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**CONCEPTUALIZATION
OF A PATTERN
FOR INTEGRATING
SPIRITUALITY
INTO THE DIAGNOSIS
AND COUNSELING
TREATMENT PLAN**

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A young Jamaican Couple, Shari and Behencole¹ come to meet you for a premarital counseling. In most every aspect they seem ideal for one and another. They communicate well, very respectful of one and another, and they are open. They have a comprehension and gratitude of each other's upbringing and they have realistic expectation about marriage in the actual context of Jamaica in the beginning of this 21st century.

Family, friends and relatives are positive and encouraging. When we asked where the difficulties lie, Shari states that in college she became a "born- again" Christian. Shari says that it is vitally important to her that her husband have the theological beliefs, and that he share her views concerning the role of the husband and wife, Behencole explains that he is a spiritual person, but does not mind her involvement but chooses not to participate.

In this storyline, what is the role of the professional counselor? Does the counselor treat the couple the same as if it was, say, a financial problem, (e.g. he is a spender and she is a saver?) While every couple has their persistent issues, in Shari and Behencole's case, their differences in worldview are of a higher magnitude than, say a saver learning to live with a spender. For Shari the religious differences could very well be a deal breaker. It is important for the counselor, regardless of his or her personal beliefs, to establish rapport, develop a respectful connection to both

1 Fictitious names. I am very grateful to my Good friend, Reverend Roland McNally, for his helpful feedback during our long conversations about the subject; I have learnt a lot from his long experience, wisdom and faith in God.

parties, and use language which enables this couple to reach a decision or plan of action concerning their relationship.

THE CHALLENGE OF INTEGRATION BETWEEN SPIRITUALITY AND COUNSELING

Why is the question of spirituality or religion different from other issues? Why is it that many helpers and counselors can freely talk about sexual abuse, any number of addictions, or even suicide with their clients but hit a wall when it comes to the spiritual dimension? Bergin (1983, 14, 170-184) in his article in *Professional Psychology Research and Practice* suggested that most psychologists, social workers and mental health providers have had no instruction in the role that religion plays in the lives of their clients. In *Religion and Spirituality* M.W. Frame (2003, 9) pointed out six reasons for this omission:

- 1- The tenuous relationship between psychology and religion.
- 2- The conflict between the assumptions of the scientific world and those of religion and spirituality.
- 3- The association of religion and spirituality with pathology
- 4- The belief that religion and spirituality are the prerogative of the clergy and other spiritual leaders.
- 5- A lack of training regarding how to integrate religion and spirituality into clinical practice.
- 6- Mental health practitioners' own unresolved religious or spiritual issues.

In fact Bergin's investigation has shown that over 77% of research studies indicate a positive or neutral relationship between religion and mental health. Additionally, when more refined measures of religiosity are taken into account, it is possible for researchers to distinguish between healthy and unhealthy manifestations of religion. For example in their article in *Journal of psychology and theology* Gartner, Larson and Allen (1991, 19,

6-25) have shown that devoutness is associated with better physical social adjustment and emotional well-being. Due to these and another research studies over the last twenty years, a lot more attention has been given to the impact of religion on mental and physical well-being. Organizations like the American Psychological Association, the American Counseling Association and the American Association of Pastoral Counselors, have designated divisions for the study of spirituality and religion. Furthermore, professional conferences are helping to educate mental health practitioners who may have not received information about the religious and spiritual dimension of human development in their counseling training.

THE SCOPE OF RELIGIOUS AFFILIATION WORLDWIDE

This omission and ignorance of the spiritual dimension is remarkable given the importance that faith plays in the lives of people worldwide and Americans in particular. According to the Encyclopedia Britannica book of the year 1996, people with a Christian worldview make up 33.7% of the world's population, Jews 0.2%, Muslims are 19.2% Buddhists are 5.7%, Hindus are 13, 7% and a variety of other religions make up 9%. Atheists are 3.8% and non religious people represent 14.75% of the world population.

Therefore almost 80% of the world's population, according to D. Barrett who wrote the article in the encyclopedia, is affiliated with some recognized religion. Many of the nonreligious perhaps consider themselves spiritual in some way since they do not consider themselves to be atheists. This leaves just under 4% of the people who adhere to no religiosity or spirituality.

According to a survey carried out by the University of Michigan in 1997, 53% of American adults consider religion to be very important in their lives. This compares with the 16 % in Great Britain, 14% in the country of "human rights", France, and 13% in Germany. In the United States a high percentage of adults attend church at least once a week.

A study like that could be helpful here in Jamaica to understand the belief and behavior of our brothers and sisters!

Hart (2004, 9), in *Christian Counseling Today*, cautioned that spirituality means many things to many people. While Hart was encouraged that the mental health field is more open than ever to spirituality, he recommended that counselors be careful in using the term. As he puts it, “almost every system, religious or not, claims to have its spirituality, animism, witchcraft, feminism spirituality, and twelve-step programs”.

EVALUATING SPIRITUALITY IN COUNSELING

How does the secular counselor begin to evaluate the importance that spirituality plays in the life of his or her Client? Richards and Bergin in: *A spiritual strategy for counseling and psychotherapy* recommend conducting a short religious-spiritual Evaluation during the intake interview. In their article, they included an example of a twelve question questionnaire which quickly covers a client’s religious history and current beliefs and practices. When a clinician takes the time to conduct a superficial evaluation, it will become clear whether spirituality plays a major or minor role in the client’s life. For many, this is the end of the spiritual exploration. Either the client expresses a nominal interest in religion or the issues the client wishes to discuss have no bearing upon spirituality. However, even for these clients, a time may come in the course of therapy when they do wish to refer to questions of belief. Because the counselor has taken time at the beginning of counseling to make spiritual inquiries, perhaps the client will feel that it is safe to discuss spiritual concerns with the counselor.

Other clients may be very relieved that the counselor has opened the door to spirituality. They may strongly feel that the issues they came to counseling to discuss affected their faith but did not know if it was permissible to discuss their faith with a counselor. When the counselor takes the first step (as in other areas) the client is put at ease.

When clients disclose that their spirituality plays a central part in their life and decision making, it is very helpful if the counselor has other tools to better assist them to have a satisfactory counseling experience. For clients for whom religion is more central, Richards and Bergin (2005) have suggested making a deeper religious evaluation than normal. A deeper

evaluation allows the client to feel more fully understood and helps the counselor create a more empathic relationship. A fuller religious spiritual evaluation can also evaluate whether a client's spiritual orientation is operating as a healthy support in the client's life or is contributing to the client's pathology.

Such an evaluation can also disclose what other sources of support the client may have in the community in term of clergy and fellowship groups. The counselor may also want to know what types of spiritual interventions would be meaningful for the client. Richards and Bergin also suggest that a religious spiritual evaluation may cover these nine areas:

- 1- Metaphysical worldview
- 2- Religious affiliation
- 3- Religious orthodoxy
- 4- Religious problem-solving style
- 5- Spiritual identity
- 6- God image
- 7- Value-lifestyle congruence
- 8- Doctrinal knowledge
- 9- Religious and spiritual health and maturity

Various surveys have been developing which can assist in this process. In *the Family Journal: Counseling and Therapy for Couples and Families*, M.W. Frame (2003, 110) has adapted the genogram as a device that most counselors are familiar with to evaluate a client's worldview. He suggests that the client create a genogram and add color for various denominations.

For example Roman Catholics may be drawn in red, Protestants in orange, Jews in blue, Muslims in black, Mormons in gray, Buddhists in pink, personal spirituality in green, and no religious/spiritual affiliation in brown. If religious /spiritual heritage is unknown, no color is added.

This color coding allows both counselor and client to see the differing streams of spirituality that have impacted the client's life and the source of belief and values. The use of a genogram to map spirituality can easily be incorporated into counseling training programs.

SPIRITUAL INTERVENTIONS

For the client who rates religion or spirituality as very significant, it is very likely that religious or spiritual interventions may be important in the treatment plan (Shafranske 2006). While agreeing that psychology has too long ignored the very central role that religion plays in the lives of many people, most professional therapists who advocate including the religious dimension in therapy have emphasized that for a religious intervention to be a positive contribution in counseling, it should be practiced in a clinically sensitive, ethically responsible, and professionally competent way. In his book: *Psychology, Theology and Spirituality in Christian Counseling*. M.R. McMinn (1996) cautioned therapists to exercise prudence in using any spiritual intervention as a part of psychotherapy. S.Y. Tan (1994, 22, 179-196), in his allocution at the 110th Annual Convention of the American Psychological Association held in Chicago Illinois, stated that: "therapists should not employ spiritual interventions in order to impose a specific religious tradition on clients but should always work within the client's value system as far as possible". Counselors should always get written consent from the client and supervisor (when appropriate) prior to using spiritual or religious interventions, and parental authorization if working with minor. There may be times when it would be advisable for the counselor to refer the client to a clergy person or other spiritual adviser. For instance, it may be helpful for a client to consult with the pastor with regards to his or her particular community's position concerning divorce and remarriage.

Discussion of the client's spiritual concern should not completely replace psychotherapy in the therapy session. It is often more appropriate for the counselor to suggest a variety of interventions the client can benefit from outside the counseling office. Certain therapeutic interventions that Richards and Bergin (2005) have recommended include prayer, contemplation and meditation, reading sacred writings (like the Bible), forgiveness and repentance, participation in worship, rituals, and altruistic endeavours. Outside of therapy, clients may also seek various forms of spiritual direction.

Often a client who states that faith plays a very important role in his or her life will deliberately choose a therapist who shares his or her worldview. In such cases, spiritual interventions may be cautiously and sparingly used in the therapy session itself. As with any counseling relationship, genuineness on the part of the counselor matters more than the intervention itself. The counselor's character matters more than his or her technical training and theoretical orientation.

The counselor who spends time developing a strong spiritual life and relationship with others outside the office will have the most profound impact on the client inside the office (McMinn, 1996).

In conclusion, while counseling training programs have improved over the years, students still need more training to be sensitive to multicultural concerns. Most students need more training in world religions and spiritual integration strategies. It is strongly recommended that currently practicing counselors take continuing education units in spiritual integration to better counsel the population they serve.

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