PREFACE

“Let us watch well our beginnings, and results will manage themselves.”
—Alexander Clark, Broadway Performer
(Ca. 1866–1932)

INTRODUCTION

The preparation of any work of this length and complexity must reflect an emerging trend within a professional field of study. Although in the popular literature one may be able to create interest and demand by writing a book, scholarly books, by contrast, tend to appear as the result of already existing interest and demand from practitioners and from those in graduate training. In the case of this book, both the interest and demand are based on the expanding importance of issues of religion and spirituality within mental health services.

The emerging area of religion and spirituality in counseling thrusts upon professionals the important issue of which aspects of the subject would be of interest and value to clinicians, clinicians in training, clinical supervisors, and faculty who seek to prepare the coming generations of mental health service providers. As an author, one hopes to identify an approach that honors previous scholarly research and writing, yet extends such research in new directions with added depth or perspective. It is that aim which drove the development and preparation of this book.

The guiding force behind the book is the ever-growing sensitivity to multicultural issues in the provision of mental health services. The ethical commitment to respect those aspects of the self which define identity as part of culture continues to expand and direct both training and clinical service. Attention to issues of culture has brought to the fore a number of explicit and implicit contributors to identity and life functioning. Among the former are those factors which are readily visible, such as gender, age, and ethnicity; the latter consist of those less obvious dynamics such as sexual orientation, socioeconomic status, education, and religious or spiritual orientation. The growing awareness of the diversity of relevant, vital multicultural concerns demands attention to those individually identified contributors to identity. Mental health practitioners are challenged to help individuals, couples, and families honor those aspects of individual and conjoint culture which direct one’s sense of self, community connection, and life focus. The decisions made in that regard are meant, not to exclude or diminish the importance of other documented human experiences of culture, but rather to ensure a directed focus of research, writing, and deliberation.

THE THESIS UNDERLYING THIS WORK

The professional focus on multiculturalism in the helping professions, in terms of both the delivery of services and standards for the preparation of future mental health clinicians (Schulte, Skinner & Claiborn, 2002), has provided a consistent direction in respect of opening the perspectives of mental health practitioners to the ways in which culture defines and
identifies individuals and groups. Multiple aspects of multiculturalism have been identified and are still being identified for clinical consideration and professional research. One issue arising out of this focus is the need to identify those aspects of culture and identity which are relevant to directed study, clinical preparation, clinical supervision, and professional research. Initially, multiculturalism was seen to include only ethnic and racial differences (Parker, 1988). More recently, Sue, Bingham, Porche-Burke, and Vasquez (1999) and Pate and Hall (2005) identified religion and spirituality as entering into the multicultural mix as well.

All current ethical codes and standards for graduate-level mental health training programs identify cultural concerns as an area in need of therapeutic sensitivity and integration into the delivery of efficacious mental health services, but, as of the date of preparation of this book, none of those codes or standards itemizes cultural concerns or specifies which concerns are of primary importance. (A notable exception was the Curricular Standards of the 2001 Standards in Counselor Education put forth by the Council for Accreditation of Counseling and Related Educational Programs; however, in 2009 it was proposed that these standards be moved to the glossary.) This purposeful omission of itemized cultural concerns may be vital in order to allow the clinician to meet clients without assuming which aspects of culture each client has adopted as a contributor to self-identity. Thus, by understanding that culture is important, but not knowing which aspects of culture are important to a particular client, the clinician can encourage the client to identify for him- or herself those very aspects.

Nonetheless, this omission of specific aspects of culture has two potential drawbacks. First, as regards curricular training, course content in multicultural issues may vary widely with the instructor’s priorities, the available texts, and the doctoral preparation that the instructor has received (Knox et al., 2005; Schulte, Skinner, & Claiborn, 2002). Second, an ill-equipped clinician may overlook those defining barometers of culture which are irrelevant to his or her own individual identity. For example, should an individual clinician not have been introduced to the dynamics of socioeconomic status as a variable in self-definition in graduate training, and not have contemplated his or her own values, mores, etc., as a member of a specific social class, then that clinician cannot be expected to consider the client’s socioeconomic status as an aspect of self-definition. In effect, the clinician is oblivious to the strengths of these defining aspects of human identity. This may be the challenge regarding the clinician’s understanding, or lack thereof, of religion and spirituality as a defining force in the lives of individuals and in the training of culturally sensitive and skilled mental health professionals.

The mounting attention being paid to religion and spirituality in the helping professions stems from three roots: (1) an improved professional receptivity to spirituality, (2) a growing acknowledgment of the importance of spirituality and religion as multicultural variables, and (3) an increasing client demand for secular mental health clinicians to address issues of religion and spirituality within mental health services. I shall briefly discuss each of these causes in turn.

“In psychology as well as anthropology, religious beliefs and values have long been considered among the defining elements of culture, reflecting a culture’s shared perspectives on ethical and existential issues” (Schulte, Skinner & Claiborn, 2002, p. 118). Patterson et al. (2000) spoke to the historical overlap among physical, emotional, and spiritual healing, citing the scientific revolution as the initial divisive factor between medicine and, later, psychology, on the one hand, and religion/spirituality, on the other. Miller
(1999) proclaimed that “the spiritual dimension is a necessary and beneficial component in mental health counseling” (p. 498), and a number of researchers have reidentified spiritual beliefs as vital aspects of a multicultural perspective (Hoogestraat & Trammel, 2003; Riemer-Ross, 2003; Souza, 2002). Powers (2005) asserted that “at the beginning of the 21st century, spirituality and counseling seem to go hand in hand” (p. 217) and related that her own clinical training in clinical psychology considered religion a “taboo topic” (p. 220), a trend that she sees being finally redressed. This sentiment was an echo of Weinstein, Parker, and Archer (2002), who attributed their own omission of discussions of religion and spirituality in clinical service to the absence of any such discussions in their training. Put succinctly, spirituality is a meaning-making activity (Sink & Lee, 2004), and because counseling counts meaning-making among the tasks it is charged with attempting to provide insight and resolve problems, religion and spirituality must be broached in clinical sessions, to be acknowledged either as irrelevant by the client or, more likely, as part of an untapped or overlooked reservoir of client resources that are available to respond to and resolve the immediate problem.

One of the conclusions of the UNESCO Conference on Education for the 21st Century was that training on “diversity in religion and spirituality is specifically linked to a multicultural and multi-faith context” (Haw & Hughes, 1998, p. 156). With regard to the rationale for the connection to a multi-faith perspective, Hoogestraat and Trammel (2003, p. 414) asserted that

- “All humans are spiritual beings;
- Spirituality affects mental, physical and emotional health; and,
- It is essential to address spiritual and religious issues in therapy to maintain ethical care”

On the basis of these three assertions, it would seem fit that religion and spirituality have a rightful place in the provision of mental health services in the 21st century.

What appears to be evolving reflects the “interconnectedness of spirituality and the human services” (Riemer-Ross, 2003, p. 73), as reflected in the evolution of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) (Powers, 2005), a current division of the American Counseling Association that mirrors the increase in professional interest. (For an informative and succinct review of the development of the organizational aspects of the spiritual focus in counseling, see Miller, 1999).

Additional confirmation of the professional embracing of religious and spiritual concerns within the provision of mental health services appears elsewhere in the professional literature as well. Miller and Thoresen (2003) referenced a special edition of the American Psychologist that was dedicated to research on the topic of spirituality and physical and emotional well-being: “[P]sychologists have increasingly recognized that religion and spirituality are relevant aspects of client diversity that psychologists should be able to recognize while treating religious or spiritual clients with sensitivity” (Walker, Gorsuch, & Tan, 2004, p. 69). From such stances comes the corollary that graduate-level training in religion and spirituality in the provision of mental health services is of vital importance (Hall, Dixon & Mauzey, 2004). From the perspective of wellness, spiritual and religious growth must be included as normative aspects of human development (Miller, 1999). In summary of this section on the professional response to this topic, the words of Miller (1999) resound.

The events from the initial inclusion of the National Catholic Guidance Conference in the American Personnel and Guidance Association through the current Phase III of the
Summit on Spirituality speak to a willingness to dialogue with ASERVIC to make the inclusion of spirituality in counseling respectful, compassionate and ethical. (p. 500).

“For many people, spirituality and religion are vital aspects of their lives” (Cashwell & Young, 2004). Knox et al. (2005) proclaimed that, for the vast majority of individuals in American society, and perhaps worldwide, religion or spirituality plays “a central role in their existence” (p. 298). Lukoff, Lun, and Turner (1992) asserted that “the spiritual and religious dimensions of culture [are] among the most important factors influencing human experience, beliefs, values, behaviors and illness patterns” (p. 1320; Patterson et al., 2000, Souza, 2002). In addition, clients and potential clients are increasingly calling for the mental health professional to address their religious or spiritual concerns in session. Rose, Westefeld, and Ansley (2001) spoke to the growing numbers seeking personal religious/spiritual resources outside the bounds of traditional faith institutions and “... believing that discussing religious concerns in counseling was appropriate” (p. 68). However, “potential clients have fears and negative expectations about how a therapist might respond to their beliefs and may even avoid secular counseling because of those fears” (p. 68).

HOW THIS BOOK ADDRESSES THIS GOAL

The goal of this text is to “build and apply a body of knowledge and practice that reflects fully the integrity, uniqueness and wholeness of each person” (Burke, et al., 1999, p. 256). The content of the book is designed to foster the connection between the professional literature and the self as spiritual journeyer, as related to the self as clinician. This objective sounds like a complex mission; perhaps it could be more simply stated as a request that present and future mental health professionals contemplate how they see religion and spirituality in their own lives—as a struggle or a fount of resources, as an area of strength or an area for growth, and to appraise how their own spirituality sways who they are as clinicians and what they do in the provision of mental health services for their clients. If any passage in this text sheds light upon any of those questions, then the exercise of writing the book has been worthwhile.

The book offers 15 different topics, making up a semester’s length of material and summarized, chapter by chapter, as follows:

**Chapter 1:** “Religion and Spirituality—Counseling and Psychology” (similarities and differences in definitions of religion and spirituality; historical background to the neglect of spirituality in clinical service; the present re-integration of religion and spirituality within clinical mental health services)

**Chapter 2:** “The Personal and Professional” (the self as a spiritual being within the delivery of mental health services)

**Chapter 3:** “Varieties of Spiritual Beliefs” (overview of major world religions; overview of the writings about major counseling theorists; overlap in attention between major world religions and counseling/psychology theory)

**Chapter 4:** “Developmental Models of Spirituality and Psychosocial Functioning” (integration of existing models of spiritual, psychosocial, moral, and cognitive development)

**Chapter 5:** “Spirituality Identity and Maturity” (the place and function of religion and spirituality in optimal human functioning for those clinicians who seek to present a strength-based or potential-focused model of treatment)
Chapter 6: “Assessment of Spiritual Functioning” (identification and evaluation of current modes of self and client assessment along differing barometers of spirituality)

Chapter 7: “Guilt and Mental Health” (understanding guilt and the ways in which religion and spiritual practice may contribute to, and provide respite from, human guilt)

Chapter 8: “Evil and Counseling” (reconciling the presence of evil in the world from spiritual and clinical perspectives)

Chapter 9: “Balancing the Concepts of the Divine and the Penitent” (wondering whether one’s view of his or her relationship with God, Allah, Yahweh, the Divine, etc., may affect one’s view of the role of the clinician as authority figure and the client as penitent)

Chapter 10: “Spirituality and Ethics” (the application of professional ethical standards specific to issues of religion and spirituality in clinical service)

Chapter 11: “Theory-Based Approaches to Wellness in Counseling and Spirituality” (an integration of spiritual wellness into counseling, as presented by differing theoretical models of both)

Chapter 12: “Spirituality and Marginalized Groups” (the experiences of marginalized groups within mainstream religious institutions)

Chapter 13: “Spiritual Strategies for Individual Counseling” (identification and application of spiritual interventions within the repertoire of clinical services for individuals)

Chapter 14: “Spiritual Strategies for Couples and Family Counseling” (identification and application of spiritual interventions within the repertoire of clinical services for couples or families)

Chapter 15: “Opportunities for Future Professional and Personal Development” (synopsis of the themes of this book, plus directions for future study; professional development and considerations for oneself as a spiritual journeyer, as offered by authors of previous works on counseling and spirituality)

Each chapter opens with a case example offering a real-life application of the chapter’s content to the dilemmas of mental health professionals. Each chapter closes by revisiting that same case example as a mode of reconciling the opening personal and professional challenge. The writing attempts to link issues of religion and spirituality with issues that are of importance to learning, practicing, or supervising mental health service providers. Each chapter also offers sections titled “Self-Understanding Exercises” and “Opportunities for Future Learning,” the former focused on knowledge of the self as a spiritual being, the latter on professional development.

FOR WHOM THE TEXT IS INTENDED

“Mental health professionals are beginning to acknowledge the need for competency regarding religion and spirituality issues in the counseling field” (Hall, Dixon, & Mauzey, 2004, p. 507). The question then arises, What is meant by "competency"? Generally speaking, a clinician’s competency in the delivery of mental health services is based on (a) skills, (b) knowledge, and, (c) self-awareness. All three components are integral for efficacious and respectful mental health service, and it is their confluence, rather than disparate impacts,
which is deeply felt. In other words, a clinician's mastery of each area is vital: skill in one area cannot compensate for inability in any of the other two areas. Skills are grounded in one's abilities of relationship, assessment, and intervention; knowledge regarding theories of development, growth, and pathology; and awareness of the use of the self as the sole medium in clinical service for the expression of both knowledge and skill. This book was designed to utilize the third dynamic (the self of the clinician) as the gathering theme of each chapter, around which specific knowledge or skills are clustered. There are two main reasons for this approach: (1) Clinicians seek to model genuineness or personal authenticity for their clients as a way for clients to legitimize and honor all parts of the self as a function of adopting a biopsychosocial model of human experience (Patterson et al., 2000); and (2) clinicians can help clients no further on their personal life paths than they themselves have yet traveled, so their awareness of themselves as religious or spiritual beings is essential to delivering counseling services.

This book is intended for mental health professionals in the field or in training, including counselors, social workers, psychologists, psychiatrists, and marriage and family therapists. In sum, any individual who provides some sort of mental health service, regardless of professional training or title, may find the book of interest and of value. According to the professional literature, it may be of interest to clinicians to learn that the “spiritual heritage of psychotherapists differs from that of [the] average American” (Walker, Gorsuch, & Tan, 2004, p. 76) and that “… they risk alienating clients who present with spiritual issues, particularly if the counselor is unaware of his or her own spirituality” (Souza, 2002, p. 213). So the message is clear that clinicians need to consider their own and their clients’ perspectives on how religion and spirituality influence one’s life functioning.

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CONCLUSION

Perhaps the field of counseling has arrived full circle regarding the legitimacy of religion and spirituality as topics of relevance. James (1895) stated, more than one hundred years ago, that spiritual experiences are legitimate psychological phenomena. It would seem that the field of mental health services is catching up with James. As the idea of multiculturalism expands to encompass more facets of the human experience, including religion and spirituality, this ending citation may be oft repeated: “Through such exploration, we may learn to acknowledge, and more powerfully honor, pivotal elements of our clients’ lives” (Knox et al., 2005, p. 301).

SELF-UNDERSTANDING EXERCISES

1. Before you move farther into this book, identify which of the chapter topics seem more, and which less, appealing to you? How do you account for your choices?
2. As you examine the thesis of this book, how does it resound with your prior notion of what this sort of a course might entail?
3. As you begin this course, identify three “big spiritual questions” to which you hope to find answers or direction through this directed study.

OPPORTUNITIES FOR FURTHER LEARNING

1. Review the table of contents of other texts with titles similar to this one. How do the topics or chapters listed agree or disagree with those presented here? What does that tell you about the status of scholarship on this topic?
2. Ask the instructor in your school who is teaching this course how he or she decided on the syllabus and the choice of this book.

3. Go online to review other graduate-level syllabi in this content area to compare offerings at other graduate schools and the course on religion or spirituality in the helping professions in your graduate program. Which topics do you find are consistent between courses? Which are unique to your course? How do you make sense of those similarities and differences in coverage?