The prevalence of utilization of spirituality in clinical counseling

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ABSTRACT

SCHOOL OF SOCIAL WORK

SILLS, DEBORAH ELAINE  B.A. VIRGINIA UNION UNIVERSITY, 1987
M.S.W. CLARK ATLANTA UNIVERSITY, 1991

THE PREVALENCE OF UTILIZATION OF SPIRITUALITY

IN CLINICAL COUNSELING

Advisor: Richard Lyle, Ph.D.

Dissertation dated July, 2002

The purpose of this study was to ascertain the prevalence of the utilization of spirituality in clinical counseling and the need for spirituality to be integrated into counseling curriculums. The study was based on the premise that the prevalence of the utilization of spirituality is based on one's formal training, experience, knowledge, perception, and personal stressors. The researcher investigated five independent variables: formal training, experience, knowledge, perception, and personal stressors. These variables were examined in relation to clinical counselors' prevalence of utilization of spirituality in counseling. The following demographic variables were also analyzed: gender, race, education, license, employment, work experience, work setting, and annual income.

The investigation included a review and critique of related literature. Primary variables addressed included the following: the use of spirituality, formal training, experience, knowledge, perceptions, and personal stressors.
THE PREVALENCE OF UTILIZATION OF SPIRITUALITY IN CLINICAL COUNSELING

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
DEBORAH ELAINE SILLS

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JULY 2002
This study utilized frequency distribution, bivariate cross tabulation analysis, Phi measurements, and regression analysis. The statistical test was chi-square and used to investigate the prevalence of utilization of spirituality in clinical counseling among licensed social workers in the state of Georgia. The researcher developed and administered a questionnaire to licensed social workers throughout the state of Georgia and obtained a sample that was comprised of 97 licensed social workers. Five null hypotheses were tested and accepted which indicated that there was a statistical relationship between the variables. The null hypotheses investigated were: (1) There is no statistically significant relationship between utilization of spirituality in clinical counseling and formal training; (2) There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge; (3) There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience; (4) There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions; and (5) There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.

The researcher found that there was a statistically significant relationship between counselors' prevalence to utilize spirituality in clinical counseling and formal training, experience, knowledge, perception and personal stressors. The researcher concluded the study with a series of recommendations. The research recommends that spirituality should be integrated into clinical counseling and school curriculums in order to establish a more holistic approach in counseling.
I would like to first give praise and thanks to God for providing me the endurance and blessing to complete this project. Also, there are so many others who have supported me during this process through words of encouragement, prayers, cards and more. Family and friends such as my mother Simone Sills, sister Darianne Sills Brown, brother and sister-in-law Howard Sills, Jr. and Janice Sills, cousin Gregory Brown, cousin Tikki Sills, son Theron, Jr., friend Theron Chatman, Sr., and editor Tamiya Sheperd, receive a special thank you for their patience and encouraging words, especially in the earlier stages of this project as well as to the end.

Furthermore, I would like to acknowledge those who on a consistent basis attempted to motivate me through phone calls and words of encouragement: Dr. Davine Sparks, Dr. Joycelyn Curtis, Cheryl Abernathy, Gerry White, Deborah Montgomery, Dr. Nick Harvey and the members at Wesley Chapel United Methodist Church, Inc.

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CHAPTER I
INTRODUCTION

The counseling profession provides services to individuals who seek help during a crisis or stressful periods in their lives. Their course of intervention often times come from theory and clients may or may not be satisfied with this form of intervention. In fact, many clients may present, during counseling sessions, interventions they have attempted to implement during stressful times. This may include the use of spirituality.

Spirituality differs from religion and can be defined in many ways; however, for the purpose of this study, spirituality will be defined as an experience that involves one’s whole life. Rituals, prayer, meditation, affirmations and journal writing are all facets of spirituality. Shanfranske and Gorsuch (1984) defined spirituality as a deep sense of belonging, wholeness, connectedness and openness to the infinite. Rupp (2000) describes spirituality as the involvement of the whole life experience. She continued by noting that spirituality is about a relationship with the divine, as well as with other people, and that this experience calls one to be in transformation, which allows them to become their true selves.

In contrast to spirituality, religion is defined as a representation of an institutionalized set of beliefs and practices where groups and individuals relate to the ultimate (Burke & Hackney, 1999). Often times these terms are used interchangeably.
because many people, including clients, see religion as a culturally oriented expression of spirituality. Historically, the counseling profession has not used spirituality as an intervention to assist clients with personal stressors, partially due to a lack of formal education about its use, lack of experience, personal perceptions, lack of knowledge and "the rationalism of scientific method, the agnosticism of Sigmund Freud and the church/state separation of the American culture" (Griffith & Rotter, 1999; Burke & Hackney, 1999).

Personal stressors presented in counseling by clients may include work, economic, health, marital and family, and emotional distress. However, the attitude of the counseling profession was that spirituality is a separate entity from therapy. The therapeutic community believed that one's issues in counseling could not be related to concerns over spiritual beliefs.

Sermabeikian (1994) notes that some resistance to using a spiritual perspective in counseling appears to be due to its being perceived as synonymous with religion. Nevertheless, there has been an evolution of thought, according to Griffith and Rotter (1999), regarding the utilization of spirituality in counseling. This thought stems from the focus on diversity. Diversity relates to one's ethnicity, gender, race, culture, sexual orientation, religion and spirituality.

According to Sheridan and Bullis (1992), the various counseling professions, such as social workers, professional counselors, psychologists, marriage and family therapists, are encouraged to take a stance regarding the need to value and support cultural and ethnic diversity in practice. Numerous pieces of literature address the need for a working
knowledge of various cultural norms when using selected interventions, as well as understanding various groups' fears and distrust of the counseling profession by various cultural groups. They further stated that the social work profession has not extended itself to a client's religious or spiritual diversity.

According to Sermabeikian (1994), spirituality is viewed as a human need and is too significant to be misunderstood, avoided, or viewed as regressive, neurotic, or pathological in nature. A person's spiritual beliefs, values, perceptions, feelings, and ideas are in themselves related to religious, philosophical, cultural, ethnic, life experiences, and counselors, despite areas of specialization, must acknowledge this. A counselor's acknowledgment that spirituality in individuals' lives can be a constructive means for facing life's difficulties is extremely important.

Statement of the Problem

There is a dearth of literature regarding the use of spirituality as an intervention in social work counseling. As a result, many professional counselors avoid this intervention with their clients, which could limit the effectiveness of services. This is evident by the fact that some clinical counselors use spirituality and some do not because many of them lack formal training, experience, knowledge and personal perceptions.

Sheridan and Bullis (1992) state that despite the increasing awareness of the importance of spirituality by professionals and the public, research in this area has been minimal. Furthermore, studies are especially needed on the views currently held by counselors regarding spirituality in practice. It is important that more counselors become
aware that spirituality can be a meaningful source of support for many people and it is imperative to know how counselors handle this area in their work with clients (Sheridan & Bullis, 1992).

Sermabeikian (1994) argues that the spiritual perspective is an important entity yet, a relatively unexplored area in social work practice. He also suggested that spirituality has not been fully examined for its application in life and living and is an important feature of social work practice and ethics, which should be considered an area for educational and clinical training. Because spirituality seems to receive modest to mixed attention in counseling training, according to Burke and Hackney (1999), research supports the need for social work education and clinical training in applying spirituality to social work practice. In fact, Kelly (1994) conducted a survey of 341 accredited and non accredited counselor education programs, and found that only 25% reported that spirituality issues were offered as a course component. In addition, 60% of the programs surveyed by Pate and High (1995) reported curricular attention to client's religious beliefs and practices.

Purpose of the Study

The purpose of this study was to examine the perceptions, knowledge, experience and formal training of licensed clinical counselors regarding the use of spirituality as an intervention. This study defines license clinical counselors as professionally trained master level social workers. To be effective clinicians with diverse populations, counselors must be appropriately trained and possess the knowledge and skills to address
spirituality needs. As a result of various transitions that took place historically in the field of counseling and social work, as well as the conflicts between goals and values of counselors and religious teachings, concerns have been expressed by numerous individuals regarding social work's commitment to holistic practice.

Research Questions

Five research questions were addressed in this study. They are as follows:

1. Is there a relationship between utilization of spirituality and one’s formal training?
2. Is there a relationship between utilization of spirituality and one’s level of knowledge?
3. Is there a relationship between utilization of spirituality and one’s level of experience?
4. Is there a relationship between utilization of spirituality and one’s perception?
5. Is there a relationship between utilization of spirituality and one’s personal stressors?

Hypotheses

The hypotheses were as follows:

H01: There is no statistically significant relationship between utilization of spirituality in clinical counseling and formal training.

H02: There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge.
HO₃: There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience.

HO₄: There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions.

HO₅: There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.

Significance of the Study

Social workers as well as other counseling disciplines could benefit from research that demonstrates the effectiveness of spirituality used as an intervention in treatment. Because of a gap in the literature, the effectiveness of this type of intervention is not addressed. Moreover, this study may also enhance the social work and counseling profession's knowledge base regarding the need to incorporate spirituality as an intervention. Additionally, the study may suggest the need for schools of social work administrators to develop curriculum offerings regarding the use of spirituality in counseling. Such assertions are supported by offerings in the literature that emphasize the necessity for counselors and social workers to comprehend the importance of spirituality to various client groups. For instance, Sheridan and Wilmer (1994) noted and Berthold (1989) described the importance of spiritism as a belief system for numerous Caribbean Hispanics and identifies assessment and intervention methods that counselors and social workers should consider when providing treatment to this client population. There are other culturally sensitive services, relative to spirituality, of which counselors
and social workers must become more aware. According to Sheridan and Bullis (1992), there was a professional concern for recognizing client diversity traditionally not being extended to clients' religious or spiritual diversity. Specifically speaking, the social work literature is noted to have ignored or dismissed the impact of both spirituality and religion on practice.

There are studies that demonstrate the need for spirituality to be integrated in treatment because spirituality continues to be an intricate part in the lives of most Americans. Therefore, such developments imply that content on spirituality should be a part of any comprehensive social work program, as well as in counselors' treatment modality. Social workers' mounting recognition of the importance of spirituality is consistent with the current voice of the American public (Sheridan & Bullis, 1992). Licensed clinical counselors must first know themselves as it relates to religion or spiritual beliefs. This in return can help counselors and social workers develop practice skills when addressing spirituality. This begins with the acceptance of the client's values, beliefs, and attitudes, which are fundamental to the client. Other developments advocate for the content of religion and spirituality to be built-in any comprehensive social work programs. Sheridan and Wilmer (1994) noted in a study of 328 social work practitioners that 83% of the respondents stated they obtained little to no training in the area of religion and spirituality during graduate studies.

Summarily, the study was divided into five interrelated chapters. Chapter I is the introduction to the study and includes the statement of the problem, the purpose of the study, the research questions, the hypothesis, the significance of the study and the
definition of the terms. Chapter II provides the review of selective relevant literature and includes the theoretical framework. Chapter III describes the methodology, research design, study site, the sample, the instrumentation, treatment of the data, and limitations of the study. Chapter IV provides an analysis of the data and presents the findings. Chapter V provides the summary and conclusions and implications of the findings.

Definition of the Terms

*Spirituality* - A relationship with the divine, as well as with other people, and that this experience calls one to be in transformation, which allows them to become their true selves.

*Religion* - A representation of an institutionalized set of beliefs and practices where groups and individuals relate to the ultimate.

*Affirmation* - One’s inner dialogue.

*Journal Writing* - A process of recording one’s feelings and experiences daily, which allows them to review their writings and reflect on themselves periodically.

*Rituals* – A force that elevates the monotonous nature in individuals’ lives, as well as assist in focusing individuals’ attention on the importance and the purpose of their endeavors.

*Prayer* – A style of communication with a deity or Creator and has been characterized as a form of complementary or alternative therapy.

*Meditation* – Consciously directing your attention to alter your state of consciousness.
Formal Training – A counselor who participates in an education program that includes course work that’s primarily focused on spiritual issues.

Knowledge – Having methods and ideas about ways to utilize spirituality in counseling and making it an effective intervention.

Transcendence – A counselor’s ability to elevate above, go beyond, and experience more than the here-and-now possibly predicting or anticipating outcome.

Imminence – A devoid of faith and awaits negativity.

Experience – Counselors who have a history of utilizing spirituality in counseling as an intervention.

Perceptions – Clinical counselors’ perspective regarding the utilization of spirituality in counseling as an intervention.

Personal Stressors – Health, marital/family, economic, work and emotional.

Stress – A significant life-change of events that may be either positive or negative.

Economic Stress – Job loss, lack of resources and finances, which can bring on many emotional problems.

Work Stress – Workplace changes, technology systems, globalization, decrease in quick fixes.

Emotional Distress – An inner phenomenon focusing on issues such as one’s search for sense of meaning and purpose in life, the creation of an intrinsically maintained value system that establishes behavior.

Health Stress – A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Marital and Family Stress – Communication issues, finances and conflictual relations.
CHANCE II
REVIEW OF THE LITERATURE

The review of relevant literature examined various studies regarding the prevalence of utilization of the spirituality in counseling sessions. Particular attention was given to findings from various types of studies regarding the use of spirituality in counseling, counselors’ knowledge, formal training, experience, perceptions and the integration of spirituality when counseling clients with personal stressors. Furthermore, this review of major research findings has revealed numerous statements that support the importance of the use of spirituality in counseling. Select aspects of spirituality include affirmations, journal writing, meditation, prayer and rituals, and some aspects of personal stressors include economic, emotional, health, work, marriage and family.

Spirituality

While spirituality can be broadly defined, it is defined from many perspectives including a clinician and client perspective in this section. Spirituality can be defined as the human search for purpose and meaning of life experiences, which could or could not involve expressions within formal institutions (i.e. church) (Sheridan & Wilmer, 1994).

Young et al. (2000) documented that spirituality is defined by many as a construct that while related to religion, is a distinct phenomenon. Hickson, Housley and Wages
(2000), defined spirituality as a universal phenomenon that has the ability to act as a powerful psychological change agent.

Williams, Frame, and Green (1999) viewed spirituality as being woven into one’s everyday experiences, not compartmentalized into systematized beliefs and practices. Rainbows and Miracles, etc. (2000) defined spirituality as having no religious component or preference; however, it is viewed as a way of expressing more humanity.

Griffith and Rotter (1999) stated that they reference religion and/or spirituality as mirroring an individual’s belief systems or faiths. Lewis and Geroy (2000) defined spirituality as an individual’s inner experience when he or she senses a beyond, particularly if it’s demonstrated by the effects of the experience on the individual’s behavior when he or she vigorously strive to harmonize their lives with the beyond.

Also, Mitroff and Denton (1999) viewed spirituality as “the basic feeling of being connected with one’s complete self, others and the entire universe” (p. 2). Finally, Augustine and Gregory (1999) believed spirituality in one form or another, meant escaping our busy world to either, pray, meditate or reflect, worship and contemplate.

Nevertheless, Hickson et al. (2000) indicated that LPCs (Licensed Professional Counselors) acknowledged the importance of being in tune to their own spiritual beliefs. The authors further noted that LPCs believed spirituality was not experienced differently by women and men, despite their belief that spirituality was expressed differently according to gender. The results from their study indicated the need for training of counselors.
Miller (1999) argued that historically spiritual and religious issues have been underrepresented in counseling training programs. This under representation has resulted in a lack of sensitivity regarding these issues and has been passed down from generation to generation of counselors.

Shanfranske and Malony (1990) noted, due to the limited education and training in the areas of spirituality and religion, some mental health professionals may not have the ability to address religious or spiritual issues with many clients. However according to Richard and June (1997), some counselors may discount such issues as they relate to other therapeutic matters, despite the clients' attempt to initiate discussions of spiritual and religious issues.

Constantine, Lewis, Conner, and Sanchez (2000) suggested that some counselors, perhaps, may be uncertain regarding their own personal religious and spiritual ideologies. As a result, they may consciously or unconsciously decline to examine such issues in therapy.

Getz et al. (1999) found that mental health professionals appear to have ignored or pathologized religious and spiritual aspects of human existence and this is claimed to have been presented in theory and research and practice. Furthermore, they interjected in their research that “clinical collaboration, training and research between clergy and marriage and family therapist”(p. 1) should occur.

Clinical psychologists were surveyed by the American Psychological Association (APA). The results revealed that of the 409 respondents, only five percent had
experienced religious or spiritual issues during their professional education (Shafranske & Malony, 1990).

In fact, Sheridan and Bullis (1992) conducted a research stated that included clinical social workers, psychologist and professional counselors. The researchers examined their attitudes and behaviors toward religion and spirituality. Some of the outcomes showed that the respondents valued their own religious and spiritual dimensions, respected the purpose it served for others in general, and to some extent, their attempt to address religious and spiritual issues in practice. Conversely, the study reported that only limited professional training in religious and spirituality issues was provided during their graduate education.

In addition, Lewis and Geroy (2000) noted that serious theoretical discussions are required before the academic community embraces spirituality as a crucial diversity issue on parity, gender, race, and sexual orientation. However, Harlos (2000) believed that spirituality has increasingly and recently gained influence in academic objectives as a crucial perspective in literary theory which includes analytic applications to specific literary texts and more.

In summary, the issue of spirituality, based on the review of the literature, was an important aspect in therapeutic settings. Many authors and theorist have often argued the need for spirituality to be studied more extensively in the counseling profession. Aspects of spirituality such as, affirmations, journal writing, meditation, prayer and rituals, will be defined and reviewed below.
Affirmations

Many researchers have studied the phenomenon of affirmations and their use. There are theories that address the effects of affirmations on an individual's self-concept and dissonance behavior based on feedback. This subtopic on spirituality reviewed the application of affirmations in individual's lives, the various techniques used in affirmations, theories on affirmations and how the term affirmation is defined.

According to Wade (1998), affirmations were defined as one's inner dialogue. When individuals talk to themselves in their thoughts or make statements, whether consciously or unconsciously, this is considered one's daily affirmations. He further stated that, when individuals begin to consciously choose affirmations, they will have the ability to take control of their thoughts that lie buried in their subconscious mind. Also, as one changes his or her outlook on life, the use of affirmations can bring about a positive change in his or her emotional state of mind. For instance, Rodale (1996) recommended that upon waking each morning, individuals should focus on grateful affirmations and from this experience, individuals will notice the power of positiveness spreading throughout their bodies.

Many authors encourage the use of affirmations through writing. For example, Johnson (1998) noted that authors such as Coleman and Willis urge individuals to write down affirmations, record them on a recorder, and listen to them before going to bed. Wright (1997) stated writing positive affirmative statements in journals can assist in achieving one's highest potential and recognizing one's dreams. Some examples of
positive affirmations, according to the author, are "I am strong, peaceful, and powerful; I can do all things through Christ who strengthens me" (p. 6).

Wade (1998) argued that affirmations contain messages for human awareness at different levels. These levels include physical, emotional, intellectual, financial, creativity, relationships, and spiritual. Walker and Singleton (1999) believed that the uses of affirmations were ways to relieve stress through biofeedback and meditation, yoga, visualization and progressive relaxation.

Bethards (1999) recommended the use of affirmations to be repeated at the end of one's meditation at the end of the day and recorded onto a cassette tape that can be played at their leisure for relaxation. He further suggested that individuals were most receptive to positive affirmations when they are deeply relaxed, for example before going to sleep at night and in the morning when they awake. There are theories that support the use of affirmations having an effect on one's behavior.

Blanton and Cooper (1997) confabulated, "When bad things happen to good feedback: exacerbating the need for self-justification with self-affirmations" (p. 684). Self-Affirmation theory as described by these authors, has the ability to predict a not so observable relationship between global affirmations and what appear to be unrelated attitudes.

In addition, it was noted that it does not appear to be necessary that the affirmation and attitude be unrelated; however, it is critical that the affirmation solely restores one's global self-concept (Steele, 1988). Blanton and Cooper (1997) believed that affirmations can create significant standards that are violated in an individual's
negative behavior, also known as dissonance behavior. They argued that when an individual's self-aspect, as it relates to dissonance, is reaffirmed, the need for self-justification increases.

Festinger proposed the theory on dissonance in 1957. He stated that individuals maintaining two inconsistent cognitions would experience a psychological condition of cognitive dissonance. A psychological cognitive dissonance experience is noted to motivate individuals' attempts to decrease dissonance and achieve harmony, also known as consonance behavior. Nevertheless, many theorists since Festinger's original theory of dissonance have revised the theory of dissonance.

Employment of an induced-compliance paradigm carried out this act (Blanton & Cooper, 1997). When using the induced-compliance paradigm, theorists attempt to redefine dissonance by discovering limiting conditions supporting counter attitudinal behavior, which guides attitude change and when it does not.

Theorists including Steele et al. (1993) argued that some individuals acquire a large number of affirmational resources that can be used as a buffer for themselves against possible future dissonant behaviors that are threatening. Affirmational resources, according to Blanton and Cooper (1997), are defined as an alternative positive self-concept that individuals can possess and implement when they are faced with specific situations that are threatening. An example of an affirmational resource may be displayed in the form of positive feedback.

According to Walker and Singleton (1999), individuals, often times, experience negative emotions that are internalized with self-judgement. They recommended the use
of affirmations by way of positive self-talk. Moreover, the authors reported that replacing self-deprecating thoughts with positive images is quite effective.

Even more important, Fair III and Silverstri (1992) examined the effects of positive verbal affirmations on performances with children and adults. The primary focus of their research was a intrinsic motivation. However, they argued that children and adults, alike, responded favorably when receiving praise and positive verbal affirmations along with additional external rewards.

Journal Writing

Journal writing is an intervention used by many therapists in counseling. Theorists and literature, have acknowledged journal writing as an effective self-reflecting exercise. In this subtopic of spirituality, journal writing and personal journaling is defined, various theorist perspectives regarding its' use is addressed as well as how journal writing from a spirituality perspective can be beneficial.

According to Berman (1991), journal writing is described as a form of creative expression that entails a long history. Walker and Singleton (1999) acknowledged journaling as a process of recording one’s feelings and experiences daily, which allows them to review their writings and reflect on themselves periodically.

Johnson (1998) notes in order to bring about self-awareness, keeping a journal is beneficial. Murray (1997) defined journaling as being a primary body/mind activity where the individual journaling is able to gain insight regarding a sense of living. The authors further define journaling is an activity that has the ability to be an end in itself of
self-creating expression; it can also be a means to target and react to progress made with medication, therapy and nurturing care.

According to Johnson (1998), individuals were urged to keep a journal. By consistently writing down their ideas and thoughts and reviewing them, one should attempt to put some of what's written into action. Walker and Singleton (1999) provided suggestions regarding journal writing and writing out what one is feeling. The authors suggested that when one writes out their feelings the process can help to dissolve angry feelings and allows an emotional shift to occur within. Furthermore, Murray (1997) argues that journaling offers assurance of a unique benefit that magnifies medicine's view on “fixing the broken part” to whole-person healing. Therefore, the technique of journaling allows individuals to recognize patterns, which in return allows them to gain insight about themselves.

Theorists from extremely different traditions collaborated in establishing a perspective of human nature and formed a shared perspective focusing on the self-regarding personal journals. The various traditions that participated in creating the above perspective included: hermeneutic philosophy, psychoanalysis, developmental psychology, cognitive psychology, personality psychology, social psychology, sociology, and anthropology. The theorists proposed that primary activities of human beings stemmed from the creation of meaning. Meaning-making for the most part allows individuals to understand self in a coherent narrative. For example, the authors note that the self is looked upon as a coherent narrative, a story that combines the cultural meanings that connect to separate life experiences, as well as providing continuousness to
one's response to anticipated and unanticipated life changes. Even more important, journaling, also known as spiritual writing, speaks to an individual's spirituality and how it assists in life changes. In addition, the author notes that journal writing can be viewed as a spiritual journey (Berman, 1991).

Wall (1997) noted that Christina Baldwin, in her book *Life's Companion*, states journal writing can be a spiritual quest and life questions about war, oppression, famine, and disease can be challenging. He elaborated by referring to other issues Baldwin identified as challenges, such as personal questions regarding death, sickness, fear, loneliness, change and defeat, and that these questions can assist one in finding the courage to deal with gloomy issues. Thus, journal writing should disclose particular issues that preoccupy an individual, as well as answer specific questions about an individual's concern, as according to the author.

Moreover, McCormick (1997) focused on what she called the new wave of spiritual writing. She argues that spiritual writing is an intervention that people often turn to when attempting to negotiate the different passages and crises of their lives. In other words, during the turning points of adolescence, parenthood, middle age, retirement, or the onset of chronic illness, those individuals find themselves scurrying about for fresh maps and directions.

**Rituals**

Rituals are used for different reasons and on different occasions. Rituals can benefit individuals in many forms, and this subtopic of spirituality will define the term
ritual, describe different types and functions of rituals, and address the use of rituals in counseling.

McKee et al. (1999) reported that rituals were denigrated by industrialized Western societies as obsolete, entirely ceremonial, and irrational. Nevertheless rituals are currently accepted in the field of counseling stated the author. Rituals can be defined as, formal procedures where one request the spirit to come and be the force and the director of their activities.

According to Wright (1997), rituals were activities that have the ability to assert the serious and sacred nature of a group’s purpose. The author further defined rituals as a force that elevates the monotonous nature in individuals’ lives, as well as assist in focusing individuals’ attention on the importance and the purpose of their endeavors.

Rituals operate in promoting personal development and individualism according to developmental theorists Jung (1967), Erikson (1977), and McKee et al. (1999). They noted that family therapists, based on their observations, acknowledge affirming, supportive and celebratory rituals depict healthy families, and numerous rituals were developed as interventions to improve family function. There are a variety of functions that rituals carry out. For instance, rituals have the ability to cultivate a sense of community exhibited by people coming together to support one another, participating in gatherings, and recognizing their common goals.

Several important functions of rituals include, distinguishing important milestones in personal development and transitions in social roles. The functions also include
facilitating healing and recovery, allowing individuals to express and reaffirm fundamental values, and celebrating joyful events (Imber-Black & Roberts, 1992).

Examples of rituals that take place for personal developmental milestones include baptisms, bar mitzvahs, marriage ceremonies, Hindu samskaras, and vision quests.

Regarding transitions in social roles, this includes inaugurations and coronations, as well as political transitions. For those who implement rituals pertaining to issues of healing and recovery, activities such as memorial services take place if grieving is an issue, group therapy that addresses 12 steps to recovery, or personal stressors take place (Imber-Black & Roberts, 1992).

Examples of memorial services taken from Imber-Black and Roberts (1992) were giving expressions of pain, saying farewell to the deceased, and coming together as one to grieve together. Healing includes, according to these authors, pilgrimages such as visits to the Vietnam War Memorial, and visits to relatives and friends - possibly to leave a memento.

From a counseling perspective, the use of rituals in group settings are examined by William, Frame and Green (1999). The group setting included African-American women and the use of rituals before the group processes were deemed important. It was viewed as a source of interpersonal connection and spiritual strengthening. Thus, a decision was made that every group session include an opening and closing ritual. Other group settings, such as 12-step recovery, may include the ritual of saying the serenity prayer at the end of each group session.
Moreover, Imber-Black and Roberts (1992) argued that rituals allow people to express and reaffirm essential values in one another's presence by the way of vows, symbols, ceremonies and group pledges just to name a few. Lastly, rituals can be used for joyful events like birthdays, holidays, acceptance of differences, valuable qualities, and more. These rituals often times involve special music, food, and activities that place emphasis on helping individuals express their emotions of pride, exultation or delight.

According to McKee et al. (1999) counselors, through training, were able to acknowledge their own development and sense of continuity with the sense of community with others through rituals. He further stated that before practicing counseling, trainees must learn basic theories and techniques.

In summary, the use of rituals in counseling, whether in a group setting or individually, can be advantageous to the healing and recovery of a client. However, in order for clinicians to have the ability to implement such an intervention they must be formally educated.

**Prayer**

Spirituality often times is used to described practices such as prayer. A gamete of research has been conducted to learn about the effectiveness of prayer (Martin, Rissmiller, & Beal, 1995).

Kofi (2000), through research, notes that more than 1,200 studies have been conducted on religion and healing. He argues that recent research has begun to turn skeptics into believers regarding the healing power of prayer. Many individuals,
regardless of age or culture, have been known to use prayer as an intervention when faced with uncertainties or stress.

According to Levin, Lyons, and Larson (1994) individual prayer has been thought of as a more specific indicator of religion and spirituality as well as being reported as a more sensitive indicator. Prayer used as a modality in treatment has many implications. Some implications include the effectiveness of different types of prayer, the effectiveness of those who pray for others, using prayer with clients, prayer improving an individual’s level of functioning. Nevertheless, for the purpose of this study, the relationship of prayer towards spirituality will direct its focus on various definitions of prayer, theories as it relates to prayer and different types of prayer, and the examination of studies that support the use of prayer as a spiritual practice in counseling.

There are a variety of definitions of prayer. Dunn and Horgas (2000) defined prayer as a style of communication with a deity or Creator and has been characterized as a form of complementary or alternative therapy. Likewise, Wright (1997) defines prayer as actively communicating with God. Meisenhelder and Bell (2000) viewed prayer as independent of a religious affiliation and that prayer also measure intrinsic religious practices, “which has been found to be predictive of overall religious and spiritual well being” (p. 1). The Christian Science Monitor Journal (1999) defined and describes the effectiveness of prayer through an individual’s testimony. Prayer is defined as “a good desire” as well as maintaining the desire to identify good, despite how one views their lives at that moment. Conversley, Griffiths (1999) defined prayer as an opening of the heart and mind to a higher power. Furthermore, it consists of going beyond all the
limited processes of one’s rational mind and opening the mind to the transcendental realities to were all words and thoughts are directed.

Prayer has been examined in many aspects, especially regarding the issue of health and healing. Studies have been conducted to investigate the different types of prayer and theories. Boorstein (2000) argues that prayer plays a healing role when employing the transpersonal psychotherapy approach. The transpersonal psychotherapy approach is defined by the author as “the study of humanity’s highest potential, and with the recognition, understanding, and realization of intuitive, spiritual, and transcendent states of consciousness” (p. 2). Levin (1996) presented four theoretical explanations that could possibly address salutary and healing effects of prayer.

Dunn and Horgas (2000) simplified these four theoretical explanations to local-naturalistic effect, nonlocal-naturalistic, local and nonlocal supernatural. First the local-naturalistic effect, which focused on forbidden behaviors such as smoking, alcohol use, diet, hygiene and sexuality. In addition, other local-naturalistic effects deal with social support system; decrease stress; effects on cognition, for example, worldview, and psychodynamics of faith. The second effect is called the nonlocal-naturalistic. This effect, according to the authors, has the use of hidden forces and empathy between the person receiving and the healer along with energy fields. The final two effects of prayer in healing, is directed towards “local and nonlocal supernatural being, creator or God.”

There are various types of prayer that could intertwine with the proposed theories mentioned above: contemplative-meditative prayer, ritualistic prayer, petitionary prayer, colloquial prayer and intercessory prayer. Dunn and Horgas (2000) defined the various
types of prayer. For example, contemplative-meditative prayer is an intimate and personal relationship with a higher power, ritualistic prayer comes from reverberation from printed material and or memory, petitionary prayer occurs in the form of asking God about personal needs or specific needs of others, colloquial prayer is when an individual has a conversation with God and, intercessory prayer is the act of praying directly for others (Dunn & Horgas, 2000).

O’Laoire (1997) stated that despite the increasing frequent use of prayer, there has been limited research to measure the effectiveness of prayer on human participants. Nevertheless, there has been a study that demonstrated the effectiveness of intercessory prayer. The author performed a study looking at the effectiveness of intercessory prayer on self-esteem, anxiety, and depression in both individuals who were being prayed for and the individuals who did the praying. The results of the study revealed that those who prayed for others possessed higher self-esteem, decreased feelings of anxiety, depression, and mood disturbance levels than those who were being prayed for.

Kofi (2000) found that one may benefit from prayers of others even if they are not aware of those prayers. Dunn and Horgas (2000) were in agreement. They stated that “prayer is more effective than being prayed for” (p. 2). Even more importantly, the study overall reported that all participants significantly improved in all areas despite who performed the prayer.

In addition, another study examined the frequency of prayer in relation to health outcomes. It revealed that two thirds to three fourths of research has found a link between religious practices and physical and emotional well-being. High mental health
scores were associated with significant frequent prayer practices. The authors research study supported the increasing bulk of data signifying a positive relationship among the frequent use of spiritual practices and mental health (Meisenhelder & Bell, 2000).

Kofi (2000) found that, patients who were viewed as religious are less likely to suffer from depression or anxiety than others, and are more likely to have better physical health, including healthier functioning immune systems and lower blood pressure. Moreover, studies presented evidence showing positive outcomes that related to “the relationship between religious behaviors and various aspects to health, such as immune function, mortality, mental health, and physical and emotional well-being” (Meisenhelder & Bell, 2000). When addressing physical and emotional well-being, one should not overlook individuals who are chemically dependent.

A study was conducted looking at the effectiveness of intercessory prayer in clients entering treatment regarding alcohol dependence and abuse. The results of the study revealed that there was no statistically significant difference between prayer and non-prayer groups. In fact, looking at spiritual treatment interventions and coping strategies through the use of prayer in the midst of uncertainty is a significant aspect to review (Walker, Tonigan, Miller, Comer, & Kahlich, 1997).

Dunn and Horgas (2000) reported that there has been an emerging growth of evidence “in the literature that confirmed the use of prayer as a spiritual treatment modality and coping strategy.” They further reported that The National Center for Complementary and Alternative Medicine (NCCAM) has classified prayer as a spiritual treatment modality under the category of mind and body control. Thus, when focusing on
mind and body control there are two main functions related to the coping processes that affect mind and body control.

There are two main functions to the coping process – problem-focused coping and emotion-focused coping. Problem-focused coping changes situations for the better for individuals when they are faced with needing help to manage harmful threats and challenges to their personal integrity. On the other hand, emotion-focus coping transforms or changes the meaning of a transaction when individuals are required to manage their emotional response to harm or threat (Lazarus, 1996).

In addition, the role of private prayer from the perspective of religious coping was examined in a study by Ai, Dunkle, Peterson, and Bolling (1998). This sample was comprise of middle-aged and older adults recovering from cardiac surgery. Findings from the study, demonstrated that persons who prayed experienced better psychological outcomes after surgery and exemplified lower levels of depression and general distress. It was further noted that this study did not find any relations between the use of private prayer and symptoms of fatigue, shortness of breath, or angina, all which supports the suppressor model. The suppressor model refers to an individual’s response to stress through the use of religion for example an individual would avoid negative effects of illness or stress by turning to religion as a suppressor, according to the authors.

Thus, when faced with uncertainty, whether it is possible death or health issues, individuals often seek comfort through prayer. A qualitative study supports this perspective through the use of grounded theory method (Hawley & Irurita, 1998).
Also caregivers who experience stress cope through the use of prayer. The stress deterrent model, which is praying frequently and obtaining comfort from religion may possibly increase caregivers’ tolerance for stress (Picot Debanne, Namazi, & Wykle, 1997).

Nevertheless, according to Dunn and Horgas (2000), the majority of research studies on the effects of prayer on humans is limited yet promising. On the contrary, The Christian Science Monitor (1999) argued that the effectiveness of prayer can be based on one’s “understanding of God’s goodness and omnipotence.”

**Meditation**

Meditation is often used as a relaxation modality when one requires a healing, emotional cleansing and balancing, obtaining inner guidance and more. Historically, meditation, according to Molly (2000), was used to focus on, and continues today to focus on spiritual growth.

Many have written on a variety of meditation methods and provided recommendations when meditation is most useful. Griffith (1999) recommended meditating after praying.

Thondup (2000) stated that the ultimate goal of meditation is to heal the mind. He further stated that when one’s mind is at peace in meditation there is no other mind. Meditation, a subtopic of spirituality is defined, and the various meditation techniques are discussed and its application to treatment for health issues are explained.
There are many definitions of meditation. For instance, meditation can be defined, which the author believes fits most types of meditation, as “consciously directing your attention to alter your state of consciousness.” More specifically, meditation is about how one decides to direct he/her attention and how it changes one’s consciousness (Molly, 2000).

Bethards (1999) believed that meditation consisted of a deep relaxation of body, mind, and spirit. Wright (1997) noted that meditation is listening to God, and ceasing all activities while listening.

After examining the definitions of meditation noted above, the next step is to view meditation techniques and methods as well some benefits of meditation. Griffiths (1999) suggested that, the best and most direct method of meditation is during the morning and evening, and everyday. This method of meditation assist in getting in touch with reality.

Molly (2000) recommended five steps of relaxation meditation. First, one must sit comfortably with their backs reasonably straight; second, one’s eyes must rest comfortably downward; third, one’s eyes should not be completely closed, however, be dropped to a comfortable feeling; fourth, as the individual continues to look downward they will notice a feeling of rhythmic breathing; and fifth, it is natural to allow your attention to drift somewhat.

Bethards (1999) believed that one can benefit from meditation based on some behaviors such as being in tune with their thoughts and behaviors throughout the day. He also, noted that meditation can assist with remembering dreams and improve self-growth and self-understanding.
Molly (2000), on the other hand, suggested that some benefits from meditation include stress reduction and relaxation. By taking two minute efficient meditation breaks one can relax and recharge one’s energy and increase one’s alertness.

Furthermore, while addressing benefits and methods, it’s important to view some meditation techniques. Most meditation techniques, just like the one developed by Jon Cabot-Zin, may include yoga, which is documented to reduce stress. A specific form of meditation is included in a stress reducing and anxiety technique called hatha yoga. John Cabot Zin, developed a stress reduction and relaxation program (SRRP). The SRRP places emphasis on a mediation technique that allows clinicians to observe their own mental process. In addition, research has shown that the SRRP, over the past 20 years, has demonstrated a noteworthy reduction in anxiety and depression (Weintraub, 2000).

Zen or zazen meditation is another technique, practiced by Buddhist that is urged by therapists to be used. Bridging Zen and psychology or brain between the fields of religion and science rarely occurs. Zen and the brain are identified as groundbreaking work that bridges a gap between both fields – religion and science Malhorta (2000).

Thomson (2000) defined zazen as a practice that allows the mediator to experience “a more immediate and less conceptualized contract with life, and what is glimpsed in zazen is that, what is just of itself” (p. 5). The author further noted that numerous psychotherapists have gained an interest in zen meditation. Soto Zen tradition is believed to encourage both psychological and spiritual development to be addressed. Zen, like relational psychoanalytic theories, advocate for practitioners to increase their
awareness of fundamentally distorted perspectives of an exaggerated individualistic outlook on human experiences.

As a psychological method, zen practices are assisting therapists in becoming more flexible and intimately in tune with their clients, therefore making the therapeutic process open to the zazen meditative process. It is argued that zen meditation is effective to the therapeutic process, “even the most secular type,” and that meditation in therapy will contain factors of the zazen meditative process. It is believed that failure to actualize this process in psychotherapy may result in having a negative impact on a therapist’s ability to discern and help their clients. The practice of zazen meditation, according to the author, is what initially captures the interest of psychotherapists. For example, zazen meditation is normally practiced by sitting and is noted to happen within a larger context of one’s spiritual tradition or personal investment. “Soto Zen Buddhism Meditation is the cornerstone of spiritual life.” It has been questioned whether or not the use of meditation as a form of treatment be recommended for use in therapy or whether ancient teachings that focus on cessation and suffering contribute to psychological theories (Thomson, 2000).

When applying zen into psychotherapy, spiritual facets become intertwined. Despite the fact that zen is primarily a spiritual practice, it’s approached by psychological means. Reference is made to James Austin, a trained neurologist and Zen practitioner, who uses meditation as a treatment modality by Malhota (2000).

It is believed that spiritual approaches could possibly be helpful when providing traditional psychological problem solving services surrounding issues of healing
(Boorstein, 2000). Malhorta (2000) focused on the medical doctors’ attempts to bridge a gap in scientific studies regarding the efficacy of meditation causing a physiological and mental change in the human personality, as well as researching the effects of meditation on the brain.

According to Kelly (2000), when addressing the issue regarding bridging science and religion, meditation has been noted as an effective treatment modality with persons experiencing menopause. The author focused on the decrease of “hot flashes” through relaxation of mind-body and reported that statistics demonstrate that 30% of the women who practiced relaxation techniques, including meditation, showed a decrease in the intensity of hot flashes, tension, anxiety and depression.

Physiologically, hot flashes appear to create a fight-or-flight response often triggered by stress. Thus stress that might trigger hot flashes and the use of relaxation techniques, with meditation being identified, can reduce them (Brink, 2000).

Conversely, insomnia and moodiness, just to name a few, are symptoms that can be caused by menopause. Many research studies have shown relaxation techniques easing those symptoms (Kelly, 2000).

The use of estrogen, another form of treatment for menopause, has been compared to the use of meditation. Meditation, as mentioned before, has been looked at as an alternative to hormone replacement therapy (HRT), better known as estrogen. Meditation is also an alternative therapy that can assist some women who suffer from menopause (Brink, 2000).
Health (2000) found that, another medical condition where meditation is used is in the treatment of heart disease. The author addresses the effect of meditation in the place of medication and the effectiveness of meditation in heart disease treatment as well, a study was conducted that included individuals who suffer from hypertension, not providing any idea that meditation could actually assist in diverging heart disease. The results demonstrated improvements in the flow of blood in the volunteers’ arteries as meditation reduced stress. Therefore, based on the literature, meditation has benefited individuals who suffer from physiological problems.

Boorstein (2000) studied the use of meditational systems as an approach in healing. This was primarily done through the practice of Transpersonal (Spiritual) Psychotherapy. However, therapists must understand to use mediation appropriately, not for psychological issues such as depression or anxiety, if genetic and/or biochemical proclivities are towards depression or anxiety, because clients who suffer from genetic or biochemical depression or anxiety may not benefit from the practice of meditation or other spiritual practices. The author further suggested that, there was an adequate amount of data that indicated while approaching clients from a spiritual perspective may assist in them living more comfortably with their illness, the client may still be required to take a psychotropic, which is a biochemical helper, to assist in improving their condition. After all when clinicians are seeking to provide meditation to clients appropriately, it is recommended that they employ two types – concentration meditation and open meditation.
First, it is written that concentration meditation is the activity of using a word, phrase, or breath-watching in order to block out any other thoughts. The act of concentration meditation has the potential to successfully block out most disturbing thoughts and feelings, which in return allows for healing to take place. As it relates to spiritual or religious tradition, secular words can be used just as effectively, for instance the word “peace” could be used in a meditative session. Second, open meditation help maintain one’s awareness on any changes that may arise in their mind. Through this meditative activity one’s psychological defenses are decreased and awareness is heightened concerning psychological patterns as they arise on a consistent basis. Psychological factors often arise in the early stages of meditation, thus one will likely gain insight about realities regarding them or effect them holistically.

In essence various mediation techniques can be used as an effective modality in counseling. When client problems regarding health issues, emotional issues, and needing inner guidance, the use of meditation techniques has been noted to be a proven and effective intervention. The evident documentation regarding improvement in individuals who suffer from hypertension, menopause, depression, anxiety, as well as therapist interest in meditation as a form of spirituality all prove the need for a clearer understanding about the use of mediation. Though reading about spirituality can instill a sense of belief, and certain experiences (e.g. meditation) can give a sense of knowing that these other dimensions exist (Boorstein, 2000).
As the twentieth century came to an end, there continued to be a significant shift toward forms of psychotherapy that respect the deeply spiritual dimension of an individual’s life (Hellman, 2001). Counselors have most recently, more than ever, begun to encounter clients who present expressing the use of spirituality in dealing with stressors, especially since individuals striving to grasp an understanding regarding the meaning and purpose of their struggles frequently seek guidance in the spiritual or religious realms (Graham et al., 2001).

After all, literature acknowledges the importance of mental health professionals’ orientation including spirituality and religious beliefs, and that there is a lack of indication that professional counselors are receiving adequate training to respond to their clients’ spiritual issues. Formal training can be defined as a counselor who participates in an education program that includes course work that’s primarily focused on spiritual issues. Training and supervision of counselors and therapists can also be considered formal training (Hickson, Housely, & Wage, 2000).

Historically an under-representation of spiritual issues in counseling training programs have produced a lack of sensitivity regarding this issue, thus being passed on from generation to generation of counseling professionals. As a result, mental health professionals who have obtained limited education and training in the area of spirituality may be unable to address many clients’ spiritual issues. Furthermore, counselors may be uncertain about their own spiritual ideologies, which results in the counselor, whether

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conscious or unconscious, not exploring such issues with their clients (Constantine, Lewis, Conner, & Sanchez, 2000).

Henceforth, counselors are required to take additional training to gain insight about their own spiritual experience in order to comprehend the psychological and spiritual aspects of relationships that arise in treatment may be necessary (Hellman, 2001). On the contrary, there has been an increased awareness and respect for the part that spirituality has played in the lives of clients. Clients' use of spirituality in return allows the role of the counselor to assist them with life problems Getz et al. (1999). Under this subtopic, the need for formal training of professional counselors in the area of spirituality is discussed.

Many counseling programs are beginning to acknowledge the importance of integrating a course into the curriculum that addresses spirituality. Despite many counseling programs being aware of the need to integrate spirituality into curriculum, they have not acted upon this need. In fact, Constantain et al. (2000) argued that counselor training programs that integrate spirituality into their academic curricula could increase students’ level of competency in dealing with a range of cultural issues with clients.

Graham et al. (2000) suggested that spirituality has obtained an intensified amount of attention in the counseling field as an important element in the counseling relationship and in sessions. As well, Hickson et al. (2000) noted that statistically a large percentage of the persons who live in the United States possess a belief system in God and based on this statistic counseling professionals most likely will encounter clients who will bring
their religious faith or spirituality into counseling sessions, and that a large number of research studies demonstrated that curriculums in counseling programs are not preparing counselors in spiritual dimensions of counseling.

More specifically, social work curriculums, according to Sheridan and Bullis (1992), should include content that looks at the role religious and spiritual organizations play in the development of social policy. This would be advantageous for schools of social work to prepare social workers clinically to be vigilant about issues that could effect the profession. Simultaneously, formal training in the area of spirituality is as important as including the topic in curriculum.

According to Hellman (2001), many students in the counseling arena may not be obtaining training required to counsel clients who present with spiritual issues into the counselor client relationship. “It is fairly safe to say that most therapists have been reluctant, as well as untrained, to engage in or appreciate a person’s spiritual or religious life as a part of the resources for treatment” (p. 2).

In fact a research study conducted by Graham et al. (2001) and Hickson et al. (2000) found that some counseling programs, provided little or no intern supervision that addressed the impact of spirituality on clients or on the individual spiritual issues of those counselors in training. They indicated that, the majority of counseling happens in secular settings like colleges, universities, private practices, and human service agencies according the authors. Nevertheless, due to a lack of spirituality or religion being the main theme in the noted settings, counselors may possibly be disinclined to address those issues with a client and spiritual facets of clients should be addressed during counseling
sessions when appropriate. Even more important, when counselors are working with clients' who express their spirituality, it could be beneficial for counselors to assist clients’ pull from their spirituality as a resource to help cope with stressors.

Sheridan and Bullis (1992) noted formal training in the area of spirituality is essential to the counseling community. They found that of 22 participants, only seven percent reported receiving some level of professional education and training in their graduate studies about spirituality. With regards to their education and training as a helping professional, 30% of the participants reported that spiritual issues were never presented in the content of their training, 49% reported it being rarely presented, 16% reported sometimes present and five percent reported spirituality being present in the content of their formal training often. When they examined at the level of satisfaction with the extent of education and clinical training obtained, Licensed Clinical Social Workers and Licensed Professional Counselors were significantly less satisfied than psychologists. On the other hand, the participants were asked about their desire to receive formal education, clinical supervision and training in addressing spiritual issues with clients. On the whole, there was a moderate desire to receive formal education, whereas a greater desire to receive supervision and training.

In summary, receiving formal training and adding spirituality to graduate school curriculums are extremely important when preparing counselors to be diversified. Without such training it leaves the counselor paralyzed in the area of spirituality and limited in his or her ability to serve consumers who desire to address spirituality in therapy sessions. Based on many research studies and literature published thus far,
counselors appear to desire to obtain formal training or education in the area of
spirituality and not having such training or education will hinder them from being
effective with clients who bring the subject up in sessions.

Knowledge

It is apparent that having knowledge about ways to address spirituality in
counseling takes a little more than training. Griffith and Griggs (2001) suggested that,
because spirituality can be an important concern for many people, counselors are tasked
to process their knowledge and skills required for helping clients address these issues.
They further stated that it is essential that counselors must possess the knowledge and
skills required for assisting clients with spiritual issues. Knowledge in the context of this
paper can be defined as having the methods and ideas about ways to utilized spirituality
in counseling and making it an effective intervention.

Many believed that a primary crisis in Western culture is a religious one (Cox,
1997). He further noted that if one understands human development, human behavior,
and possesses the knowledge about ways to motivate change, they are a value to anyone.
A question was posed by the author asking whether or not it was possible to combine
religious values with psychological knowledge and the answer was "yes." Historically,
many years before theorists, like Freud for example, the knowledge of human behavior
was understood to be psychological principles that were used within the church. This
belief continues throughout the world today. Within the context of this topic area
psychotherapists, also known as counselors, and knowledge regarding spirituality will be
explored. More specifically, knowledge about transcendence in the counseling process and being a change agent is discussed.

Transcendence, according to Cox (1997), is described as a counselor's ability to elevate above, go beyond, and experience more than the here-and-now possibly predicting or anticipating outcome. Matthews (1998) reported transcendence involves increased knowledge and love.

The opposite of transcendence is imminence. Imminence is defined as devoid of faith and awaits negativity. Both transcendence and imminence are based on belief. However, the assumption of psychology focuses on its principles being based on knowledge, primarily scientific knowledge. Society's norms are based on results of acceptable statistical samples that create that which is viewed as normal. On the other hand, a basic principle of psychotherapy, regardless of being spoken or not, is to give clients hope. There are natural abilities of an individual called the "transcendent person." In other words the transcendent person is humanly available plus has the energies of hope, faith, and belief in powers larger than themselves (Cox, 1997).

Practically all psychotherapists are believed to utilize genuinely rooted religious ideas in their work. They may talk about sorts of confessions, acceptance, forgiveness, empathy, love and more. As a result psychotherapists, unconsciously and through training and experience, are aware of the entire truth regarding spiritual values. Thus, psychotherapists present hope and assistance in helping clients change. In the role of a change agent, psychotherapists do not determine the changes that will occur for their clients. On the other hand, transcendent psychotherapists are personally in their own
transcending process, always seeking and striving to be a finish creation. Transcendent psychotherapists do not create techniques for their clients, however they create life styles, communication, and energy that are pulsating and lively. Most importantly, learning methods and techniques is not what makes a psychotherapist. What's key is the transcending personhood of the psychotherapist. The therapists' ability to respond with listening, sensing, and feeling, shows when skills and methods are not successful (Cox, 1997).

Matthews (1998) argued that when a counselor who's in training responds to a client empathetically, they are not just exhibiting cognitive skill although feelings born from personal experience. In short, the author believes that the key to empathy is self-knowledge.

In other words, it is essential for mental health professionals to become knowledgeable about the transpersonal realm, which embraces both spiritual and religious perspectives (Holden, 2000). Grimm (1994) reported, based on statistical information that a good number of mental health professionals possess spiritual and religious values.

As a result, psychotherapists who are capable to experience transcending personally are more likely to progress beyond barriers and convey hope to clients, which surpasses methods and technology. The transcending method may present for the counselor naturally and this makes the counselor have the ability to empathize with their clients. With the outcome of research studies demonstrating the number of mental health professionals aligning with spiritual and religious values, those who seek counseling with spiritual or religious concerns are more apt to have a positive therapeutic impact or
outcome (Cox, 1997). Summarily, in order for positive outcomes to occur, the counselor still must possess accurate assessments so that they may develop options to assist clients with their spiritual or religious needs. It is at this point that counselors may require training to increase knowledge about spirituality and transcending in psychotherapy. Understanding transcending will increase the knowledge base of the counselor.

Experience

Many counselors have experience in address spirituality in counseling sessions. Hellman (2001) stated that traditional methods of care for the soul consist of psychotherapy and spirituality. The author elaborates by stating that each of the traditions must be explained when linked together in order for a counselor to implement these methods. It is often encouraged in the literature that the counseling profession integrate a course on spirituality in their curriculum because a lack of training hinders the counselor from working with clients' spiritual experiences therapeutically. Nevertheless, there are methods of interventions that are used by experienced counselors when addressing clients' spiritual needs and or experiences. Within this topic area, two methods of intervention based on counselors with experience in addressing spirituality in counseling will be noted – the experiential focusing method and the transpersonal experiences. Also included in this topic area are the results of a study that explored counselors’ experiences in providing services to clients who present spirituality issues as well as the counselors’ own spiritual experiences.
Experienced counselors for the purpose of this study is defined as counselors who have a history of utilizing spirituality in counseling as an intervention. When looking at how experienced counselors, with an expertise in spiritual counseling, apply different treatment modalities that appear to have similar goals with the clients, one might gain a better understanding about the need to integrate spirituality in therapy. First, the transpersonal experience is viewed as a powerful intervention in counseling individuals who express their spirituality.

Holden (2000) defined transpersonal perspective, based on his primary focus of dealing with spirituality in counseling, as a universal method since it embraces multiple interpretations of nonordinary experiences that are not limited to, but includes, religious and spiritual perspectives. The author in this article talks a great deal about his experiences and the experiences of other counselors’ uses of this treatment modality in counseling sessions. He reported his work with several clients who had transpersonal experiences, which was definitely a path for clients’ healing and growth. Some techniques used in sessions were eye closed, also viewed as focusing, visual imagery and meditation. These techniques allowed the clients to explore issues and past life experiences. In addition, experiences of other counselors, as mentioned earlier, were addressed. Primarily, the author viewed cases of counselors whose clients’ transpersonal experiences had impacted their achievement in counseling goals and how meaningful they were for the counselors as well. Some other illustrated experiences shared by counselors were visualization meditation, precognition, and 12-steps.
Second, the experimental focusing method is another intervention that can be used by counselors in assisting clients who desire to address spirituality in therapy. Hinterkopf (1994) stated that the experimental focusing method was developed by Eugene Gendlin and that this method offers a primary modality for counselors to assist clients with integrating their spiritual experiences in counseling. Furthermore, this method was developed to teach clients to heighten their experience level in psychotherapy and is an influential tool to cultivate the spiritual growth process during counseling sessions. In fact, the author defined spiritual experiences as "(a) presently felt phenomenon, (b) involving an awareness of the transcendent dimension, (c) bringing new meaning, (d) that lead to growth" (p. 2). Even more important, "focusing" is part of the method described by Hinterkopf (1994) and is defined as a process of paying attention to an unclear experience and allowing it to unfold into a new and explicit meaning. There are several methods to applying focusing in counseling from the author’s experience. For example, providing the client with focusing preparation instructions to quiet the mind, allowing the client to obtain an internal sense of self, and grasping a handle regarding the issue that brings them into treatment. In other words, the client is allowed to focus on self and issues to be addressed in counseling in a relaxing manner before formally addressing treatment issues.

Using the focus method enables counselors to feel relaxed when assisting clients with exploring any spiritual experience (Hinterkipf, 1994). He emphasized that even counselors who view themselves as not having a religious or spiritual preference can embrace the focusing method to assist clients explore their spiritual experiences. He
further argued that focusing offers a nonjudgmental approach to the spiritual dimension in counseling due to it being process oriented. While in a counseling session and using the focus method, the counselor follows the client’s feelings and the way new meanings begin to unfold, rather than focusing on the meaning of what the client is saying. Hinterkipf further suggested that some counselors may be concerned that if they explore a client’s spirituality that the client might ignore or avoid dealing with psychological issues. On the contrary, the focusing method is said to be a tool offered so that the client can experience and build upon their spirituality while addressing issues traditionally thought to be psychotherapeutic. It also allows both the counselor and the client to differentiate what area of the client’s religion is abusive or life affirming. It is a constant reinforcement of the client’s feelings in order to assess whether focusing brings about easing and more life energy with an experience of transcending a former frame of reference.

Sheridan and Bullis (1992) assessed counselors’ personal experience in addressing spirituality and their awareness regarding integrating spirituality into counseling. The outcome revealed that counselors recognize diversity as traditionally not being extended to clients’ spirituality and because of this lack of recognition there is an importance to understanding the diversity of various cultural spirituality. At the same time, participants in the study addressed their experiences with religion or spirituality. There was a significant difference among the counseling groups regarding spirituality being relevant to their personal lives. In fact, LPCs demonstrated the highest percentage of disagreement with the statement “I feel negative about the religious experiences in my
past," i.e. 88 or 85%. This was compared to LCSWs i.e. 84 or 77% and psychologist 79 or 69%.

Sullivan (1993) discovered factors that potentially were associated with successful adjustment. He assessed the benefits of using spirituality in counseling and the importance of assessing clients' spirituality. Findings from Sullivan's study identified spirituality as an important factor for success in counseling. He stated that the first and most important step in any helping process is to formulate an assessment and the spiritual aspects of life should be included in assessments. This includes specifically looking at their devoted changes in spiritual activities and beliefs over time. Another area that should be addressed is health as it relates to clients' spirituality. Counselors address health issues that focus on mental health issues with clients who face severe mental challenges. For instance, the relationship between mental illness and spiritual crisis can assist in noting possible misdiagnosis. Therefore, an assessment of clients' spiritual beliefs and activities is recommended to as an ongoing feature of helping process and is needed to make clinicians more effective in session when addressing spirituality.

Thus, it is important for counselors to be familiar and comfortable with their own feelings with respect to spirituality or they might ignore or invalidate their clients' spiritual experiences. Experienced counselors should respond sensitively to their clients' spiritual experiences, especially when using the focusing method as an intervention (Hinterkopf, 1994).

Transpersonal experiences are viewed as a potentially powerful modality in counseling theoretically. Clients are allowed to receive a healing and growth during
therapeutic interventions and this is advantageous for positive outcomes (Holden, 2000). The use of transpersonal experience also appears to be a positive modality when using spirituality as an intervention in counseling.

Perceptions

Society has begun to recently push the counseling profession in the direction of integrating spirituality into counseling sessions. According to Hickson et al. (2000), despite public affirmation demonstrating the significance of spirituality, spiritual issues in psychiatric or psychological therapy have historically neglected addressing these issues and this is well documented in the literature. The authors stated that within the last decade, earlier dismissal of spiritual issues has witnessed a growing appeal for reconsideration within the mental health professions. Within this topical area, the perceptions of counselors is discussed based on three different research studies.

Kuisis (2001) defined perceptions as a clinical counselors' perspective regarding the utilization of spirituality in counseling as an intervention. Clinical counselors often times have different perceptions regarding the use of spirituality in counseling sessions. For many years psychotherapists did not think of integrating spirituality into counseling, especially when working from a Freudian framework. He further suggested that due to clinicians' use of Freud's framework both patients and therapists cautiously avoided the issue of spirituality or religion in sessions. Nevertheless, Kuisis noted that there has been a dramatic shift in clinicians' perspectives and that there is a wider trend that's rediscovering spirituality. For example, psychoanalysis's views of natural science, which
focuses on empirical methods, now provides an alternative perspective of psychoanalysis as a social or human science which places value on interpretation, meaning, and subjective truth. He further acknowledges that human nature is no longer viewed primarily as one’s instincts for pleasure, therefore requiring taming and concealing; however, it is to be motivated essentially for relationships and a higher order of goals.

Based on these shifts, spirituality was no longer seen based on Freud’s perspective that it’s illusory and immature. Thus, the author believed that when the subject of spirituality arises in therapy, the clinician should not challenge, reduce or analyze away one’s belief but to accept it as meaningful. It is stated that clients who have built a trusting relationship with their therapist may bring up spirituality and it is at that point that both therapist and client can engage in reflecting on how spirituality can be used and how it developed over the course of their life based on the inclination that it is expected to grow like the intellectual, emotional and moral aspects of an individual. Most importantly, therapists should be encouraged not to avoid the topic of spirituality and that the topic is more commonly welcomed in the therapeutic relationship that contributes to a client’s essential and central goals of insight and change (Kuijis, 2001).

Regarding the patterns of spirituality in America. Wuthnow stated that during the 1950s spirituality began to dominate America. He further noted that there is an innovative sense of spiritual freedom, openness to eastern religions, new approaches, alternative therapies and more. Thus, based on these new aged perspectives regarding spirituality many approaches such as 12-step, self-help, and inner child have impacted individuals across the board (Doubleday, 2001).
A study was conducted that measured clinicians' clinical practice perceptions and behaviors as they relate to spirituality in counseling. Participants in the study consisted of licensed professional counselors, licensed clinical social workers and psychologists. The findings revealed that all the participants recognized some form of religious or spiritual component as being relevant in practice and a legitimate focus in working with clients. In fact, the researchers found that on an average approximately one-third of the participant's clients presented issues that involved some form of religion or spirituality and no biases were revealed against the religious or spiritual client. Even more important, the participants disclosed using a number of interventions related to religion or spirituality in sessions with clients (Sheridan & Bullis, 1992).

Graham et al. (2001), examined counselors' perspectives about religion and spirituality. The results of the study revealed that counselors viewed religion and spirituality as vital components of mental health.

Another study that consisted of only Licensed Professional Counselors (LPC) shared that these clinicians recognized the importance of needing to have self-awareness about their own spirituality if they were going to address spirituality in treatment. At the same time, the counselors did not believe that spirituality is experienced differently according to one's gender despite the contrary. Each of the identified perceptions will be discussed. First, due to LPC's heightened self-awareness regarding their own spirituality, they believed that "spirituality is a universal phenomenon that can act as a powerful psychological agent within their counseling practice." Based on this perception and outcome of the study the authors argued that it is necessary for counselors to have
awareness and development of skills in discussing spiritual issues with their clients. Second, LPCs deemed that spirituality is not experienced differently based on gender despite the fact that many studies have found that women of all ages are active in religious activities more than the opposite sex. In addition, the authors noted that the results of their study perceptions about the way spirituality is expressed is based as a function of gender and that this is consistent with recent research literature (Hickson et al., 2000).

As noted in the aforementioned research studies, clinicians appear to perceive spirituality as an important aspect in treatment. They also recognize the significance in having self-awareness about their own spirituality so that they may be more effective in therapeutic sessions. Because the professional counseling field historically ignored one’s spiritual needs, current trends in clients’ needs have caused a paradigm shift in counseling fields to address spirituality when it surfaces in sessions. It appears that counselors are now changing their perceptions of spirituality, which allows them to be more diverse in treatment.

Personal Stressors

Personal stressors can include a gamete of issues. Issues such as health, marital and family, economic, work, and emotional can create stress for some depending on the situation. The impact of personal, integrated spirituality on well-being and its part in moderating the effects of stressors such as significant life events and hassles was examined. The outcomes illustrated how stressors can predict both dimensions of
subjective well-being, and personal spirituality notably adding to the prediction that stress would have a negative impact on satisfaction with life (Fabricatore, Handal, & Fenzel, 2000).

Stress occurs for individuals when they are faced with a threat of change, or inability to cope with a demand. In fact stress is defined as “the reaction one has to those pressures which are harmful, unpleasant or disabling” (Available at: http://www.less-stress.com/introduc.htm). Stressors were traditionally defined “as significant life-change events that may be either positive (e.g., outstanding personal achievement) or negative (e.g. death of a spouse) in valence;” however, more recently stressors are defined and extended to include daily hassles, traffic jams, ongoing work-related deadlines, and minor events (Fabricatore, Handal, & Fenzel, 2000). In addition, stress can be viewed as something that presents when pressures experienced exceed one’s resources to cope with those pressures (Available at: http://www.less-stress.com/introduc.htm).

It should be noted that stress can come at individuals from several directions in their life, regardless if the event is big or small, positive or negative. The web site article entitled Adding Up Stress (Available at: http://www.lessons4living.com/adding.htm), argues that the first stressor one may encounter, particularly if your day is started with stress, may cause muscles to tense. Nevertheless, those who profess not to have any stress often times have the desire to be stress free. According to the web site Looking for Stress (Available at: http://www.lessons4living.com/looking_for_stress.htm) those who verbalize having no stress in their lives are considered “dead.” Stress is needed or life would be considered boring. It is noted, “without some stress life would be boring.”
Furthermore, what appears to happen to individuals is that stress is allowed to linger, henceforth evoking a negative response, which can lead to health problems, relational problems and more. Prolonged stress, even at new levels, can cause one to habituate to a new level. The term habituate, within the context of this paper, means that due to extensive exposure to stress one may become accustomed to stressful feelings at extensive levels. However, despite an individual’s inability to recognize this disorderly state, the body does recognize this state.

Responding to high levels of stress initially begins with becoming accustomed to reacting to mild stressors. Therefore, persons fail to realize that they are responding and will come to believe it’s a feeling of normalcy. Different types of people may respond differently to stress. For instance, people who suffer from mental disorders are most likely to be more susceptible to stress (Available at: http://www.less-stress.com/introduc.htm).

There are two forms of stress that one will experience – positive and negative. First, positive stress, also known as eustress, can be described as something that “turns you on.” Some examples of positive stress are: getting married, having a baby, and taking a trip, just to name a few. Even more important, the web site notes when stress occurs individuals adapt and adjust as well as feel competent, challenged and pleased with having the ability to cope (Available at: http://www.lessons4living.com/looking_for_stress.htm).

Second, negative stress, better known as distress, is described as a response to a change, especially a change that is unavoidable. Negative stress is also depicted as
something that “wears you out” and comes from stressful events that are not dealt with appropriately. Equally, acute exposure to too much stress can direct towards illnesses (Available at: http://www.less-stress.com/introduc.htm).

One’s response to negative stress may include the following: headaches, neck aches, back aches, dizzy spells, stomachaches and more stress not only affects individuals physically but also socially. Social stress can exhibit, irritability, crankiness, sleep disturbances and mood swings. All of these symptoms of stress will eventually affect one’s level of functioning in any type of relationship, whether it be marital, family, or work (Available at: http://www.lessons4living.com/sauer.htm). Another form of stress can come from environmental stress. An example of environmental stress is traffic jams. It is noted that after facing traffic before arriving to work, an individual can be more stressed than when they left the home (Available at: http://www.lessons4living.com/adding.htm).

To that end, personal stressors that include economic, work, marital and family, health, emotional distress, and spirituality are discussed. Many of people in society frequently turn to spirituality to cope with various stressors. Using spirituality as an intervention in coping with stressors can be beneficial for some. The literature refers to individuals who possess an extensive range of resources and strategies to cope with pressures, although at other periods they may have difficulties in dealing with situations and it is at this point when the term “stress” is used (Available at: http://www.less-stress.com/introduc.htm).
Young et al. (2000) found that there is a significant lack of research interest in considering spirituality as an integral component of recovery from various psychological difficulties, such as gambling, substance abuse, and sexual addition. However, it appears to be essential to grasp an understanding about the relationship between spirituality and psychological adjustment.

**Economic Stress**

Fox and Chancey (1998) found that many in society experience economic stress. Due to changes in technology and work force needs, many are displaced or removed from their jobs that they may have maintained for over twenty years. The changes that occur in the economy are pervasive and profound and have affected white-collar and blue-collar workers alike. Furthermore, workforce changes have generated increased levels of economic strain for many families, as depicted by family instability and increase tensions. Byron (1995) in his study about spirituality and re-employment learned that spirituality was more important than formal religion. It is believed that something is required in order to stir up one’s spirit before a successful job search occurs. He identified faith as the first step, primarily faith in one’s self or if they have the gift, faith in their higher power. On the contrary, other factors that impact one’s economic status stems from one’s spending pattern. Within this subtopic the literature reviewed focused on the role spirituality plays in dealing with individuals who experience economic stress, and various sources of economic stress.
Good economics is recognized as well-functioning markets (Sfeir-Younis, 1999). Conversely, economic stress can be defined as job loss, lack of resources and finances, which can bring on many emotional problems. For example, individuals who experience job loss may encounter feelings of low self-esteem, anger that turns into psychological waves, self-pity, rejection, discourage and dispirit (Byron 1995).

Fox and Chancey (1998) noted that individual’s responses to potential or actual job loss may present feelings of self-doubt and increased psychological anxiety. While Ennis et al. (2000) viewed as discrete events, acute problems, that individuals experience in their lives, such as job loss, and as a chronic condition which includes poverty or physical handicaps.

Rettig, Danes, and Leichtentritt (1997) identify one’s response to stress as “affective, cognitive, and behavioral in nature.” As previously stated, stress is one’s response to a demand. In other words, if one experiences a loss in income and living expenses such as household bills are due, the described emotional problems above may be the response. In addition, Fox and Chancey (1998) found that events or conditions such as maintaining employment, job loss, financial sufficiency, and deprivation result in individual and family distress and this stemming from family stress theory.

Nevertheless, research has demonstrated the use of spirituality in overcoming economic challenges. Focusing on your higher power can assist in overcoming economic challenges, as well as making clever financial decisions. It is believed that, if one experiences spending wisely, they are most likely to become wiser regarding the economy
and the use of their resources. This directs us to having a clear understanding about the economic system in which we live (Christian Science Monitor, 1995).

A majority of people in the United States, per Wuthnow (1994), found that the majority of Americans did not understand the American economic system very well. He conducted a study that focused on spirituality and responsibility to the poor, and the church's role in assisting the poor and reforming the economic system.

Wuthnow's study provided a comparison between materialism and human morality contributing to economic system problems and the need for economic reform. Americans have a negative perspective regarding materialism because it can often times lead to believing it's the cause of social ills and not the economic system itself. Their denial that social problems stem from the economical system in which they live tends to have them blame themselves as morally failing. Moreover, it is argued that religious teachings that caution believers not to fall prey to greed and envy, serves as a clear-cut rationale regarding moral failures, instead of poverty and economic injustice attributing to economical problems.

On the other hand, Sfeir-Younis (1999) examined spirituality and morality, as it relates to economic development. He believes that there is a dichotomy between one's material wealth and one's welfare and argued that comprehending the function that spirituality plays in economic development will be the most significant challenge humanity will have to face. Yet, The Christian Science Monitor (1995) argues that despite whatever it takes for one to learn from their experiences, an individual must first
look at the currency of their mind. In brief, one must use their spiritual ideas more often in order to gain abundance.

Sfeir-Younis (1999) further stated that abundance is viewed as material goods, including food and in return the largest number of people on this planet, primary malnourished children, are poor. The issue that comes to mind is the welfare system falling short regarding the distribution of produce and goods. Due to shortcomings in the welfare system, civilization will face many contradictions as it relates to our economic system.

In fact, if a contrast is made to an economic value system, “a spiritual value system fulfils at least three fundamental conditions: universality, transcendental, and evolutionary” (p. 3). The three spiritual value fundamental conditions can be defined as follows: universality meaning all are included regardless of where they are located; transcendental stands for breaking down inner boundaries; and evolutionary is geared towards respecting the natural organization, or cosmic order. Therefore, it is noted that upon adhering to these conditions, the world would become skilled at distributing what exist and direct society to everlasting peace noted. On the whole, economic stress whether caused by loss of employment, or poverty, can generate psychological strains.

In summary, the literature supports the idea that individuals should tap into their spirituality in order to maintain some sense of self and lower stress level. Likewise, the economy must be supportive appropriately to those destitute and poor, through administering resources to the needy. The argument with reference to economic reform demonstrates materialism and human morality as contributing factors to economic system
problems. Nevertheless, research has expressed the need for individuals in society to utilize their spiritual ideas to gain abundance.

**Work Stress**

Work stress often times accompanies economic stress. They both deal with one’s finances and emotional stability. But most importantly some individuals attempt to cope with both issues the same way – through their spirituality. There is a need for spirituality in the workplace. Most often than not, individuals who struggle with workplace changes require a void to be filled or support to cope. The literature acknowledges the changes that take place in the workforce and this being a challenge for present and future leaders.

These changes such as technology systems, globalization, decrease in quick fixes, just to name a few, often times overtake some organizations. Moreover, when viewing the relationship between human beings and technology they both are changing which in return leads to workers struggling for a meaning as an employee. Haroutiounian et al. (2000) suggested, that because society is experiencing a growth in postmodern or post industrialization, a natural struggle for meaning occurs. This is exemplified by work being replaced by electronics and less face-to-face interactions.

E-mail, for example, has become one of the leading sources of communication even when employees are in the same workplace. Thus, for some, spirituality in the workplace may fill the void of the existential vacuum, Haroutiounian et al. (2000).

Harlos (2000) stated that spirituality has been linked to human behavior and performance for some time. As a result, Schrage (2000) noted that fundamental tensions
regarding rational goals and spiritual fulfillment currently preoccupy workplaces all over the world. Bryant (1998) addressed in the article “Faith at Work,” the unspoken phenomenon of spirituality resurfacing in the workplace and in corporations being forced to re-think their strategies and to adjust their visions. Many employees, through the use of spirituality, have been able to attain mental stability and self-empowerment. Within the context of this subtopic, issues such as workplace diversity, changes in the workplace as it relates to spirituality, and the effects of spirituality on employees in the workplace are discussed. Spirituality in the workplace will be defined which will include the seven principles of spirituality in the workplace.

Workplace spirituality is one of the most recent trends and it creates a diversity issue in some organizations. It is reported that workplaces in the United States are evolving to reflect diversity in society. Specifically speaking, spirituality among employees in the workplace is not new. In fact, spirituality isn’t new in the workplace and attitudes toward it, are taking on an entirely new perspective).

Lewis and Geroy (2000) stated that “employees have always brought their spirituality beliefs to work but most have been required to suppress any spiritual expression” (p. 1). Harlos (2000) argued that employees were making efforts to integrate spirituality and work based on increasing literature geared for managers and academics. Thus, leading workplaces to trends that include valuing diversity.

Moreover, when addressing spirituality in the workplace, according to Haroutimounian et al. (2000), employers were recognizing diversity issues among their employees despite their possible hostile feeling towards spirituality being exercised in the
workplace. Employees also may make use of spiritual approaches while on the job that are not noticeable or detectable to an organization.

Workplaces have increased their tolerance for others’ spiritual beliefs, integrating Asians, Central Americans, and South Americans in the workplace, as well as political correctness introducing the influence of spiritual expression on the job (Lewis & Geroy, 2000). Other diversity issues often faced by workplace settings include, race, ethnicity, gender, sexual orientation, and generational differences. Likewise, spiritual ethics and spiritual practices can become evident in various customs that differ from using a personal alter in the workplace to acceptance of one’s differences. In fact, spiritual ethics can be described as compassion or right action and spiritual practices can be defined as prayer or meditation (Haroutimounian et al., 2000).

Due to similar issues among diverse groups, spirituality can be viewed as a cross-cultural issue in the workplace (Lewis & Geroy, 2000). In addition, trends in the field of sociology “confirm that although interest in organized religion is declining, growing numbers of people are seeking spiritual grounding in their lives (Gergen, 1996; Roof, 1998), including their workplaces” (Braham, 1999; Butts, 1999; Harlos, 2000).

As can be observed below there is no uniform definition of spirituality. Haroutiounian et al. (2000) defined spirituality as “exercising spiritually based values or practices with the context of work” (p. 9). Lewis and Geroy (2000) defined spirituality within the context of one’s work environment as, “the inner experience of the individual when he or she senses a beyond, especially as evidenced by the effect of this experience on his or her behavior when he or she actively attempts to harmonize his or her life with
the beyond” (p. 3). Spiritual practices such as right action, meditation, prayer, forgiveness, visualization, dropping ego, and tolerance, just to name a few, are identifiable practices that are exercised within the context of work.

Rainbows and Miracles, etc. (2000) defined spirituality in the workplace based on seven principles: creativity, communication, respect, vision, partnership, energy, and flexibility. First, creativity in the workplace allows employees to enjoy what they do, henceforth leading employees to work harder. Second, communication in the workplace is one avenue that allows employees to work cohesively. Third, respect in the workplace leads to respect for the work environment: others personal privacy, physical space, and personal items, different perspectives, philosophies, religious preferences, gender, lifestyle, cultural diversity, and more.

Fourth, vision in the workplace occurs when employees have the ability to see beyond the obvious and this characteristic is often used to describe entrepreneurs and leaders. Fifth, partnership in the workplace includes employees’ ability to take personal responsibility and trust that co-workers will be productive workers to meet the needs of all involved. Sixth, energy in the workplace, specifically positive energy, allows employees to feel creative and respected when they share their thoughts with peers and managers. Finally, flexibility in the workplace allows employees to cope with transitions in the workplace.

According to Lewis and Geroy (2000), it is important to note that employees may be exceedingly spiritual but do not exhibit this aspect about themselves externally.
However, some employees may not possess spiritual practices yet participate in exhibiting an intense antispiritual plan in the workplace.

On the other hand, the results of an informal study conducted at a popular Fortune 500 company revealed eight out of ten employees surveyed professed to be extremely spiritual. Spiritual practices such as meditation assist with decreasing stress levels of employees, often times caused by the constant pressure to perform at their highest level (Bryant, 1998). Harlos (2000) noted that some critical management studies view spirituality as a positive emotion including links to compassion. Organizations are encouraged to adapt spiritual practices to the larger environment if there is no spiritual base culture.

Bryant (1998) identified six ways employees can incorporate spirituality into their workday:

1. Take at least five to ten minutes to use some form of stress-reducing techniques, for example meditation.
2. When feeling stressed on the job, pause and take deep breaths and reflect on something positive.
3. Compose your behavior to focus on your spiritually sourced values and attempt to maintain consistency between the two.
4. Take a course that address enrichment and apply what's learned to your daily work life.
5. Allow yourself to be compassionate toward others.
6. Implement conservation strategies when you notice you’re wasting company’s resources.

Spirituality and work possess separate domains (spiritual ethics and spiritual practices); however, they can exercise within the context of one another. For instance, spirituality in work demonstrates an expression of spiritual beliefs and practices within work activities and duties (Haroutiounian et al., 2000).

Summarily, when viewing spirituality as a coping strategy for employees in the workplace, employers must become increasingly sensitive to those needs. Based on the literature through the use of spirituality, employees have the power to integrate techniques that will assist them with mental stability and self-empowerment. Furthermore, organizations and companies abilities to be sensitive to the diversity among their employees will make for a fulfilling work environment, and if these institutions could view spiritual ethics and spiritual practices as same but different increased productivity may take place.

Emotional Distress

The subject of emotional distress, also referred to as mental illness and spirituality collaborating, historically has been viewed negatively. Yet literature, which focuses on empirical studies that researched the effectiveness of spirituality, used by those in emotional distressful situations views the two collaborating together from a positive perspective.
For instance, Sullivan (1993) argued that there is a relationship between spirituality and emotional distress based on his research findings looking at spirituality as a coping technique or problem-solving strategy and social support. He also reported that "there has been a vast amount of research that has explored factors associated with relapse and recidivism rates among individuals who face severe mental illness, less attention has been given to those factors that account for successful adjustment." Royce-Davis (2000) stated that spirituality is being recognized more and more as a significant source of motivation, strength, and support for persons who are modifying their lives with chronic illnesses or disabilities.

This subtopic addresses the effectiveness of using a modality such as spirituality with those who suffer from emotional distress. Spirituality’s role as a coping technique, literature that supports the use of spirituality with those who are feeling stressed, a historical perspective regarding emotionally distressed individuals and spirituality and the definition of spirituality as it relates to those emotionally distressed is also addressed.

There are several definitions that focus on spirituality integrating with emotional distress in counseling. In the British Medical Journal, an article was written by Sara Stewart-Brown (1998) defined health as a form of complete physical, mental and social well-being. The article places emphasis on the importance of emotional well-being and one “being confident and positive and able to cope with the ups and downs of life” (Stewart-Brown, 1998). Sullivan (1993) defined spirituality within the context of treating emotionally distressed consumers as a belief that may or may not be in God. It stems
from one’s personalized experience, identity that pertains to their sense of meaning and connectedness to others, as well as the universe.

Royce-Davis (2000) defined spirituality in the context of emotional distress and community as an inner phenomenon focusing on issues such as one’s search for a sense of meaning and purpose in life, the creation of an intrinsically maintained value system that establishes behavior, and being involved with a community of shared values. Hillman (1996) placed importance on individuals recognizing their personal core values, thus creating meaning for their life that is especially related to those values. Elkins (1999) believed that spirituality’s primary aim is to establish compassion and positive effects on physical and mental health. In addition spirituality can be defined based on the Latin root spiritus, which is referred to as “breath” or breath of life.

Sims (1999) stated that historically, mental illness was viewed as a punishment from God for sins; however, in the sixteenth century a committed Christian urged the church to declare that the mentally ill are just that, ill and are not filled with demons, or wicked or corporeal representatives of evil. Due to a lack of understanding about mental illness in the sixteenth century, it was believed that evil spirits possessed the person suffering from the illness. For example, the author stated that there was an identified discrepancy between matter-of-fact Christian charity worked out in the care for mentally ill persons and theological correctness that viewed the mentally ill persons as demon possessed. Sullivan (1993) believed that past beliefs about the cause of mental illness was unfortunate since one’s spirituality is key along with authentic assistance to countless
mentally ill adults. Nevertheless, Elkins (1999) reported years before the arrival of modern medicine, people sought spirituality for cures.

Many have researched spirituality being used as a treatment modality in treating individuals with emotional distress; however, health benefits of spirituality is an expanding body of research. Stewart-Brown (1998) stated that emotional distress could create susceptibility to physical illnesses. Wood (1998) wrote about an educational program geared to educate psychiatrists about patient spirituality. A number of psychiatrists were allowed to study spiritual approaches to "cure" addiction and based on the increasing number of studies demonstrating the effective use of prayer, meditation, and religious preference on physical illnesses. These medical scholars were urged to educate themselves about the use of prayer, meditation, and more. The purpose of the study was to educate aspiring psychiatrists about their patients' spirituality and other modalities of treatment with those who suffer from addictions or mental illness. The outcome of the study demonstrated efficiency of prayer, meditation and religious beliefs on physical illnesses. These findings included clients' use of religious jargon to express concerns, and increased evidence of a correlation between spirituality and physical and mental well-being.

Sims (1999) stated that the traditions of and training of psychiatrist are exaggerate by the 'religiosity' gap between physicians and patients. Sullivan (1993) conducted a research study that ranked spirituality as the number one most commonly mentioned factor for success per present and past emotionally distressed consumers who participated in the study. Fabricatore et al. (2000) noted during their research that investigated
positive aspects of emotional distress, finding numerous aspects of a person’s life involving spiritual or religious aspects to be positive analysis of one’s subjective well-being. Nevertheless, Sims (1999) noted that some psychiatrists are resistant to acknowledge spirituality for the following reasons: “(1) it is considered unimportant; (2) it is considered important but irrelevant to psychiatry; (3) we feel we know too little about it ourselves to comment, or even ask questions; (4) the very terminology is confusing and hence embarrassing; it is not respectable; (5) there may also be an element of denial in which it is easier to ignore this area than explore it as it is too personally challenging” (p. 5).

Another study revealed that there is a relationship between spirituality and psychological adjustment. Young et al. (2000) reported that the results of their study about the relationship between spirituality and psychological adjustment suggested that there is a relationship between spirituality, moral development and purpose-in-life. Counselors who participated in the study and work in the field reported depression and anxiety as the most common symptoms that bring individuals into treatment, henceforth episodes of depression and anxiety most times are precipitated by life stress events that individuals perceive as overwhelming or negative. Fabricatore et al. (2000) noted that Pargament (1997) conducted an extensive review of studies that had launched religiously- or spiritually-oriented techniques of coping to be effective in curbing the deleterious effects of significant life events such as the loss of a love one, natural disasters, chronic illness, and terrorism.
Likewise, Sullivan (1993) advocated for the use of spirituality as a coping mechanism or problem-solving technique. A great deal of attention has focused on the role of spirituality as a coping technique when negative life events, strains and hassles occur. Pargament and Associates (1990) defined coping as “a process through which individuals try to understand and deal with significant demands in their lives” (p. 3).

Sullivan (1993) noted three factors that were identified as a basic coping process – life situation or event, appraisal of the event, and actual coping activities. First, the situation or event of focus is mental illness. Mental illness places a significant challenge to people, due to the unpredictable course the illness may take or society’s lack of understanding about the etiology of the disease. Therefore, the desire to employ a higher power for support and guidance has intrinsic logic. Second, the appraisal of the event has the ability to shape one’s spiritual orientation. Third, coping activities include actual techniques that one uses to cope with troubling circumstances.

Because mental illness, especially severe mental illness, has been negatively stigmatized as it relates to spirituality, the author found spirituality to be an effective intervention along with social supports, and coherence in life when negative occurrences take place. Those who suffer from mental illnesses have to face the unseen adversary that may question their meaning for life or existence. It is during this period where religious or spiritual support becomes prevalent for some.

Furthermore, some researchers have suggested that external behavioral indicators of religious involvement (e.g. church attendance) can affect well-being through their impact on social integration and support (Fabricatore et al., 2000). Even more
importantly, Sullivan (1993) argued that spirituality can be the source of social support that extends far beyond the boundaries of physical contact with a congregation or formal religious institution. It is important to note that the spiritual life of a person must be considered when assessing one’s social support network. From a spirituality structure, one’s hope and confidence regarding an improved life will be enhanced. Therefore, maintaining a spiritual belief system appears, especially if it is the central aspect of one’s life, to be associated with a larger sense of well-being, in addition to implementing more effective coping strategies during stressful times.

Research studies appear to agree with Sullivan’s belief regarding the effective use of spirituality assisting individuals cope with various stressors. Thus, psychiatrists are urged to become sincerely sensitive to their patients faith and to implement the use of spirituality in appropriate therapeutic ways (Wood, 1998).

Health Stress

Potter and Zauszniewski (2000) recognized spirituality as possessing significant potential to help persons promote their health and health adaptation. Strohl (2000) noted that in today’s society physicians are more accommodating and even embracing the functions of faith, prayer, and spirituality in healing. Integrating spirituality into treating individuals with health problems have turned into a concern that physicians are forced to integrate into their practice as well as into their curriculums in medical schools. Firshein (1997) stated that experts describe spirituality as a forgotten factor in medicine, nevertheless U.S. medical professors are eager to change this by integrating spirituality
into medical school curriculums. For one, spirituality and medical science historically did agree until the arrival of “wonder drugs.” Kita (1998) argued that medical treatment depended primarily on belief before the creation of wonder drugs. Secondly, Carter (1996) noted that the documentation about the link between spirituality and physical health is increasing among medical science.

Within this subtopic the issue of integrating spirituality and medical treatment will be addressed, a historical look at medical treatment as it relates to spirituality, dimensions of spirituality and health will be defined and the effective use of spirituality with individuals experiencing health stressors. Spirituality, according to Strohl (2000), was defined as anything that provides individuals a meaning, strength, and support that may be present in the form of family, gardening, or escaping to a home in the mountains. At the same time, Perrin and McDermott (1997) defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 1).

Spirituality as it relates to health is defined based on spiritual dimensions that come from Russell’s model of well-being. Russell’s model of well-being focuses on spiritual health that includes facets which unite. This model does not view spirituality as a religious dogma, rather as an individual’s beliefs, values and meaning in life. Spiritual health is defined from four different perspectives: (1) a force within individuals that unite and integrate all dimensions which includes physical, mental, emotional, and social, thus playing a significant role in the disposition of one’s well-being; (2) a meaning and
purpose in one’s life; (3) a mutual bond shared between individuals; and (4) person’s perceptions of faith (Perrin & McDermott, 1997).

Historically, medicine and spirituality were closely related and hospitals were located in monasteries, and physicians were holy men (Kita, 1998). Strohl (2000) noted the same by stating in the beginning medicine and spirituality were one and medicine men and healers and priests were the equivalent. He further stated that the relationship between spirit and body is age-old and healing developed into science and practitioners steered away from spirituality and religious faith. Kita (1998) stated, approximately 150 years ago with the creation of drugs the two diverged and religion was no longer needed because medication increasingly could provide an explanation for the cure and explain the unexplainable.

For instance, in the 1600s Rene Descartes, a French philosopher, differentiated mind and body triggering a scientific revolution, which viewed disease as primarily a physical phenomenon (Strohl, 2000). As a result, once again the laying of hands was of the past and medical technology, drugs and science has become physicians’ source of healing.

Even though the transition occurred where healing initially stemmed from spirituality and then to science, currently in the 21st century there is a trend that is shifting medicine back into the realm of spirituality. This has been demonstrated through research and noted in the literature about medical schools integrating spirituality courses in their curriculum for future physicians. The author states that students in medical school are more likely to obtain training about how to gather patients’ spiritual histories
and that this trend has evolved cycling with the growing body of clinical research relating patients' spiritual beliefs to physical health (Leach, 1999).

Strohl (2000) believed that because of managed care and making medicine a business it is important not to lose good service delivery to patients. Very few medical schools, in 1992, integrated spirituality into their curriculum, however currently over half of the 125 medical schools in the country have dedicated a course on spirituality into their curriculum stated the author. According to the Consumer Reports on Health (1998), there was a rise in the number of American medical schools offering courses on spiritual issues. For example, from three to more than 40 American medical schools began to offer a spirituality course between 1996 and 1998.

Perrin and McDermott (1997) believed research has assisted many medical schools in implementing spirituality as a course by looking at various spiritual health dimensions. The authors identified four spiritual dimensions that would enhance an individual's health when spirituality includes: "(1) personal belief or faith that extends beyond one's self and provides a sense of belonging, (2) a locus of control and empowerment for self-realization, (3) a system of unconditional meaningfulness that provides a personal sense of positive direction and fulfillment, and (4) peace and tranquility in the face of stressful situations" (p. 2). Molly (2000) stated that individuals are not only their physical selves but are multi-dimensional beings, assembled with an inner spirit, mental body, emotional body, vital body and physical body.

Understanding that there are spiritual dimensions within a person is important and the only way counselors as well as psychiatrists can learn to integrate spirituality into
their treatment modality, a course must be placed into their curriculum. Research thus far suggests that having a spiritual dimension in life may assist in getting healthy when illnesses occur and remain healthy when feeling well (Consumer Reports on Health, 1998). Consequently, Perrin and McDermott (1997) argued that until a standardized language is created, spiritual dimensions of health will keep on posing difficulties when writing textbooks, carrying out research projects or comparing research outcomes within and between disciplines. Furthermore, because of this lack of standardization an understanding of research results focusing on social support, prevention and coping with illnesses is decreased.

In fact, Firshein (1997) stated that despite challenges, Americans were extremely spiritual when it boils down to dealing with their health. In addition, Larson found that 88% of patients believed spirituality and faith will assist people recover and 77% preferred that their physicians to take into account the spiritual needs of patients.

Strohl (2000) and Leach (1999) found that 63% of Americans preferred that their physicians address their spiritual or religious commitment with them although only 10% addressed the issue. Michaud (1998) found that of spirituality was useful in assisting patients with recovering from depression. Findings from a study of 87 severely depressed men and women revealed that those who place spirituality at the core of their lives recovered and healed 70% more rapidly than those who didn't. Kita (1998) stated that 60% to 90% of doctor visits were stress related and neither drugs nor surgery sufficiently treated these mind/body interactions. Some identified stress related illnesses according to the author were headaches, back pain, insomnia, chronic fatigue, eating disorders,
hypertension and more. On the other hand, Strohl (2000) identified prayer and meditation being documented as having a calming effect and that it decreases pulse and blood pressure as well as boost the immune system.

On the whole, observational studies have connected religion and spirituality as a means to reduce risk of disease, quicker recovery from surgery, and overall decrease in death rates (Consumer Reports on Health, 1998). Michaud (1998) found that faith can speed healing from physical and mental illnesses, as well as improve one’s recovery from surgery and addiction.

Kita (1998) stated that even though one’s belief appears to be a powerful antidote to a number of physical problems, no expert suggests spirituality or religion as a replacement to traditional medicine. Furthermore, Perrin and McDermott (1997) noted it’s important to define the spiritual dimension of health that requires attention with patients and how the role of spirituality could possibly “be misunderstood due to the lack of standardized language and terms, omissions from text books, professional literature, and research and the lack of adequate means for measuring one’s spiritual dimensions of health” (p. 2).

Marital and Family Stress

Working with families can call for the need of a treatment modality that the entire family could benefit from when presenting for counseling. It is important that counselors not avoid the topic of spirituality in sessions. It is stated that family therapists encounter issues regarding spirituality quite a bit when working with families. Some common
issues that couples or families present to counseling were communication, finances and just not getting along (Griffith & Rotter, 1999). According to an Investing for Women (Available at: http://womensinvest.about.com/money/womensinvest/library/howto/htm/moneytalk.htm) article, conflicts about money is the most difficulty couples experience in marriage. This subtopic will address some common issues that families and couples face and how therapists can apply different modalities that could benefit the family unit, which may include the use of spirituality. Spirituality will be defined as it relates to marriage and family. Also theories will be defined and described that can be effective when working with families or couples.

Spirituality was defined as “an essential meaning-making activity whereby individuals grapple with the purpose and value of human life in general, and of their own lives in particular” (Cook & Kelly, 1998, p. 161). Griffith and Rotter (1999) recommended that therapists not avoid the issue of spirituality and religion, but use these orientations with families as resources for growth. They believe that families and with strong faith systems are able to create meaning out of life.

Getz et al. (1999) stated that make a note of in theory, research and practice, that mental health professionals choose to ignore or pathologize spiritual dimensions of life and are encouraged to become trained in addressing spiritual dimensions of the existence of human beings. The reason why mental health professionals or counselors are urged to obtain training or integrate the use of spiritual dimensions in treatment stems from a client’s desire to address those issues. Kelly (1995) documented in a survey conducted in 1992 by Gallup two thirds of respondents indicated that if confronted with serious
problems, they would seek counseling from a counselor who held spiritual beliefs and values and 81% would rather have their own values and beliefs integrated into the process.

Other issues that families or couples could bring into counseling may focus on the lack of appropriate communication. Communication was defined as a process of exchanging information, feelings or attitudes by way of symbols, sounds, signs or behaviors (Bates 2000). For instance, if communicated from a manipulative reference, spirituality may be used to manipulate or control family members instead of enhancing growth spirituality as the ability to foster groundless guilt or confusion (Griffith & Rotter, 1999).

Getz et al. (1999) argued that communication is essential to the organization and functioning of the entire family and to the development of each family member. Theorist Virginia Satir (1972) illustrated four styles of miscommunication taken on by family members when a threat to their self-esteem is experienced: placating, blaming, superreasonable and distracting. The placater is a family member that communicates in an agreeable style despite what he/she really thinks or wants; the role of the blamer is to assist family members avoid being held responsible for a problem, appearing righteous and tough; the role of the superreasonable demonstrates a pattern of communication that’s logical but having no feelings; the distracter communicates about issues that are irrelevant from the issues at hand.

Another form of communication, specifically from a spiritual perspective, is journaling. According to Lemberg (1994), journaling for couples was defined as a simple
technique used for quickly breaking communication barriers to intimacy. This technique can be used when one or the other member is struggling with verbalizing feelings in the counseling session. Furthermore, journaling can be used when there’s build up of resentments and conflicts in the relationship. One would wonder how far would an individual go to obtain family therapy, especially when there is ongoing conflict. A study was conducted by the American Association of Marriage and Family Therapy (AAMFT) that examined an individuals’ access to family therapy and their commitment to obtain treatment despite the lack of payment for treatment through their insurance company. The results illustrated “in no uncertain terms that the American people understand the value of family therapy for themselves and their family members” according to Bowers Executive Director of AAMFT.

DeLuca (1996) stated, regardless of the American people’s lack of understanding and valuing family therapy, says numerous people who obtain individual counseling for personal issues are connected with relationship distress. Griffith and Rotter (1999) argued that during times of crisis and life difficulties, individuals and families often times turn to their faith for strength. Even more importantly, the authors believe family counselors have the ability to encourage the development of healthy, intrinsic faith, especially where faith was used to manipulate and control the family system or an individual.

Lemberg (1994) argued that, including spirituality into counseling families and couples can be advantageous, especially by using journaling techniques, assisting couples improve their communication styles. Journaling can be advantageous for couples because
it usually promotes catharsis and generates a greater sense of active participation in counseling. Furthermore, counselors using the journaling approach in couple’s therapy, will assist couples with eliciting self-reflection and create an opportunity for each partner to write “letters” to one another. Nonetheless, Griffith and Rotter (1999) believed, marriage and family counselors must be prepared to work with families by integrating their spirituality. The authors argue that if counselors feel comfortable and value their own spirituality, then they will be more apt to allow spirituality to be integrated into the therapeutic process. Smith (1992) reported that 63% of respondents in a survey stated, “religion can answer all or most of today’s problems.”

Theoretical Framework

A number of theoretical orientations will be explained as they relate to spirituality in the therapy process. These orientations will provide the theoretical underpinning for the theoretical framework. The early writings of therapist Sigmund Freud and Carl Jung will be critiqued, along with four approaches to spirituality in counseling: rejectionism, exclusivism, constructivism, and pluralism. Other theories to be addressed will focus on spirituality and humanism, and spirituality and transformation.

Sigmund Freud vs. Carl Jung

First, Sigmund Freud believed that spirituality was an essential product of wish fulfillment and fantasy. Freud theorized that because individuals felt the need for protection in their lives, they sought a more powerful protector than their earthly father. This powerful protector, often sought by individuals, is sought through a belief in a divine
father or higher power. The authors further stated, because individuals adapt their feelings of helplessness and desire for protection from suffering, spirituality was viewed negative from Freud's perspective (Zinnbauch & Pargament, 2000).

Freud's (1930/1961b) final belief with regards to spirituality was that spirituality depressed the value of life, as well as, misrepresents the picture of the actual world in a delusional manner. He notes further that this cause individuals to be forced in a fixated state of psychical infantilism and directs them into a mass delusion, and spirituality succeeds in sparing a great number of people nothing more than an individual neurosis.

On the contrary Carl Jung theorized that spirituality is a psychotherapeutic system on an extensive scale, according to Zinnbauer and Pargament (2000). According to Jung (1933, 1958, 1959), the universal concept of spirituality exists, when explored, as the ability to assist an individual to see beyond differences in spiritual beliefs and philosophical perspectives.

Sermabeikiah (1994) stated that Carl Gustav Jung integrated spirituality into clinical practice. Jung (1978) believed that psychological issues are essentially spiritual problems. He suggest that a psychoneurosis should ultimately be understood as the suffering of one's soul that has not discovered its meaning...this spiritual stagnation, or psychic sterility is the cause of suffering. Nevertheless, according to Sermabeikian (1994), Jung was considered by Freud to be the brightest of his students in the "inner circle" of the psychoanalytic school, however due to insurmountable differences which developed between the two, personal and theoretical divergence was the end result. Thus,
Zinnbauer and Pargament (2000) documented that Jung presented a radically different picture of spirituality from Freud.

Four Approaches

Second, Zinnbauer and Pargament (2000) identified four approaches to integrating spirituality into counseling: rejectionism, exclusivism, constructivism and pluralism. The authors note advantages and disadvantages of these four helping orientations as it relates to counselors addressing spirituality in psychotherapy. The two most advocated approaches that best suit working with diverse clients along with a variety of religious and spiritual issues in counseling is constructivist and pluralist. These two approaches are viewed flexible enough to respectfully, ethically and effectively deal with client's spiritual issues in counseling.

The Rejectionist

This orientation is one of Freud's most notorious approaches according to Quackenbos et al. (1986). It is further noted that the Rejectionist elements were found most often in theoretical systems of therapy in reproaching psychoanalytic, behavioral and existential systems.

Zinnbauer and Pargament (2000) stated that these approaches deny the reality, such as the existence of God or heaven, that are in return fundamental to religious beliefs and spiritual adherents. Despite the fact that each approach has its own stance about spirituality, each reduces spirituality to a degree of psychological defense or disturbances. Henceforth, Pargament (1997) stated the counselor's task, when faced with such
expression, is to cut through the barrier of spiritual defenses and urge a more ego-oriented and rational approach to life.

Shanfranske and Malony (1990) noted disadvantages to this approach in counseling is first, the hostile approach toward spirituality creates problems regarding a strong working relationship or therapeutic agreement with a number of spiritually committed clients who seek treatment. Second, Ellis (1980) was of the opinion that the equation of spirituality with emotional disturbance and impaired level of mental functioning is not consistent with research findings. Third, the approach that touched on issues of ethics according to the American Psychiatric Associations (1990) and the American Psychological Association (1993) were professional guidelines to respect cultural and spiritual diversity.

The Exclusivism

This second orientation have common characteristics with "spiritual reality" (McDargh, 1993). Zinnabauer and Pargament (2000) compared religious rejectionism to religious exclusivism by identifying religious rejectionism as being often times scorned by religious believers and religious exclusivism is viewed suspiciously by most mental health professionals. Nonetheless, the authors agreed that this orientation for example, include declarations like God exists, spiritual experiences influence human behavior, scripture or religious texts are grounded in values, counselors are required to share religious or spiritual worldviews of their clients in order to be effective. Exclusivists were respectful of their client's spiritual views, yet solely within the limits of their own
understanding of reality. On the other hand, Rejectionist rejected all spiritual worldviews and the exclusivism maintain that counselors and clients must both believe in "one true" religious or spiritual worldview.

Zinnbauer and Pargament (2000) deemed initially this approach may appear to be an adequate therapeutic approach, yet problems are revealed if examined closer. For instance, one primary issue focuses on its restrictiveness. Clinicians who apply this approach in treatment agree with religious and spiritual clients, based on absolute religious reality. In other words, they are adamant concerning one route to this reality and they share the same values and religions as their clients. They further suggested that the exclusivism approach could be effective when clients and counselors beliefs and values closely match, but this approach does not grant a very flexible approach to working with diverse religions and spiritual clients looking for the assistance of mental health professionals. Counselors also who were adamant about only using spirituality as a coping mechanism may hinder the coping efforts of clients that employ both spiritual and non-spiritual interventions to deal with stress in life, and there should be some balance in their approach to treatment. As a final point, Pargament (1997) found that research on coping has demonstrated that both spiritual and non-spiritual forms of coping contribute to well-being and positive outcomes for those adjusting to negative life experiences.

The Constructivist

The constructivist is the third orientation that disagrees with the existence of absolute reality, yet acknowledges individual's ability to form their own personal
meanings and realities (Zinnbauer & Pargament, 2000). Guba and Lincoln (1989) stated that constructions are grounded in the construct's experiences, belief systems, values, fears, prejudices, hopes, disappointments, and achievements, based on their social context in which they exist. In short, the position of the constructivist is not necessarily a religious or atheistic one. In fact, these positions are viewed as human constructions and counselors are not required to have a religious stance in order to work with religious people. Thus, counselors with a religious stance and worldly counselors, both, can be effective with religious or spiritual clients.

Neimeyer (1995) documented that human belief systems are viewed as constructions by the constructivist. In other words, if the constructivist desires to construct a worldview, which includes spiritual realities, than that's acceptable. Counselors using this approach focus on client's quality of construction rather than if the constructions match up to those of the counselor. According to Zinnbauer and Pargament (2000), quality within the context of this paper refers to if the client's constructions are internally congruent and coherent as well as allow the client to adjust to their own environment. Therapeutic sessions are conducted where the client's belief system is taken into account and the constructivist counselor employs techniques that incorporate aspects of the client's worldview.

Another example of the constructivist approach to counseling according to Bilu et al. (1990), is how the counselor engaged the worldview of the client. This is demonstrated by the use of "myth-congruent metaphors" and metaphoric imagery work to
bring about a therapeutic change. In order to achieve this task, the clinician must remove themselves from their own mythic world and enter the clients.

On the whole, Zinnbauer and Pargament (2000) were of the opinion that spiritual constructivism provided one approach that permits mental health practitioners to assist a diverse group of religious and spiritual followers. Also ethically the constructivist can have a greater appreciation for spiritual experiences and religious diversity more so than Rejectionist and exclusivist approaches, as well as appearing less likely to impose one specific brand of values on their clients.

The Pluralist

The final orientation to dealing with spiritual and religious issues in counseling is the pluralist orientation. This orientation is unlike the constructivist position, because it acknowledges the existence of religious and spiritual absolute reality, and also allows for various interpretations and routes toward it. Unlike the exclusivism, the pluralist recognizes that the reality of religious and spiritual expressions among people and cultures occur differently (Zinnbauer & Pargament, 2000).

Pargament (1997) noted it is important to understand that there is no one religious system that can encompass all religious or spiritual absolute realities. The author argues that each different system has a limited slant on the truth because of the various religious and spiritual realities. As a result, pluralistic therapists are able to maintain their own person spiritual and religious beliefs and at the same time appreciate clients with different spiritual and religious beliefs. In fact, the pluralist therapist has the ability to recognize
that religious and spiritual value "differences can and will exist between counselors and clients with out adversely affecting therapy."

Third, spiritual and humanism and spirituality and transformation are two theoretical aspects to be examined. Both aspects will include various theorist approaches to counseling; including their perspectives on merging spirituality into their theoretical framework.

Spiritual and Humanism

There are humanistic theorists that integrate spirituality into clinical practice. For example, individuals who differ in their thinking from others could be connected through creating a spiritual humanism perspective. It is further suggested that this point of view can be incorporated into clinical practice since it includes a more universally accepted concept (Bergin & Jenson, 1990).

Others such as Elkins, Hedstrom, Hughes, Leaf and Saunders (1988), formed a humanistic definition that included components of spirituality that were designed to assess statements agreeing or disagreeing with their nine dimensions of spirituality: "transcend dimension, meaning and purpose in life, mission in life, sacredness of life, material values, altruism, ideals, awareness of the tragic and fruits of spirituality".

Humanistic and existential theorists, noted by Zinnbauch and Pargament (2000) identified the importance of spiritual dimensions. Mallow (1962) for instance, suggested that human beings require "a framework of values, a philosophy of life, a religion or
religion-surrogate to live by and understand by, in about the same sense he needs sunlight, calcium or love."

Spirituality and Transformation

Carl Rogers, a humanist theorist, divulged his belief about the existence of some sort of transcendent, influencing organization in the universe that function in man as well (Bergin, 1990). Carl Jung (1933) hypothesized that individual's life challenges and conflicts and problems are vital regarding the process of transformation that changes a person from an intuitively being to a spiritual being. While Zinnbauch and Pargament (2000) reports how Jung elaborates by documenting those spiritual symbols and extensive values including spirit, faith, hope, surrender, and forgiveness have the ability to bring about change in ones attitude.

In summary, the various theories identified in this chapter have its strengths and weaknesses. However at the same time, they represent a multitude of beliefs about the use of spirituality in psychotherapy by theorist that have studied the field of counseling. Some of the theories represented in this chapter confirm the need for counselors to have knowledge, training and experience in integrating spirituality into their repertoire of treatment modalities. It makes for a more diverse and holistic approach to counseling.
CHAPTER III

METHODOLOGY

The purpose of this study was to ascertain the prevalence of the utilization of spirituality in clinical counseling and the need for spirituality to be integrated into counseling curriculums. The dependent variable (prevalence of utilization) was examined in relationship to clinical social workers' formal training, knowledge, level of experience, perceptions, and application of spirituality with clients who present with personal stressors (independent variables). The methodology used is divided into five key components, which include: the research design, population description/sampling, method of data collection/instrumentation, method of data analysis, and limitations of the study.

Research Design

The descriptive and exploratory research designs were used in the study. The study was designed to determine the data in order to analyze the relationship between the prevalence of the utilization of spirituality in clinical counseling and one's formal training, knowledge, experience, perception and personal stressors.

The study explained the relationship between the prevalence of utilization of spirituality and clinical counselors' formal training, knowledge, experience, perceptions,
and personal stressors. It analyzed the relationship between utilization of spirituality and formal training, knowledge, experience, perception and personal stressors of clinical counselors.

Furthermore, the study analyzed the measures of association between the independent variables (formal training, knowledge, experience, perception, personal stressor) and the dependent variable (prevalence of utilization of spirituality). As well, multiple regression was used in the study in order to explain the contribution of the independent variables (formal training, knowledge, experience, perception, personal stressors) to variation in the dependent variable (prevalence of utilization of spirituality) and to identify the predictors of the dependent variable (prevalence of utilization of spirituality).

According to Babbi (1999), choosing an appropriate research design is extremely important to the success of the study. Because scientific studies tend to focus on one or two major activities that are aimed at classifying behaviors within a specific area of research, as well as identifying relationships between those variables and behaviors, the selection of the descriptive and exploratory research design were appropriate for this study.

Population Description and Sampling

To obtain the sample, a list of social workers who provided family, substance abuse, mental health, and marital counseling was obtained from insurance companies.
provider listings in Georgia. The list consisted of 257 social workers from which the sample was drawn and all 257 social workers were utilized in the study.

The sampling technique utilized was convenience sampling. The convenience sampling is a non-probability sampling technique that permits researchers to sample populations at a low cost and with ease compared to other sampling techniques (Babbi, 1999). Convenience sampling is defined as a sampling technique that allows the researcher to select whatever sampling unit is conveniently available (Nachmias & Nachmias, 1987).

A listing of social workers that provide mental health and substance abuse therapeutic services from three insurance company mental health panels and who were licensed by the state of Georgia were utilized. Mental health services may include but are not limited to family, marital, and individual counseling for adults as well as children and adolescents. Substance abuse services may include but are not limited to group therapy, individual sessions or on going monitoring of the clients recovery process (i.e. attending 12 step meetings, obtaining a sponsor). In addition, questionnaires were mailed to all licensed social workers from the list.

Method of Data Collection and Instrumentation

Social workers’ utilization of spirituality in clinical counseling was explored through subjects’ responses to five areas: (1) perceptions of spirituality, (2) knowledge of how to use spirituality, (3) experience in using spirituality, (4) formal training in how to use spirituality, and (5) personal stressors and spirituality. The first area of
exploration, the respondents utilization of spirituality, knowledge of how to use spirituality in counseling, experience using spirituality in counseling, and formal training in how to use spirituality in counseling, was initially assessed through a newly developed 2-item scale, 1 = yes and 2 = no and included statements such as “I make use of spirituality in my counseling sessions,” “I have knowledge of how to use spirituality in counseling,” “I have experience in using spirituality in counseling,” and “I have training in how to use spirituality in counseling.”

In this section also, respondents perceptions were assessed based on a Likert-type scale, ranging from 1 = never to 4 = a great deal, and included statements such as “how often do you think spirituality should be used in counseling sessions and “how often do you use spirituality in your counseling sessions.” Furthermore, questions to assess respondents’ use of spirituality with personal stressors and use of spiritual facets consisted of a Likert-type scale ranging from 1 = strongly disagree to 4 = strongly agree.

The instrument’s scale was developed through a modification of items developed by Sheridan and Bullis (1992) in their investigation of psychologist, social workers, and professional counselors clinical practice, perceptions and behaviors relative to religion and spirituality. The scale possesses good face and content validity and received a satisfactory estimate of reliability for the current sample.

There were 257 questionnaires mailed; 75 were returned due to no forwarding address or notification that the subject was deceased and 97 completed surveys were received, representing a 53% return rate. The first mailing of questionnaires consisted of an introductory letter that described the intent of the study, an extra questionnaire for the
respondents to maintain for their records and a stamped and addressed return envelope.

Two months subsequent to the first mailing, additional questionnaires were forwarded to license social workers that had not yet returned the questionnaire.

The complete questionnaire possessed 24 questions (See Appendix A) and was constructed to take less than 30 minutes to complete. Demographic information, such as gender, racial identity, highest degree, license, age, income, employment status (full or part time), and primary work setting was collected.

There were two sections on the questionnaire – section I consisted of 14 questions and section II consisted of 10 questions. Section I questions were designed to measure social workers’ utilization of spirituality (dependent variable), knowledge, experience, formal training, and perceptions regarding use of spirituality in counseling (independent variables). Section II questions were designed to measure spirituality and its facets as an effective intervention when dealing with personal stressors.

Method of Data Analysis

This study utilized frequency distribution, bivariate cross tabulations, Phi measurements and regression analysis. First, the frequency distribution was applied to each variable in order to provide a summary of the variables distribution in the study. Second, descriptive statistics were use to analyze the demographic information. This information obtained from the questionnaire was used to construct a demographic profile on the participants.
Third, the bivariate cross tabulation, was the technique used to measure relationships between the utilization of spirituality and formal training, knowledge, experience, perception and one’s personal stressors. Also, the bivariate cross tabulation was used to measure personal stressors that were divided into categories such as work stress, economic stress, health issues, marital and family stress, and emotional distress.

Fourth, the multiple regression, is a multivariate linear regression analysis. It is used when the researcher possesses a single criterion variable (utilization of spirituality) and multiple predictor variables (formal training, knowledge, experience, perception and personal stressors).

Fifth, the test statistics for the hypotheses is Phi a symmetric measure of association used to determine the strength of relationship between variables. The following values for phi (\( \phi \)) were utilized:

- .00 to .24 “no relationship”
- .25 to .49 “weak relationship”
- .50 to .84 “moderate relationship”
- .75 to 1.00 “strong relationship”

Phi was used to measure the strength of association. Chi Square was used to measure the relationship between the two variables at .05 level of probability. Finally, the data were analyzed through the SPSS batch system.
Limitations of the Study

The primary limitations of this study include the following: (1) a convenient sampling technique was used. Convenience sampling is as a sampling technique that allows the researcher to select whatever sampling unit is conveniently available (Nachmias & Nachmias, 1987). However, the limitation to this sampling technique is that it does not provide the researcher a means for estimating a representativeness of the sample. It is recommended that future research make use of another sampling technique (random sampling), to ensure sampling validity; (2) the researched sample population included license master social worker and licensed clinical social workers. It is recommended that future research focus on license clinical social workers with a specific number of years of experience; (3) in this research respondents indicated they had knowledge of how to utilize spirituality in clinical counseling, however had no formal training. Future research should use knowledge as an indicator, which is measured by years of formal training. The major drawback of using this sampling technique is that this study cannot be generalized to non-licensed practitioners in Georgia or to practitioners in general from other regions in the United States.
CHAPTER IV
FINDINGS

As previously stated, the primary purpose of this study was to ascertain the prevalence of the utilization of spirituality in clinical counseling and the need for spirituality to be integrated into counseling curriculums. This chapter discussed the findings as well as the statistical tests used to determine the significance of the variables addressed in the hypotheses.

The findings were categorized into 11 sections: demographics; utilization of spirituality in counseling; knowledge of how to use spirituality in counseling; experience using spirituality in counseling; formal training in how to use spirituality in counseling; how often spirituality should be used in counseling; spirituality is an effective intervention with work related stress; spirituality is an effective intervention with economic stress; spirituality is an effective intervention with health issues; spirituality is an effective intervention due to marital and family stress; spirituality is an effective intervention when counseling due to emotional distress.

A total of 97 licensed clinicians in the state of Georgia were surveyed. The sample was drawn from a list of insurance panel and community providers in the state of Georgia.
Demographic Data

The demographic data section contains characteristics of the participants in the study. Descriptive statistics were used to analyze the variables in the study. Table 1 is comprised of demographic characteristics of the participants in the study.

Table 1

<table>
<thead>
<tr>
<th>Demographic Characteristics of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Racial Identity</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Master</td>
</tr>
<tr>
<td>Doctorate</td>
</tr>
<tr>
<td>Licensed Social Worker</td>
</tr>
<tr>
<td>Employment Status</td>
</tr>
<tr>
<td>Full-Time</td>
</tr>
<tr>
<td>Part-Time</td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percent</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Work Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 6</td>
<td>10</td>
<td>10.3</td>
<td>10.3</td>
</tr>
<tr>
<td>6-10</td>
<td>19</td>
<td>19.6</td>
<td>29.9</td>
</tr>
<tr>
<td>11-15</td>
<td>27</td>
<td>27.8</td>
<td>57.7</td>
</tr>
<tr>
<td>More than 15</td>
<td>41</td>
<td>42.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Work Setting</td>
<td>N = 95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Agency</td>
<td>48</td>
<td>49.5</td>
<td>50.5</td>
</tr>
<tr>
<td>Public Agency</td>
<td>14</td>
<td>14.4</td>
<td>65.3</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>34.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Annual Income</td>
<td>N = 92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $30,000</td>
<td>7</td>
<td>7.2</td>
<td>7.6</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>24</td>
<td>24.7</td>
<td>33.7</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>13</td>
<td>13.4</td>
<td>47.8</td>
</tr>
<tr>
<td>$50,000 - up</td>
<td>48</td>
<td>49.5</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The typical respondent was a Caucasian female master level social worker, who was employed full time with more than 15 years of experience worked in a private setting, and earned $50,000 or more annually. The sample was comprised of 97 respondents of which 52, or 53.6 % were female and 45, or 46.4% were male. There were four racial profiles identified to describe the respondents. Racially, participants were made up of Caucasians, African Americans, Hispanics and Other. The majority of the respondents were Caucasians who totaled 66, or 68% of the participants. The second
The largest number of respondents were African Americans who comprised of 27, or 27.8% and the remainder were Hispanics and Other.

Educational characteristics consisted of master level and doctoral level degrees. Many of the participants possessed a master degree in social work. The results of the study showed that 59.8% of the participants possessed a master’s degree in social, and 40.2% possessed a doctoral degree in social work.

Employment status of the participants focused on whether they worked full-time or part-time. Eighty-two, or 84.5% of the participants, were employed full-time. Fifteen participants, or 15.5%, were employed on a part-time basis. An examination of the participants’ years of work experience revealed that the majority 41, or 42.3% had worked more than 15 years; 27, or 27.8% had worked from 11 to 15 years; 19, or 19.6% had worked from 6 to 10 years; and 10, or 10.3% had worked less than six years. The majority of the participants worked in a private setting 48, or 49.5%; 14, or 14.4% worked in public agency setting; and 33, or 34% worked in other settings.

The participants’ annual income ranged from $30,000-$50,000 and up. Forty-eight, or 49.5% had annual earnings of more than $50,000; 24, or 24.7% participants’ earned from $30,000-39,999; 13, or 13.4% earned from $40,000-49,999; and 7, or 7.2% earned under $30,000.

Utilization of Spirituality in Clinical Counseling

Based on the review of literature, the researcher found that many counselors may consciously or unconsciously decline to address issues that relate to spirituality or utilized
spirituality as an intervention, based on their own uncertainties about their personal religious and spiritual ideologies, lack of formal training, knowledge, experience, and perceptions about how often spirituality should be used. Henceforth, counselors' utilization of spirituality may vary based on their level of comfort. Furthermore, the literature supports the use of spirituality as an intervention when addressing personal stressors with clients such as work, economic, health, marital and family, and emotional.

Therefore, results of the study demonstrated a supportive stance in utilizing spirituality in clinical counseling. Table 2 represents the frequency distribution of counselors' utilization of spirituality in counseling session. The participants answered yes or no to whether they made use of spirituality in their counseling sessions. These results indicate the number of counselors who utilize spirituality in their counseling sessions.

Table 2

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 96)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85</td>
<td>88.5</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 1.11  Std dev. = .32

The majority of the participants answered yes to utilizing spirituality in counseling sessions, which resulted in 88.5% of the participants; 11.5% responded no to utilizing spirituality in counseling sessions.
Table 3 represents the frequency distribution regarding counselors’ knowledge about how to use spirituality in counseling sessions. Many of the participants responded positive to having knowledge of how to use spirituality in counseling sessions. Below are the results of the participants who confirmed that they had or had no knowledge of how to use spirituality in counseling sessions.

Table 3

Knowledge of How to Use Spirituality

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 96)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>87</td>
<td>92.7</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>7.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 1.09  Std dev = .29

Most of the participants in the frequency distribution responded yes to having knowledge of how to use spirituality in counseling. This resulted in 90.6% of the participants responding yes to having knowledge and 9.4% responded no to having knowledge of how to use spirituality in counseling sessions.

Table 4 represents the frequency distribution of participants who has experience in using spirituality in counseling sessions. The majority of the participants responded yes to having experience in using spirituality in counseling sessions. Below are the results of the participants who identified having experience in utilizing spirituality in counseling.
Table 4

**Experience Using Spirituality**

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 96)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>89</td>
<td>92.7</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 1.07  Std dev = .26

Table 4 demonstrates that 89, or 92.7% of the participants responded yes to having experience using spirituality in counseling, while only 7, or 7.3% of the respondents had no experience using spirituality in counseling.

Table 5 represents the frequency distribution of participants who obtained formal training in how to use spirituality in counseling sessions. The majority of the participants responded that they had not received formal training in how to use spirituality in counseling sessions.

Table 5

**Formal Training in How to Use Spirituality in Counseling**

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 96)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>44.8</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
<td>55.2</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 1.55  Std dev = .50
Table 5 demonstrates that of 53 participants, or 55.2% responded no to receiving formal training in how to use spirituality in counseling, while 43, or 44.8% of the participants responded yes to having received formal training in how to use spirituality in counseling.

Table 6 represents the frequency of participants' perception regarding how often spirituality should be used in counseling sessions. The responses ranged from a little to a great deal in a Likert scale, with a little being the lowest perception and a great deal being the highest perception.

Table 6

<table>
<thead>
<tr>
<th>How Often Spirituality Should Be Used</th>
<th>Value</th>
<th>Number (N = 92)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Little</td>
<td>25</td>
<td>27.2</td>
<td></td>
</tr>
<tr>
<td>Only Some</td>
<td>35</td>
<td>38.0</td>
<td></td>
</tr>
<tr>
<td>A Great Deal</td>
<td>32</td>
<td>34.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Mean = 3.08  Std dev = .79

The majority 35, or 38% of the respondents perceived that spirituality should be used only some time in counseling sessions. This response consisted of 38.0% of the respondents. Thirty-two, or 34.8% perceived that the use of spirituality should be a great deal, while 25, or 27.2% perceived that spirituality should be used a little in counseling sessions.
Table 7 represents the frequency of participants' perception regarding how often one should use spirituality in counseling sessions. The responses ranged from a little to a great deal in a Likert scale, with a little being the lowest perception and a great deal being the highest perception.

Table 7

<table>
<thead>
<tr>
<th>How Often Do You Use Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td>A Little</td>
</tr>
<tr>
<td>Only Some</td>
</tr>
<tr>
<td>A Great Deal</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Mean = 3.02  Std dev = .79

The majority of the participants perceived that spirituality should be used only some in counseling sessions. This response consisted of 36, or 38.3% of the respondents. Thirty, or 31.9% perceived the use of spirituality should be a great deal, while 28, or 29.8% perceived that spirituality should be used a little in counseling sessions.

Table 8 represents the frequency distribution of participants' response to spirituality being used as an intervention with clients who present with work related stress. The participants either disagreed and/or agreed that spirituality is an effective intervention when counseling for work related stress. The majority of the participants agreed with spirituality being used as an intervention with clients who present with work related stress.
Table 8

**Spirituality As An Effective Intervention With Work-Related Stress**

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 94)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>16</td>
<td>17.0</td>
</tr>
<tr>
<td>Agree</td>
<td>78</td>
<td>83.0</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 2.83  Std dev = .38

Table 8 illustrates that 78, or 83.0% of the respondents agreed that spirituality is an effective intervention with work related stress, and 16, or 17% disagreed that spirituality is an effective intervention with work related stress.

Table 9 is a frequency distribution of participants’ response to the effectiveness of spirituality as an intervention when addressing economic stress in counseling sessions.

The participants either disagreed and/or agreed that spirituality is an effective intervention when counseling for economic stress. Many of the participants agreed that spirituality is an effective intervention when addressing economical stress with clients in counseling.

Table 9

**Spirituality As An Effective Intervention With Economic Stress**

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 93)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>22</td>
<td>23.7</td>
</tr>
<tr>
<td>Agree</td>
<td>71</td>
<td>76.3</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 2.76  Std dev = .43
The table shows that 71, or 76.3% of the respondents agreed that spirituality is an effective intervention when clients or counseled regarding economic stress, and only 22, or 23.7% disagreed that spirituality is an effective intervention when clients experience economic stress.

Table 10 provides a frequency distribution of the participants’ perception of spirituality as an effective intervention when dealing with health issues in counseling sessions. Responses ranged from either agree and or disagree.

Table 10

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 93)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Agree</td>
<td>87</td>
<td>93.5</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 2.94     Std dev = .25

Most of the respondents, 87, or 93.5% agreed that spirituality is an effective intervention when dealing with health issues and only 6, or 6.5% disagreed that spirituality is an effective intervention when counseling clients who experience health problems.

Table 11 provides a frequency distribution of participants’ perception of the utilization of spirituality as an effective intervention when dealing with clients who experience marital and family stress. Respondents had the option to agree or disagree.
Table 11

**Spirituality As An Effective Intervention Due to Marital and Family Stress**

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 94)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>13</td>
<td>13.8</td>
</tr>
<tr>
<td>Agree</td>
<td>81</td>
<td>86.2</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 2.86  Std dev = .35

Nearly all of the participants agreed that spirituality is an effective intervention when counseling clients that experience marital and family stress.

Table 11 reveals that the large majority, 81, or 86.2%, of the respondents in the study agreed that spirituality is an effective intervention when counseling clients that experience marital and family stress. Thirteen, or 13.8% of the respondents disagreed that spirituality is an effective intervention when clients come to counseling due to marital and family stress.

Table 12 represents the frequency distribution of participants’ responses about use of spirituality being effective when individuals present to counseling due to emotional distress. The responses ranged from either disagree to agree. Numerous participants agreed that spirituality is an effective intervention when working with clients who present to counseling due to emotional distress.
Table 12

Spirituality As An Effective Intervention With Emotional Distress

<table>
<thead>
<tr>
<th>Value</th>
<th>Number (N = 93)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>11</td>
<td>11.8</td>
</tr>
<tr>
<td>Agree</td>
<td>82</td>
<td>88.2</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 2.88  Std dev = .32

Table 12 exhibits 82, or 88.2% of the respondents agreed that spirituality is an
effective intervention when counseling due to emotional distress. Eleven, or 11.8% of the
respondents disagreed that spirituality is an effective intervention when counseling due to
emotional distress.

Research Questions and Hypotheses

There were five research questions and five hypotheses addressed in the study.
This section is an analysis of these questions and the testing of whether or not each
hypothesis was accepted or rejected.

Formal Training, Knowledge and Experience

*Research Question 1:* Is there a relationship between utilization of
spirituality and formal training of clinical counselors?

*H0₁:* There is no statistically significant relationship between utilization
of spirituality in clinical counseling and formal training.
Table 13 is a bivariate cross-tabulation between the utilization of spirituality and formal training. It indicates the strength of association and the relationship between the utilization of spirituality and formal training.

Table 13

Use of Spirituality by Formal Training in Clinical Counseling

<table>
<thead>
<tr>
<th>Formal Training</th>
<th>Use of Spirituality</th>
<th>Total (n = 95)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n = 84)</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>43.2</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
<td>45.3</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>88.5</td>
</tr>
</tbody>
</table>

$\phi = .197$  $df = 1$  $p < .055$

Table 13 indicates that the majority 43, or 45.3% of the participants responded no to receiving formal training in utilizing spirituality in clinical counseling, however nine, or 9.5% of the participants who stated they had not received formal training responded that do not utilize spirituality in counseling. Forty-one, or 43.2% of the participants responded yes to receiving formal training in utilizing spirituality in counseling, as well as utilizing spirituality in clinical counseling. Moreover, the table also indicated that two, or 2.1% of the respondents who reported receiving formal training does not utilize spirituality in counseling.

Table 13 further indicates that there was a weak association ($\phi = 197$) between the utilization of spirituality and formal training. When the chi-square test was applied
the null hypothesis was accepted ($p = .055$) indicating that there was a statistical relationship between the two variables at the .05 level of probability.

*Research Question 2: Is there a relationship between utilization of spirituality and one's level of knowledge?*

$H_{O2}$: There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge.

The test for this hypothesis, the bivariate analysis, was used to look at the relationship between utilization of spirituality and knowledge. Table 14 provides an analysis of the prevalence of utilization of spirituality in clinical counseling and knowledge.

Table 14

<table>
<thead>
<tr>
<th>Knowledge in How to Use Spirituality in Clinical Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

$\phi = .782 \quad df = 1 \quad p<.000$

The bivariate analysis in Table 14 indicates that there is a statistically significant relationship at the 0.5 level of significance between the utilization of spirituality and
knowledge ($\rho<.000$). Thus the null hypothesis was accepted. There was also a strong relationship between knowledge and utilization of spirituality in counseling as indicated by the Phi ($\Phi = .782$) and the $df = 1$.

Table 14 also indicates that the majority, 83, or 87.4% of the participants responded yes to possessing knowledge in utilizing spirituality in clinical counseling, yet three, or 3.2% of the participants who stated they possess knowledge responded no to utilizing spirituality in counseling. Eight, or 8.4% of the participants responded no to possessing knowledge in utilizing spirituality in counseling, as well as not utilizing spirituality in clinical counseling. Also one, or 1.1% of the respondents stated that they did not have knowledge in utilizing spirituality in clinical counseling nevertheless they utilize spirituality in counseling.

Research Question 3: Is there a relationship between utilization of spirituality and one’s level of experience?

$H_0$: There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience.

The test for this hypothesis, the bivariate analysis, was used to look at the relationship between utilization of spirituality and experience. Table 15 provides an analysis of the prevalence of utilization of spirituality in clinical counseling and experience.
Table 15

Experience in How to Use Spirituality in Clinical Counseling

<table>
<thead>
<tr>
<th>Experience</th>
<th>Yes (n = 84)</th>
<th>%</th>
<th>No (n = 11)</th>
<th>%</th>
<th>Total (n = 95)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84</td>
<td>88.4</td>
<td>4</td>
<td>4.2</td>
<td>89</td>
<td>92.6</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
<td>7</td>
<td>7.4</td>
<td>7</td>
<td>7.4</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>88.4</td>
<td>11</td>
<td>11.6</td>
<td>95</td>
<td>100.0</td>
</tr>
</tbody>
</table>

$\phi = .779 \quad df = 1 \quad p < .000$

The bivariate analysis in Table 15 indicates that there is a statistically significant relationship at the 0.5 level of significance between the utilization of spirituality and experience ($p < .000$). Thus the null hypothesis was accepted. There was also a strong relationship between experience and utilization of spirituality in counseling as indicated by the Phi ($\phi = .779$) and the $df = 1$.

Table 15 also indicates that the majority, 84, or 88.4% of the participants responded yes to possessing experience in utilizing spirituality in clinical counseling, however four, or 4.2% of the participants who stated they have experience responded not to utilizing spirituality in counseling. Seven, or 7.4% of the participants responded no to utilizing spirituality in counseling or possessing experience in utilizing spirituality in clinical counseling.
Perceptions of Spirituality

*Research Question 4:* Is there a relationship between utilization of spirituality and one’s level of perception?

H0₄: There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions.

To test this hypothesis, the bivariate analysis, was used to examine the relationship between utilization of spirituality and perception. Tables 16 and 17 provide an analysis of the prevalence of utilization of spirituality in clinical counseling and perception regarding how often spirituality should be used in counseling and how often do you use spirituality in counseling.

Table 16

<table>
<thead>
<tr>
<th>Perception of How Often Spirituality Should Be Used</th>
<th>Use of Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n = 80)</td>
</tr>
<tr>
<td>A Little</td>
<td>16</td>
</tr>
<tr>
<td>Only Some</td>
<td>32</td>
</tr>
<tr>
<td>A Great Deal</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
</tr>
</tbody>
</table>

$C = .376 \quad df = 2 \quad p = .001$
Table 17

Perception of How Often Spirituality is Used

<table>
<thead>
<tr>
<th>Experience</th>
<th>Use of Spirituality</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n = 82)</td>
<td>%</td>
<td>No (n = 11)</td>
<td>%</td>
<td>Total (n = 93)</td>
</tr>
<tr>
<td>A Little</td>
<td>17</td>
<td>18.3</td>
<td>10</td>
<td>10.8</td>
<td>27</td>
</tr>
<tr>
<td>Only Some</td>
<td>35</td>
<td>37.6</td>
<td>1</td>
<td>1.1</td>
<td>36</td>
</tr>
<tr>
<td>A Great Deal</td>
<td>30</td>
<td>32.3</td>
<td>0</td>
<td>0.0</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>88.2</td>
<td>11</td>
<td>11.8</td>
<td>93</td>
</tr>
</tbody>
</table>

\[C = .448 \quad df = 2 \quad p = .001\]

The bivariate analysis in Table 16 indicates that there is a statistically significant relationship at the 0.5 level of significance between the utilization of spirituality and perception (\(p<.001\)). Thus the null hypothesis was accepted. There was also a weak relationship between clinical counselors’ perception regarding how often spirituality should be used and utilization of spirituality in counseling as indicated by the Contingency Coefficient (C) = 0.376 and the \(df = 2\).

Table 16 further indicates that 32, or 35.2% of the participants perceived spirituality should be used only some or a great deal in clinical counseling and these respondents also utilize spirituality in clinical counseling. While this is so, only three, or 3.3% of the participants who stated spirituality should be used only some or a great deal, do not utilizing spirituality in counseling. Sixteen, or 17.6% of the participants perceived that spirituality should be used a little in counseling. In fact, eight, or 8.8% of those participants who perceived spirituality should be used a little, did not utilize spirituality in counseling.
The bivariate analysis in Table 17 indicates that there is a statistically significant relationship at the 0.5 level of significance between the utilization of spirituality and perception \( (p < .001) \). Thus the null hypothesis was accepted. There was also a moderate relationship between clinical counselors’ perception regarding how often do you use spirituality in counseling as indicated by the Contingency Coefficient \( (C) = .448 \) and the \( df = 2 \).

In addition, Table 17 indicates that most of the participants 35, or 37.6% reported utilizing spirituality only some in clinical counseling, however, one, or 1.1% of the participants’ did utilize spirituality in counseling. Moreover, 30, or 32.3% of the participants reported utilizing spirituality a great deal. Seventeen, or 18.3% of the participants’ responded utilizing spirituality a little in counseling. Yet 10, or 10.8% of the participants did not utilizing spirituality in clinical counseling.

In summary, the difference between the two charts demonstrates a slight difference among counselors’ perceptions and use of spirituality. Counselors who perceived how often spirituality should be used was slightly higher at 87.9%, than counselors who perceived how often spirituality is used in counseling at 88.2%.

**Personal Stressors**

*Research Question 5:* Is there a relationship between utilization of spirituality and one’s level of personal stressors?

*HO_5:* There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.
To test this hypothesis, the bivariate analysis was used to examine the relationship between utilization of spirituality and personal stressors. Table 18 provides an analysis of the prevalence of utilization of spirituality in clinical counseling and personal stressors such as economic, health, marital and family, emotional and work.

Table 18

The Use of Spirituality When Dealing With Personal Stressors

<table>
<thead>
<tr>
<th></th>
<th>Use of Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Economic Stress</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>15</td>
</tr>
<tr>
<td>Agree</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
</tr>
<tr>
<td>Health Stress Issues</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>82</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
</tr>
<tr>
<td>Emotional Distress</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
</tr>
<tr>
<td>Work Related Stress</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>9</td>
</tr>
<tr>
<td>Agree</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
</tr>
<tr>
<td>Marital/Family Stress</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>6</td>
</tr>
<tr>
<td>Agree</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
</tr>
</tbody>
</table>
The bivariate analysis in Table 18 indicates that there is a statistically significant relationship at the 0.5 level of significance between the utilization of spirituality and personal stressors ($p<.001$) and ($p<.000$), thus accepting the null hypothesis. Out of the five personal stressors, all indicated a high use of spirituality in counseling. The three most prominent stressors that have been identified during counseling are health stress issue at 89.1%, emotional distress at 84.8% and marital/family stress at 82.8%. Also when Phi is applied which measures the strength of association ($\phi = .567$ Health Stress Issue, .473 Emotional Distress, Marital/Family Stress .488) results indicated there were no relationships among the three most prominent stressors.

Table 19 is a multiple regression analysis that was performed to determine the explained variation of the dependent variable (prevalence of utilization of spirituality) using all the independent variables (formal training, knowledge, experience, perception and personal stressors) in the study, as well as a summary of regression coefficients.

Table 19 is a multiple regression table of factors determining the accuracy of the independent variables (formal training, experience, knowledge, perception and personal stressors) predicting the utilization of spirituality among clinical counselors. The summary of regression coefficients presented in Table 19 indicates that four (experience, marital/family stress, emotional distress, perception – how often should spirituality be used) of the five variables significantly contributed to the model. The regression coefficient results further indicated the predictors of the prevalence of utilization of spirituality in clinical counseling. The three most prominent predictors were experience at .365, marital/family stress at .197, and emotional distress at 1.79.
Table 19

**Multiple Regression for Use of Spirituality**

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>$\beta$</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>.400</td>
<td>.125</td>
<td>3.207</td>
<td>.002</td>
</tr>
<tr>
<td>Experience</td>
<td>.439</td>
<td>.365</td>
<td>3.030</td>
<td>.003</td>
</tr>
<tr>
<td>Training</td>
<td>-3.304</td>
<td>-.055</td>
<td>-.864</td>
<td>.390</td>
</tr>
<tr>
<td>How often should you use spirituality</td>
<td>-8.208</td>
<td>-2.48</td>
<td>-1.106</td>
<td>.272</td>
</tr>
<tr>
<td>How often should spirituality be used</td>
<td>5.710</td>
<td>.161</td>
<td>.759</td>
<td>.450</td>
</tr>
<tr>
<td>Work Stress</td>
<td>-.225</td>
<td>-.286</td>
<td>-2.651</td>
<td>.010</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>-2.699</td>
<td>-.038</td>
<td>-.423</td>
<td>.673</td>
</tr>
<tr>
<td>Health Issues</td>
<td>-.272</td>
<td>-.226</td>
<td>-2.213</td>
<td>.030</td>
</tr>
<tr>
<td>Marital and Family Stress</td>
<td>.174</td>
<td>.197</td>
<td>1.799</td>
<td>.076</td>
</tr>
<tr>
<td>Emotional Distress</td>
<td>.164</td>
<td>.179</td>
<td>1.606</td>
<td>.112</td>
</tr>
</tbody>
</table>

**Use of Spirituality**

$R^2 = .741$  DF 10  F = 22.6  P = .000

The regression results indicate an overall model of four predictors that

significantly predict the prevalence of utilization of spirituality in clinical counseling,

$R^2 = .741$, $F = 22.616$, $p<.000$. This model accounted for 74.1% of variance in the

prevalence of utilization of spirituality in clinical counseling. In addition, the $p$ value

indicated the linear as significant at a .000 value.
CHAPTER V

CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS

The purpose of this study was to ascertain the prevalence of the utilization of spirituality in clinical counseling and the need for spirituality to be integrated into counseling curriculums. The dependent variable (prevalence of utilization) was examined in relationship to clinical social workers’ formal training, knowledge, level of experience, perceptions, and application of spirituality with clients who present with personal stressors (independent variables). The study was based on the premise that the prevalence of utilization of spirituality in clinical counseling is linked to several factors. The researcher investigated five independent variables: formal training, knowledge, experience, perception, and one’s personal stressors. The variables were examined in relation to clinical counselors’ utilization of spirituality. The following demographic variables were also analyzed: gender, racial identity, education, license, employment status, years of work experience, work setting, and annual income.

This investigation included a review and critique of selective relevant literature. Key components addressed included the following: an overview of spirituality and its multiple facets, formal training, knowledge, experience, perceptions, personal stressors and its multiple facets.
The theoretical frameworks discussed were as follows: the views of Sigmund Freud vs. Carl Jung, four approaches to integrating spirituality into counseling, and spirituality and humanism and spirituality and transformation.

Sigmund Freud and Carl Jung’s perspectives regarding the use of spirituality in counseling provided the researcher with two different points of view and insight that may impact clinical counselors’ desire to use spirituality in counseling. Both theorists worked from a psychoanalytic school of thought; however, Jung’s theory validated the researcher’s study regarding the importance of utilizing spirituality in clinical counseling.

Also, the four approaches to integrating spirituality into counseling are rejectionism, exclusivism, constructivism and pluralism. Out of the four approaches the two most advocated approaches that best suit working with clients and spirituality is constructivist and pluralist. These two approaches were viewed flexible enough to respectfully, ethically and effectively address a client’s spiritual issues in counseling. Spiritual and Humanism is a humanistic theory that integrate spirituality into clinical practice. This humanistic theory suggested that spirituality could be incorporated into clinical practice since it includes a more universally accepted concept. Spirituality and transformation theory is another humanist theory that is endorsed by Carl Rogers and Carl Jung. Carl Rogers believed that the existence of some sort of transcendent influenced organization in the universe and also functions in man. As for Carl Jung, he believed that an individual’s life challenges and conflicts and problems are vital regarding the process of transformation that changes a person from an intuitively being to a spiritual being.
The researcher also identified and elaborated on the following key components: the null hypotheses, research design, population description/sample, method of data collection/instrumentation, and method of data analysis.

The null hypotheses investigated were:

**HO₁:** There is no statistically significant relationship between utilization of spirituality in clinical counseling and formal training.

**HO₂:** There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge.

**HO₃:** There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience.

**HO₄:** There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions.

**HO₅:** There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.

The research designs employed in the study were a descriptive and exploratory research. The designs was used to investigated the prevalence of the utilization of spirituality in clinical counseling among social workers in the state of Georgia and one’s formal training, knowledge, experience, perceptions and personal stressors. The researcher developed and administered a modified questionnaire developed by Sheridan and Bullis, to analyze and evaluate the utilization of spirituality among social workers in the state of Georgia that provided a range of services including mental health and substance abuse.
Questionnaires were mailed to clinical social workers throughout the state of Georgia regarding their use of spirituality, formal training in how to use spirituality in counseling, experience in using spirituality in counseling, knowledge of how to use spirituality, perceptions of spirituality and personal stressors. The participants included licensed clinical social workers and licensed master social workers that worked in a private or public setting. The convenient sampling technique was utilized. Data and information collected from primary sources were reviewed and analyzed.

The data were analyzed using the frequency distribution, bivariate cross tabulations, the Phi measurements and regression analysis. These statistical analyses were chosen based on the fact that the following test required nominal and interval levels of measurement. The researcher found that there is no significant difference between the prevalence of utilization of spirituality and formal training, knowledge, experience, perception and one’s personal stressors. Five null hypotheses were not rejected based on the Pearson r, and chi-square. The Phi measurements indicated strong relationships between clinical counselors’ knowledge and experience, moderate relationship between clinical counselors’ perception of how often do you use spirituality in clinical counseling, weak relationships between clinical counselors’ formal training and perception of how often spirituality should be used in clinical counseling, and no relationship between clinical counselors’ use of spirituality and personal stressors. The regression coefficient analysis indicated three prominent predictors of the utilization of spirituality in clinical counseling (experience, marital/family stress, emotional distress).
Discussion and Findings

The demographic data revealed several issues that could possibly be addressed in future research. For instance, there were more female than male participants as well as more Caucasians participants than any other race. It is most important for future research to take into consideration three questions:

1. Does gender and race impact survey response rates?
2. What is the impact of gender and race on the prevalence of utilization of spirituality in clinical counseling?
3. What is the ratio of males to females or Caucasians to other races that specialize in providing spirituality in clinical counseling?

Obtaining answers to these questions will enhance the empirical database on the prevalence of utilization of spirituality in clinical counseling. Due to financial and time restraints, this researcher was unable to do so.

Also, the majority of the participants was employed under a full-time status and possessed experience and worked for over 15 years in the field of social work. The majority of the counselors' work setting was private with an income ranging from $50,000 and up, therefore work settings may have a direct impact on counselors' prevalence of utilizing spirituality because some work settings may not endorse this treatment modality as opposed to those in a private work setting. Furthermore, the majority of the participants were master level social workers. Prior research has indicated the need for schools of social work to implement a course on spirituality so that clinical counselors may have a more holistic approach in their treatment modalities.
Because participants in private work settings, overall, received higher annual salaries than their colleagues in the public work setting, future research is necessary to further explore the impact of income on counselors’ prevalence of utilization of spirituality. This study did not focus on whether the income of the participants positively or negatively affected their preference in utilizing spirituality in counseling. Moreover, between both private and public work settings there were more Caucasian participants than any other race who participated in the study. Research on this topic may expound upon the ethnic ratio that exists in private and public work settings. The majority of the participants in the study acknowledged utilizing spirituality in counseling, which resulted in 87.6% of participants in the study.

Discussion of Dependent and Independent Variables

The following is a detailed discussion of the five null hypotheses:

\( H_{01} \): There is no statistically significant relationship between utilization of spirituality in clinical counseling and formal training.

Hypothesis One was accepted. Clinical counselors obtaining formal training in spirituality predetermines the utilization of spirituality in clinical counseling. Formal training enhances the counselors’ clinical skills as well as ensures clients’ needs are met. The review of literature revealed that it is important for mental health professionals’ orientation to include spirituality and religious beliefs and that there is a lack of indication that professional counselors are receiving adequate training to respond to their clients’ spiritual needs. According to Constantine et al. (2000), counselors’ training programs
that integrate spirituality into their academic curricula could increase students' level of competency in dealing with a range of cultural issues with clients. Nevertheless because of this need, many counseling programs are beginning to acknowledge the importance of integrating a course that addresses spirituality in curriculum and are now required to act upon this need.

Most of the participants in the study have not received formal training in utilizing spirituality in counseling. This finding is congruent to the findings in the literature. Thus, making them, upon completing course work, inadequate to address spirituality issues or utilize spirituality in counseling sessions. Moreover, since the typical participant in the study had been working for more than 15 years, it may be implied that they participated in counseling programs that did not produce any form of sensitivity regarding spirituality during their educational term, henceforth leaving them with limited training about the subject. Therefore, these results indicate that counseling program curriculums should include content that addresses the role of spirituality in treatment and further research is needed to determine what are counseling programs are doing to address this lack in their curriculum.

H02: There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge.

Hypothesis Two was accepted. In comparing this finding with the review of literature, the literature supports the aforementioned hypothesis. The test of the hypothesis revealed that the majority of the participants reported having knowledge of how to utilize spirituality in counseling. This outcome demonstrates that based on
clinical counselors' knowledge of utilization, the prevalence of use will be great. Researchers, such as Griffith and Griggs, concurred regarding the importance of clinical counselors possessing knowledge and skills required in order to utilize spirituality in counseling sessions.

Likewise, in order for positive outcomes to transpire, counselors still must possess accurate assessments in order to develop options that can assist clients with their spiritual and religious needs. It is at this stage where counselors may require training and increased knowledge about spirituality and transcending in counseling. There is indeed a need for adequate information to be communicated to future counselors in the academic setting so that upon completing their training they will be adequately equipped to address spiritual needs of their clients.

In short, with the outcome of research studies demonstrating a number of mental health professionals aligning with spiritual and religious values, those who seek counseling with spiritual or religious concerns are more apt to have a positive therapeutic impact or outcome.

H03: There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience.

Hypothesis Three was accepted. The test of the hypothesis revealed that the majority of the participants expressed having experience utilizing spirituality in counseling. In considering the extent to which clinical counselors' prevalence of utilization of spirituality may be based on experience, emphasis was placed on the wide variety of experiences that counselors have in utilizing spirituality in counseling.
Different methods of intervention were noted based on counselors’ experience in addressing spirituality in counseling – the experiential focusing method and the transpersonal experiences. In the literature review, emphasis was placed on experienced counselors with an expertise in spiritual counseling applying different treatment modalities that appear to have similar goals with the clients. Emphasis was also placed on counselors’ own spiritual experiences. Holden suggests that transpersonal experiences, based on his experience and the experience of other counselors, are definite paths for clients’ healing and growth.

Similar outcomes were noted in the review of literature. The outcomes of several studies revealed that counselors recognize diversity as traditionally not being extended to clients’ spirituality and due to a lack of recognition it is important to understand the diversity of various cultural spirituality and the benefits of using spirituality in counseling, in addition to the importance of assessing clients’ spirituality. Even more important, in this study counselors addressed their experiences with religion or spirituality and there was a significant difference among the counselors regarding spirituality being relevant to their personal lives. Other outcomes, based on assessing the benefits of using spirituality in counseling, indicated that counselors identified spirituality as an important factor for success in counseling.

H04: There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions.

Hypothesis Four was accepted. The test of the hypothesis revealed that 35.2% of the participants perceived the prevalence of utilization of spirituality should be used only
some and 17.6% of the participants reported utilizing spirituality a little in counseling. Conversely, 32 or 35.2% of the participants in the study perceived that spirituality should be utilized in treatment a great deal. These findings supported the literature review. According to Kuisis, due to counselors’ use of Freud’s framework both patients and therapists cautiously avoided the issue of spirituality or religion in sessions. However, currently there has been a dramatic shift in counselors’ perspectives and there is a wider trend that’s rediscovering spirituality.

A study conducted that measured counselors’ clinical practice perceptions and behaviors as they relate to spirituality in counseling indicated that all of the counselors recognized some form of religious or spiritual component was relevant in practice and a legitimate focus in working with clients. In other studies counselors recognized the importance of needing to have self-awareness about their own spirituality if they were going to address spirituality in treatment with clients. Therefore, counselors are now changing their perceptions of spirituality, which allows them to be more diverse in treatment due to heightened awareness about client’s needs and how historically ignoring one’s spiritual needs should not have been acceptable in the counseling field.

HO₅: There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.

Hypothesis Five was accepted. The test of the hypothesis revealed that the majority of the participants agreed that the utilization of spirituality in counseling individuals due to all areas of personal stressors is an effective intervention in counseling. In comparing these findings with the review of literature, there was congruency. It was
evident that the utilization of spirituality was an effective intervention when dealing with a client’s personal stressors in counseling. Several facets of personal stressors were examined in relation to utilizing spirituality—economic, work, marital and family, health, and emotional distress. Several studies suggested that individuals possess an extensive range of resources and strategies to cope with pressures, yet at other periods they may have difficulties in dealing with situations and it is at this point when the term “stress” is used. Using spirituality as an intervention in coping with stressors can be beneficial for some. For example, research conducted by the Christian Science Monitor has demonstrated the use of spirituality in overcoming economic challenges as exhibited by having clients focus on their higher power and making clever financial decisions.

As for workplace spirituality, it is one of the most recent trends and it creates diversity issues in some organizations. Bryant reports that spirituality is not new in the workplace and attitudes towards it are taking on new perspectives. Moreover, Elkins argued that spirituality’s primary aim is to establish compassion and positive effects on physical and mental health. As for marital and family stress, Griffith and Rotter reported that family therapists encounter issues regarding spirituality quite a bit when working with families and recommend that therapists not avoid the issue of spirituality and religion, however use these orientations with families as resources for growth.

The researcher concluded the study with the following recommendations that may assist school of social work administrators in integrating a course on spirituality into their curriculum in order to enhance clinical training as well as the field of social work. Emphasis was placed on formal training, knowledge, experience, perceptions and
personal stressors impacting the utilization of spirituality in counseling. The research suggested that the greater predictors were experience, marital/family stress, emotional distress and perceptions (how often should spirituality be used).

Recommendations

These findings may be used to contribute to the existing body of knowledge. It is recommended that empirical research continue on the utilization of spirituality in clinical counseling. Ongoing research is required to monitor and validate the level of quality of services that clients obtain in clinical counseling. Furthermore, unending research is recommended to enhance the social work profession. Employment opportunities for social workers and other mental health professionals have increased, due to the expanding need for the integration of spirituality into clinical counseling. Particularly, as it relates to the need for specialists in the area of spirituality. There are opportunities for social workers to use knowledge obtained from this research to enhance their treatment modalities when working with clients using spirituality. However, more extensive research is required to expound upon the current knowledge base of clinical counselors as it relates to comfort level in providing services to clients who present seeking spiritual or religious counseling.

It is also recommended that in light of the key role that spirituality plays in clinical counseling, ongoing clinical supervision should take place. Obtaining supervision will assist the counselor in addressing any transference or counter transference issues.
Supervision also contributes to the counselor's knowledge base and growth as a clinician, which in return could give the counselor positive outcomes in session.

Ultimately, future research should serve to focus on the current perceived limitations of the utilization of spirituality in clinical counseling. Efforts are needed to analyze and resolve these perceptions. It is important for researchers to continue to investigate the prevalence of utilization of spirituality in clinical counseling from various perspectives. For instance, additional outcome studies are needed. Continued efforts are needed to ensure that clinical counselors are equipped to address spiritual issues or assist clients in utilizing spirituality to resolve issues. Thus, leading to an issue to debate in future research regard how to better utilize spirituality in counseling based on the counselor's experience. It is the counselor's role to be diverse in treatment modalities and obtain whatever training and experience needed in order to become diverse and meet clients' spiritual needs. In any event, clinical counselors deserve to have an opportunity to gain experience, utilizing spirituality whether they obtain it through their academic training or obtain specialized supervision in order to meet a client's needs.

It appears that despite the participants reporting having knowledge and experience in utilizing spirituality, the lack of formal training may deter their perceptions and impact the prevalence of utilization. More information about the impact on counselors' perceptions about the utilization of spirituality would greatly enhance the profession's understanding in relation to implementing courses in counseling curriculums. Further research is needed in order to determine why the participants utilized spirituality only some or felt utilization of spirituality should be used only some.
These recommendations should be utilized to help clinical counselors enhance their skill and knowledge base, as well as assist schools of social work with their curriculums.

Implications

The results of the study revealed implications to social work education and implied that the participants utilize spirituality with their clients when they present with personal stressors. In order for social workers to continue to gain experience, knowledge, and formal training school of social work curriculums must include courses that focus on integrating spirituality into clinical counseling. With newly gained formal training, clinical counselors may take a different perception regarding the use of spirituality and the prevalence of utilization of spirituality most likely will increase. If social work curriculums were to provide social workers with the proper training in the utilization of spirituality, social workers are more likely to become effective clinicians. Within the curriculum it is important that social workers are trained to take an assessment that focus on their clients’ spirituality. In return, these clinicians will have the ability to treat their clients from a more diverse and holistic approach.

As social workers strive to enact change in communities, it is important for them to acknowledge one’s spirituality and have the ability to treat them appropriately. Also, they must be aware of their own spirituality and experiences that may impact their effectiveness as a clinical counselor when treating clients who present with issues and desire to use spirituality as an intervention. This knowledge may serve to be useful in assisting clients in resolving their issues and maintaining their level of functioning.
APPENDIX A

Cover Letter to Licensed Social Workers

Deborah Sills, LCSW
Clark Atlanta University
P.O. Box 784, Lithonia, GA 30058

May 30, 2001

Dear ____________________:

I am a student in the Ph.D Program in Social Work at Clark Atlanta University. I invite you to participate in a study of Licensed Clinicians. The questionnaire will take less than ten minutes to complete.

A review of the literature indicates curriculums in most counseling programs do not prepare clinicians to address spirituality issues congruently with personal stressors in therapy. The purpose of the study is to learn about the perceptions licensed clinical counselors have about personal stressors and the use of spirituality in counseling sessions.

There are two questionnaires provided. Please record your answers on one of the enclosed questionnaires and return it in the enclosed self-addressed envelope. You may keep the other questionnaire for your records. Because we want to keep all responses confidential please do not put your name on the questionnaire answer sheet. Choose only one answer for each question. Please respond to all questions.

Please mail your questionnaire answer sheet today. Feel free to contact me at the above address for additional information. Thank you for your cooperation.

Sincerely,

Deborah Sills, LCSW

Enclosure
APPENDIX B

Survey Questionnaire

Perceptions of clinical counselors regarding personal stressors and spirituality

Dear Counselor:

I am a student in the Ph.D. Program in Social Work at Clark Atlanta University. I invite you to participate in a study of clinical counselors. The questionnaire will take only five minutes to complete.

The purpose of the study is to learn about the perceptions licensed clinical counselors have about personal stressors and the use of spirituality in counseling sessions. The findings will be used in an analysis for my dissertation. I would appreciate your cooperation.

Because we want all of the responses to remain confidential, please do not put your name on the questionnaire answer sheet. Choose only one answer for each question. Please respond to all questions. There are two questionnaires. Record your answers on one of the questionnaires and return it in the enclosed envelope. You may keep the other questionnaire for your records. Again, thank you for your cooperation.

Deborah Sills
(12/2000)

Section I: Background Information

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

1. My gender is: 1) _____ Male 2) _____ Female

2. What best describes your racial identity? 1) _____ Caucasian 2) _____ African American 3) _____ Asian 4) _____ Hispanic 5) _____ Other

3. My highest degree: 1) _____ Bachelor 2) _____ Masters 3) _____ Doctorate 4) _____ Other

4. Which one of the following clearly represents your license?

1) _____ Social Worker 2) _____ Professional Counselor 3) _____ Psychologist 4) _____ Marriage & Family Therapist 5) _____ Other

5. My employment is: 1) _____ Full-time 2) _____ Part-time
6. Licensed work experience: 1) _____ Under 6 years  2) _____ 6 to 10 years 
   3) _____ 11 to 15 years  4) _____ More than 15 Years

7. My main work setting is: 1) _____ Private Agency  2) _____ Public Agency  3) _____ Other

8. My annual income is: 1) _____ Under $30,000  2) _____ $30,000 – 39,999
   3) _____ $40,000 – 49,999  4) _____ $50,000 up

9. I make use of spirituality in my counseling sessions.  1) _____ Yes  2) _____ No

10. I have knowledge of how to use spirituality in counseling.  1) _____ Yes  2) _____ No

11. I have experience in using spirituality in counseling.  1) _____ Yes  2) _____ No

12. I have training in how to use spirituality in counseling.  1) _____ Yes  2) _____ No

13. How often do you think spirituality should be used in counseling sessions?
   1) _____ Never  2) _____ A little  3) _____ Only Some  4) _____ A great deal

14. How often do you use spirituality in your counseling sessions?
   1) _____ Never  2) _____ A little  3) _____ Only Some  4) _____ A great deal

Section II: How much do you agree/disagree with the following statements
Please write the appropriate number in the blank next to each statement.

1 = Strongly Disagree  2 = Disagree  3 = Agree  4 = Strongly Agree

15. Spiritual rituals are useful in counseling sessions.

16. Prayer is an effective intervention in counseling.

17. Meditation is an effective intervention in counseling.

18. Affirmations are effective interventions in counseling.

19. Journal writing is an effective technique to use in counseling sessions.

20. When counseling due to work related stress, spirituality is an effective intervention.
21. When counseling because of economic stress, spirituality is an effective intervention.

22. When counseling about health issues, spirituality is an effective intervention.

23. When counseling due to marital & family stress, spirituality is an effective intervention.

24. When counseling because of emotional distress, spirituality is an effective intervention.
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