and current spiritual involvement will help the therapist understand how the client might problem-solve when faced with a moral dilemma (Oakes and Raphel, 2008). Trust may need to be established before some clients will be willing to discuss their spiritual views, as they may be deeply personal. Oakes and Raphel (2008) point out the importance of timing when probing into a client’s spiritual experiences and to select spiritual assessment questions that are specific to a client’s presenting problem. Creating safety for clients and respecting their limits is crucial in the development of a healthy therapeutic relationship.

Recognizing the interrelatedness of culture within a spiritual framework represents another foundational responsibility of counseling professionals. Education and training, along with self-exploration of biases and personal beliefs provides the insight psychotherapists need to begin the exploration of spiritual and cultural diversity. Bartoli (2007) offers self-awareness exercises mental health professionals can use to be more engaged with religious and spiritual clients. Using a peer supervision group as a safe forum for sharing, Bartoli (2007) suggests discussing ways prior clinical training has been useful in working with religious and spiritual clients, emphasizing strengths and weaknesses of one’s academic background. Next, Bartoli (2007) explains ways to explore how this training has interacted with one’s own spiritual history and describes how constructing a genogram for this would be helpful. The last suggestion is that each member of the peer supervision group would list attributes of a spiritual person, religious person, and mental health qualities to collectively establish possible treatment options (Bartoli,
Self-awareness requires a strategic exploration of personal strengths, weaknesses, biases, and areas where growth is necessary for maintaining competency as a skilled practitioner. Spiritual assessment is needed for clinicians to appropriately incorporate spirituality into treatment. By mapping out a client’s spiritual and religious history, mental health professionals can better understand the beliefs a client maintains and interventions that may have been harmful or helpful in the past. Assessing for spiritual assets provides the framework needed to move forward ethically.

In assessing for the use of faith resources as a coping mechanism in life for college students, Plante et al. (2000) used the Santa Clara Strength of Religious Faith Questionnaire (SCSORF; Plante & Boccaccini, 1997a; 1997b). The SCSORF Questionnaire is a 10-item measure scored on a 4-point scale assessing strength of religious faith regardless of denomination (e.g., "I pray daily"). Reliability research on this scale has found coefficient alphas between .94 and .95 and split-half reliability between .90 and .96 (Plante et al., 2000). Using a questionnaire such as the SCSORF with clients to assess for how strongly they rely on faith as a resource may be a helpful tool in understanding how dependent clients are on personal incorporation of religious faith.

There are many religious or spiritual coping strategies individuals may have used in the past for reasons such as seeking direction and support. Coping mechanisms might include using religion as a distraction from stressors or redefining stress as God’s provision, seeking a stronger connection with a higher power or others, spiritual purification and renewal, actively giving up control to a Creator, and consciously upholding religious standards in daily living. Recognizing positive and negative coping strategies clients have established is a part of assessing their
spiritual background and implementation needs. The more information a clinician has, the greater the opportunity is to understand what might be beneficial for therapeutic application.

**Therapeutic Interventions**

As the need to address the spiritual formation and incorporation in lives of individuals exists, psychotherapists have been applying spiritual interventions in their therapeutic work. Ball and Goodyear (1991) surveyed 174 Christian psychologists and asked them to list any interventions that they had used one or more times that they felt were unique to Christian counseling. The most frequently reported interventions were prayer, use of scriptural references, and teaching of theological concepts. Spiritual relaxation and imagery techniques, forgiveness, therapist spiritual self-disclosure, and spiritual homework assignments were also reported, but more infrequently.

Worthington, Dupont, Berry, and Duncan (1988) revealed in a more in-depth process study of seven Christian psychotherapists that they also used a wide variety of spiritual interventions with clients. Discussion of faith, religious homework assignments, quoting and interpreting scripture, and prayer were used most frequently by the therapists (in more than 30% of their sessions). Techniques used occasionally were teaching with scripture, forgiveness of others, and Christian reading.

For clients who desire interventions such as these, the therapeutic process can provide healing on a level deeper than the psychological realm can offer at times. Although gaining insight and understanding is helpful and life-changing, the spiritual dimension can provide clients with a deeper sense of healing and restoration. Techniques such as finding connection in loss and opening oneself to sorrow can be very spiritual in nature. Seeking out one’s spiritual
foundation may be helpful for dealing with issues such as loss and allow for a creative process of using therapeutic techniques that are able to transcend intellectual understanding.

The majority of therapists who use spiritual interventions integrate them with secular therapeutic approaches, such as psychodynamic, existential-humanistic, and health psychology (Payne, Bergin, & Loftus, 1992). Cognitive-behavioral therapy may also be integrated when examining and treating the interconnectedness of thoughts, beliefs, interpretations and behaviors. Clinicians using the structural and strategic marital therapy approaches might also incorporate religious or spiritual interventions such as prayer or forgiveness, depending on client preferences.

One intervention often used with individuals, couples and families are genograms, which provides insight into a family system. Genograms are a pictorial representation of a family that depicts a span of at least three generations. This tool allows clinicians to examine clients in the context of their families, noting any family history of mental illness, loss, and meaningful relationships. Genograms may be used to examine cultural dynamics in families, gender dynamics in couples and families, and even spiritual dimensions of therapists and clients. Spiritual genograms are a helpful way for both psychotherapists and clients to examine themselves and note the influence spirituality or religion has had on themselves and their families. To construct a spiritual genogram, clinicians could ask a number of questions about spiritual meaning, relevance, importance of past and present, ways it is accessed, family spiritual history, and significant life events. Then therapists would map out the information to indicate pivotal people that were instrumental to spiritual growth and ways it created connection or disconnect in the family system.

Another helpful strategy in a therapeutic setting is the use of mindfulness techniques, encouraging attention and awareness of experiences occurring in the present moment.
Mindfulness increases self-awareness and promotes well-being, correlating positively with emotional intelligence and self-compassion and negatively with neuroticism, alexithymia, and dissociation (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Several scales are available to measure the conceptualization of mindfulness, such as the Freiburg Mindfulness Inventory (FMI), the Kentucky Inventory of Mindfulness Skills (KIMS), the Toronto Mindfulness Scale (TMS), and the Mindful Attention Awareness Scale (MAAS). The FMI is a 30-item scale for measuring nonjudgmental present-moment observation and openness to negative experience and is unique as the only mindfulness scale used in a meditation setting (Cordon & Finney, 2008). The 39-item KIMS assesses four components of mindfulness: Observing, Describing, Acting With Awareness, and Accepting Without Judgment, with an internal consistency reliability ranging from .76 to .91 and test-retest reliability ranging from .65 to .86 for the four subscales (Cordon & Finney, 2008). The FMI and KIMS assess for trait mindfulness, whereas the TMS evaluates mindfulness as a state-like quality as a 13-item, two-factor scale which tests the capacity to invoke a mindful state by assessing the intentional self-regulation of attention for awareness as well as the level of attention for curiosity, acceptance and openness to experience (Cordon & Finney, 2008). The MAAS is meant to measure mindfulness states despite any level of meditation or mindfulness skills training in the way it assesses present awareness and the level of attention to what is occurring (Cordon & Finney, 2008). These assessments may prove to be useful in understanding how present clients are in therapy and may also be a way to understand any specific needs clients have before incorporating certain spiritual interventions.

Clients may be more receptive to therapeutic techniques if they understand how the approach correlates with their spiritual beliefs. Watts (2000) found that when working with clients who maintain a biblically based spiritual perspective, explaining the correlations between
the Adlerian therapeutic approach and a biblical worldview was extremely helpful. Individual Psychology and the Bible both maintain that cognitive change leads to behavioral change and that they each “place as preeminent the role of relationships and social interest (or agape) for spiritual and mental health” (Watts, 2000, p. 324). Using encouragement as a therapeutic approach also corresponds to Individual Psychology and biblical teaching, as it postures an attitude that provides a means to facilitate growth, change, and social interest.

Polanski (2002) found that Adler’s interpretation of God in relation to humankind resonates with Buddhist and Christian teachings that human development is significantly impacted by spiritual development. One specific way is the adherence in Christianity and Buddhism to a dimension of striving for perfection that Adler espoused. Also prevalent is a correlation in all three frameworks to beliefs around feelings of inferiority. Adler believed that inferiority feelings guide individuals to developmental movement, which ties into the foundational principle in both Buddhism and Christianity that spiritual growth occurs when suffering is acknowledged then followed by compassionate action (Polanski, 2002). Understanding how psychotherapeutic techniques connect with the spiritual formation and background a client has helps create a strong focus for the therapeutic process.

Messages surrounding guilt and shame may come from a spiritual framework or from values passed down through family members that are significant to clients. The felt sense of self-esteem and worth may directly connect to spiritual beliefs. Stapel and van der Linde (2011) found that value affirmation enhances self-clarity and provides protection against dissonance threats, whereas attribute affirmation increases self-esteem and provides a buffer against threats such as social comparisons. Their research indicates that self-affirmation stimulates self-improvement motives, which allows individuals to react in positive ways when threatening social
or societal situations arise. This concept correlates with the Adlerian teaching of living on a horizontal plane in community and relationship with others rather than getting caught up in self-deprecating social comparisons on a vertical plane. Helping clients realize this through exercises that pinpoint their strengths and encouraging them to nurture relationships where support is the focus, not competition, is a positive strategy.

Encouragement is an intervention that makes this possible. Alfred Adler recognized the benefit of encouraging individuals to realize their effort, improvement, and contribution in life. Praise focuses more on evaluative surface information, whereas encouragement creates a connection between the internal dimensions of a person and his or her external expression. Drawing from a place of encouragement allows the therapist to stimulate clients to make use of inner courage and resources and move in a positive direction. The goals of spirituality are often about relationship, whether it be relationship to a higher power, energy, oneself or motivational insight to better relationships with others. Encouragement is a powerful tool in the facilitation of spiritual integration. Urging clients to use the resources they have been given is a foundational part of therapy. Even just the healing power of presence is encouraging to clients who are going through a dark time in life and feel alone and in need of comfort. These are times when spirituality is a means of providing peace. For those who have been wounded and hurt by spiritual or religious figures in their lives, it is important to demonstrate a non-judgmental and safe presence of encouragement and support for them to trust the healing process.

**Integration with Diverse Populations**

Dunn and Dawes (1999) found in their study that using a spirituality-focused genogram with African American clients was helpful for understanding how spiritual issues are interconnected with family dynamics, socioeconomic status, gender, geographic origins, and
history of racism and oppression. Providing an opportunity for clients to explore their experiences in multidimensional ways such as this is an integrative way to understand them better. It also allows psychotherapists the awareness of what a client might need when setting goals and developing a treatment plan.

Another diverse population in which specific spiritual interventions have been effective is with older adults. Snodgrass (2009) discusses the positive role holistic spiritual care combined with cognitive behavioral therapy has in working with older adults. Clinical research surrounding this topic suggests that many of the problems associated with older adulthood are spiritually based (Snodgrass, 2009). Accessing the spiritual realm clients want to explore can be a healing process as they move towards their goals.

Lindgren and Coursey (2000) conducted a study with a sample of adults with serious mental illness and found that two thirds of the sample stated that they would like to discuss spiritual issues with their therapists, but only half of this study was doing so. For those participating in a spiritual issues group for the mentally ill, Phillips, Lakin, and Pargament (2002) found in their study that this group welcomed the chance to talk about the role of spirituality in their lives, and as a group agreed that this was the first opportunity they had in their multiple years of mental health care treatment to discuss spiritual matters. When clients are uncomfortable discussing their spiritual beliefs or preferences, therapists must respect this and not intrude. Yet if clinicians do not ask if spirituality is a resource and fail to incorporate tools that align with a client’s beliefs, clinical professionals are omitting what might be a crucial part of a client’s healing and recovery process.

In a study examining the usefulness of spiritually-based therapy for mental health problems, which included depression, eating disorders, anger, alcoholism, marital issues,
schizophrenia, and unforgiveness, Hook et al. (2010) addressed the need for incorporating religion or spirituality in therapy. The religions implemented were Christianity, Islam, Taoism, and Buddhism (Hook et al., 2010). There was not significant evidence that religious and spiritual interventions outperformed secular approaches, however the religious and spiritual therapy was found to be helpful for clients (Hook et al., 2010). Murray and Ciarrocchi (2007) describe how positive religious coping might be expressed in a variety of ways, such as feeling secure in relationship with God, seeking spiritual support from a congregation or spiritual leaders, and feeling spiritually connected both personally and with others. As with other treatment interventions, spiritually integrated therapy must be up to client preference and the therapist’s level of competence.

Summary

Helping professionals must examine the core beliefs each client has established for navigating life. Understanding what these beliefs are and how they originated in the family and social system will allow psychotherapists the opportunity to treat clients in a way that makes sense for them. It also provides greater awareness of the destructive beliefs that have caused damage, opening up the possibility of transformation. Some of these beliefs may be rooted in a personal interpretation of self-worth in relation to others and in connection to what has value in a person’s life. The messages that are internalized from infancy and into adulthood directly affect the way each individual lives. Mental health clinicians must realize this and establish a treatment plan that lines up with where each client is coming from.

Family of origin plays a major role in the belief structure that is established in each person’s life. In seeking to modify and correct behavior, parents teach their children how to behave and what has value and importance. Whether a child chooses to accept or reject these
values throughout his or her lifespan is fundamentally crucial to recognize. There is a need in each heart and life to feel worth and significance. Often what gets in the way of preserving self-worth is guilt and shame. This serves to correct and modify behavior in positive ways, but may also be internalized and held onto in destructive ways. At some point, individuals need to let go of the guilt and shame weighing them down and cling to a hope that leads them to a place where they can find healing and strength. Examining the spiritual sources that have contributed to this struggle is important for helping professionals, as it provides a framework for treatment.

**Final Summary**

Despite the diverse framework of spirituality and belief structure, there are human qualities that are consistent across cultures and worldviews. The idea of a need for relationship and love is true for all people. There are driving needs that motivate all behavior. Where those needs derive from is often found in an intrinsic spiritual condition that exists in some way for every person. To ignore this pivotal part of relational experience is to miss out an opportunity to go to a deeper place with clients. Understanding how spirituality or the lack of it has shaped and characterized a person’s life will help the counseling professional to develop a treatment plan that is well-suited for each client. The research recognizes a need for training and competency to accomplish this.

Ethical and cultural competence surrounding the religious and spiritual practices of clients requires a multi-dimensional approach. First of all, recognizing personal limitations, strengths, and core values surrounding various faith backgrounds and spiritual views is essential for mental health clinicians. For example, there are therapists who do not feel they can ethically treat homosexual couples due to their religious and spiritual beliefs. If therapist biases are not addressed, clinicians risk treating clients in an unethical way by ignoring the spiritual dynamic of
each client’s belief structure. Understanding one’s cultural biases and making appropriate changes allows a more receptive approach in the desire to truly understand the multi-diverse complexities of each client. There will be times when the needs of clients are beyond the scope of a mental health practitioner’s competency level. For instance, a client might desire scriptural incorporation or meditation techniques to be incorporated in his or her treatment and the therapist might not be equipped or confident leading clients in those ways. Having a strong referral base is important for instances where clients’ needs would be better served by another practitioner or religious leaders. Each clinician must identify the personal boundaries and limitations that will inhibit his or her effectiveness in certain areas.

For clients who find spirituality to be a resource in their lives, an exploration of the impact it has had and the ways it can be utilized in a therapeutic context is important. Not only will insight into spiritual formation reveal the background and beliefs a client maintains, but it will allow a safety for each client to access available resources during the process of therapeutic healing and change. Taking time to understand a client’s spiritual framework is significant for the client as well as the therapist in the establishment of a healthy therapeutic relationship and helpful treatment methods.

Methodology

This researcher compiled information from forty-seven peer reviewed journal articles and sources to answer the Research question, “How can mental health professionals make treatment decisions and provide counsel that is ethically and morally sound while still respecting the spiritual and cultural practices and beliefs their clients maintain?” There were approximately seventy journal articles that were read and reviewed over a twelve month period during the process of compiling information and narrowing down sources to include in this study. Topics
that the author focused on included spiritual ethics in psychotherapy, spiritual formation, self-esteem, faith, belief, and spiritual integration in a therapeutic context. The goal was to recognize ways to examine spiritual formation and the impact this has on the therapeutic approach as psychotherapists seek ways to ethically treat clients in an effort to address the psychological, cultural and spiritual dimensions that exist for each individual.

**Summary, Conclusions, and Recommendations**

**Summary**

Spiritual exploration will help give insight into ways clients have compared their image to their substance and worth as a person. Parenting styles, messages about what is valuable and the impact of guilt and shame on a person will all contribute to his or her identity and belief structure, which will inhibit the vulnerability and wholeheartedness clients can experience in meaningful relationships. The self-esteem each person maintains affects the decisions that are made in relationships. Recognizing the motives of behavior driven by beliefs will help mental health professionals better understand how clients are moving towards relationship with others or away from it. This movement approach is directly linked to the parenting style each person experienced. If the parental approach inhibited the child from being an authentic individual, a message of unworthiness, shame, and separation, that child had to struggle to find intimacy in relationships with others. Messages parents pass on to their children clearly impact the beliefs children develop about worth, significance, and purpose in life.

Mental health practitioners can treat clients in ethically sound ways and still respect the spiritual and cultural practices of clients if they target the core of the belief systems developed and help clients examine the impact these beliefs have had on their interpersonal relationships. Therapists do not need to agree with their clients to be effective and helpful professionals. When
the issue the client presents is of a spiritual nature, the therapist needs to examine whether or not there is an ethical or legal measure to take as a professional before treating the problem. For instance, if the client feels he or she is possessed by demons and it is causing anxiety, the treatment of anxiety will involve a spiritual assessment, but the clinician will also need to recommend that the client visit a spiritual or religious leader that the client trusts and feels safe with to address the demonic issue.

In the development of a treatment plan and intervention strategies for clients, it is important for mental health practitioners to keep in mind that work with clients should not replace clients’ religious authority or community. Spiritually inclined therapists will be able to go deeper with clients than practitioners who avoid the impact of spirituality on a client’s life. It is important for every mental health professional to examine his or her boundaries regarding spirituality and make decisions that do not harm the client. This means that there will be times when it will be in the best interests of the clients to be referred to appropriate religious professionals. Clearly defining the roles of a therapist and the roles of religious leaders will help clinicians practice ethically. Psychotherapy involves using evidence-based treatments that are empirically supported and helpful for those pursuing an in-depth look at their lives and wanting support accomplishing future goals. Some clients may be able to obtain helpful services for specific concerns that are free of charge from their place of worship. Collaborating with spiritual or religious leaders is a helpful strategy if it serves the best interest of the client. Therapists are faced with difficult treatment decisions when their clients have opposing views. There is a danger of therapists being the ones to unintentionally impose their own guilt and shame onto clients and in so doing harm the client and the therapeutic relationship. Sound wisdom and
judgment is a viable tool for deciding which interventions to use and whether or not one is the best candidate for helping clients reach their therapeutic goals in treatment.

Also of primary consideration is the fact that mental health care professionals have an ethical duty to look out for the best interests of their clients. This responsibility requires a level of education and access to appropriate resources so that when situations arise, the client will be taken care of and be protected. A call to greater understanding of spiritually integrative or directive psychotherapeutic approaches requires research, education, and the development of ethically reliable decision-making processes.

Understanding the things that are sacred and important to clients reveals the motivations that guide clients to make the decisions that they do. Communicating a genuine, nonjudgmental presence for clients who are searching and delving into spiritual discussions is extremely important. Also vital is the conscious choice to maintain integrity and respect within the therapeutic relationship. Providing a safe place for clients to share and evaluate sensitive issues is foundational to professional competency. Clients may have a spiritual foundation that was meaningful in their lives but they may have decided that they want to leave that out of their therapeutic treatment because they are not ready to delve into those issues yet. Creating safety is important for the building of trust in the therapeutic relationship and serves as an example to clients of their need to trust the process and believe in their ability to make positive change happen. Psychotherapists have a responsibility in the formation of a therapeutic relationship to exercise caution and not make assumptions when approaching moral dilemmas clients are faced with.

Proper training and supervision is appropriate when navigating the spiritual and ethical domains of clinical practice. A commitment to on-going professional development remains
imperative. When clinicians are faced with difficult dilemmas in the counseling process and they are unsure of how to proceed ethically, getting solid supervision and consultation is necessary. Being able to combine current scientific knowledge that is relevant to the spiritual and religious issues clients are faced with benefits clients engaging in the therapeutic process. Knowing where to access appropriate interventions and understanding when they might be useful comes with experience and a desire to continually learn from others.

**Conclusion**

There is a need for psychotherapists to come alongside clients and help them utilize their resources, whether or not the therapist agrees with where the client is coming from. It is important to treat clients from diverse cultures and spiritual backgrounds with dignity and respect, which means including their beliefs in the therapeutic process. There may be times when a helping professional does not understand or agree with the motive or belief of a client, yet it is the counselor’s responsibility to do no harm. Recognizing the implications this may have on the methodology to implement is important.

How do therapists make these decisions? Conducting a thorough lifestyle assessment and collecting early recollections of the earliest memories clients can come up with provides insight into the belief structure clients have developed. When clients share the ways that spirituality has been a resource in their lives, therapists can display it for their clients through the use of a spiritual genogram. This will create a visual that allows clients to see the impact spirituality has had on the entire family over a generational span. It will also open up conversation as to how guilt and shame might have been a driving force on the rules they obeyed or disobeyed, the consequences, messages that followed them into adulthood, and the impact on interpersonal relationships.
By targeting the belief structure surrounding one’s family of origin and early memories, psychotherapists can better decipher the feelings of inferiority or discouragement that have held clients back in relationships. For instance, a couple might come into counseling because one has a strong faith and the other does not. It is important that the therapist does not align with one partner more than the other based on the therapist’s belief system. Rather, by encouraging open dialogue and exploration about why one partner has chosen to believe and the other has not, it will reveal the purpose of that belief system and subsequent behavior. The therapist might find that one or both partners are safeguarding to avoid vulnerability and intimacy as a couple. An intervention might include teaching about trust as a pivotal part of intimacy. It could be that the non-believer trusted God and God did not spare the life of a loved one or allowed a terrible experience such as abuse to occur. This private pain impacts the ability to trust others and be vulnerable due to the risk of pain and disappointment. Helping a couple realize the core issues behind the presenting problem of spiritual differences is crucial to them experiencing true trust and intimacy in their relationship.

Navigating the challenging components of a client’s multicultural and spiritual identity is an extensive process. Examining the ways family of origin, interpersonal relationships, and cultural experiences have impacted the spiritual framework clients live by is crucial in the assessment and treatment process. Mental health practitioners have an ethical and legal responsibility to provide appropriate care and protection for the clients they have an opportunity to work with. To provide ethical and morally sound treatment for clients when the spiritual and cultural background of clients differs from the beliefs of therapists, practitioners must make a commitment to treating clients in ways that align with client belief systems, preferences and treatment goals established. When the client is operating from defeating beliefs, it is ultimately
up to the client to decide whether or not to believe the truth and change those destructive beliefs. If clients are able to see the freedom that is found in vulnerability and authentic connection with others, they will hopefully realize how living this out would positively impact their relationships. Mental health practitioners can help clients when clients are ready to be helped. Helping and not harming clients when exploring the spiritual and multicultural dimensions of clients requires a definition of appropriate boundaries in the therapeutic relationship. Doing so with compassion, respect, and integrity allows clients the safety to better understand exactly who they are and what they feel their purpose is in the life they have been given.

**Future Recommendations**

Not all psychotherapists believe they can use spiritual interventions therapeutically without stepping outside the boundaries of their professional role. The use of spiritual interventions in psychotherapy raises potentially difficult questions regarding the limits of role boundaries in therapeutic practice. Some religious faiths teach degradation of women, which may not be a reportable problem or one that therapists are equipped to approach. Other questions exist about how much leadership the therapist ethically has when assigning certain homework or incorporating spiritual interventions, even if the client is open and receptive to it. Although considerable efforts have been made to implement spiritual strategies into mainstream psychotherapy, there are still questions remaining unanswered about how to do this effectively and ethically.

Psychotherapists are trained to regard the occurrence of depression and stress as treatable disorders, yet for clients with religious traditions that teach that suffering can produce resilience and spiritual growth, therapeutic goals might not always be as easy to discern. When clients are processing spiritual teachings such as the idea that illness or trials in life are due to a lack of faith
it may be difficult for therapists to respond to these concerns ethically. Further research might include ways therapists could gain insight and guidance for effective ways to work with clients whose beliefs stem from a variety of religious and cultural traditions. An examination of therapeutic interventions that have been useful in specifically dealing with issues of a spiritual nature would be a helpful resource for psychotherapists. Research might also include studies on how therapists express spirituality and incorporate it into their work and personal lives, as well as appropriate boundaries they maintain in their clinical work.
References


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