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## Spirituality in Counseling

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## SPIRITUALITY IN COUNSELING

Currently, *spirituality* is vying for recognition as the “fifth force” in counseling. Until recently, however, spirituality was neglected as a legitimate domain of client inquiry in professional counseling. This rapid transition from outcast to important treatment consideration has caught some clinicians unaware. We need a clear definition of Christian spirituality, information to contrast the religiosity of the public and of mental-health professionals, and an understanding of the ethical and empirical support for the inclusion of spirituality in counseling.

**SPIRITUALITY DEFINED.** The counseling literature continues to debate the specific definition of spirituality, often separating spirituality and religion as constructs (Aten & Leach, 2009). For Christians, however, these concepts are intertwined. Christian spirituality focuses on cultivating an intimate relationship with Jesus Christ that progressively transforms one’s values, sense of purpose, beliefs, and lifestyle in the context of a faith community.

**CONTRASTS IN FAITH CHARACTERISTICS.** Gallup polls consistently find more than 90% of U.S. citizens believe there is a God, more than 80% try to live according to their faith, and about 85% self-identify as Christians. These percentages suggest that the majority of clients coming to therapy will have a spiritual perspective.

The statistics for mental-health professionals differ substantially. For example, Delaney, Miller, and Bosonó (2007) found that only 46% of clinical psychologists identified themselves as Christian, 38% endorsed other religions, and 16% stated they were agnostic, atheists, or had no religious faith. Such contrasting views highlight the complexity of ethically incorporating spirituality in therapy.

**ETHICAL SUPPORT FOR SPIRITUALITY IN COUNSELING.** These statistical differences and the historical tendencies to pathologize religion in early psychology led theorists (e.g., Freud, Skinner, etc.) to a “don’t ask, don’t tell” policy in previous decades regarding a client’s faith. Increasingly, however, religion and spirituality have become recognized as important aspects of a client’s culture. Accordingly, the ethics codes of all professional mental-health organizations now include religion and spirituality as important components of culturally sensitive treatment.

**EMPIRICAL SUPPORT FOR SPIRITUALITY IN COUNSELING.** Numerous studies indicate spirituality can positively impact a person’s physical and mental health (Koenig, 2004). For example, church involvement can provide critical social support that decreases loneliness. Devotional meditation has been helpful in treating hypertension, cardiac conditions, and anxiety.

Research has also suggested that at times spirituality can lead to harmful effects on a client’s health. For instance, people who use spirituality more extrinsically (for self-focused reasons, such as inclusion in the right social circles, etc.) appear more vulnerable to a variety of mental-health problems.

Finally, clients who are deeply committed to their faith appear to prefer clinicians who can incorporate prayer, Scripture, and other faith resources in therapy (Wade, Worthington, & Vogel, 2007). They also expect the therapist to bring up the subject of prayer

in therapy rather than having to bring it up themselves (Weld & Eriksen, 2007).

**SPIRITUAL ASSESSMENT AND INTERVENTIONS IN COUNSELING.** The cited empirical evidence supports including faith in treatment; however, therapists who misjudge a client’s spirituality or impose their values on clients jeopardize the therapeutic relationship. Consequently, careful assessment and informed consent are needed before incorporating spirituality in therapy. Such assessment can begin with two simple questions: “Are spiritual resources important in your coping?” If the answer is yes, the second question is appropriate. “Would you like to discuss them in treatment when relevant?” (Richards & Bergin, 2005). Further assessment might involve exploring childhood experiences of religion, conversion, the role of prayer and Scripture in the client’s life, positive and negative experiences of church, spiritual struggles, and disengagement from faith-related activities (Pargament, 2007).

A wide variety of spiritual interventions exist for appropriately religious clients. These include prayer, discussions of Scripture themes, Scripture study, devotional meditation, forgiveness, therapist spiritual self-disclosure, confrontation of sin, values exploration, church involvement, encouragement of confession, spiritual books and websites, spiritual direction, and pastoral consultation and referral (Richards & Bergin, 2005). As with other interventions, counselors should evaluate their competency and seek additional training and consultation when necessary.

**TRAINING.** Many clinicians graduated from programs that did not include spirituality as a key instructional component; therefore, they need additional training. A wide variety of Christian spiritual formation, spiritual direction, and Christian counseling organizations exist to provide such training. For example, the American Association

of Christian Counselors offers conferences, webinars, and has certificate training programs in biblical counseling, addiction and recovery, stress and trauma, etc.

**CONCLUSION.** The characteristics of the U.S. population, the ethical mandate for culturally sensitive treatment, and empirical findings on the role of faith in mental health justify the inclusion of spirituality in counseling. If careful assessment and informed consent procedures are followed, therapists have a wide variety of spiritual interventions to consider. Proper training should be sought for using these strategies. Truly, spirituality should be considered the fifth force in counseling and psychotherapy.

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