

Reading 4-8

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CHAPTER 7

Religion, Spirituality, and Clinical Supervision

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In the study of the profession to which he had looked forward all his life he found irritation and vacuity as well as serene wisdom; he saw no one clear path to Truth but a thousand paths to a thousand truths far-off and doubtful.

Sinclair Lewis, *Arrowsmith*, 1924

The purpose of this chapter is first to provide readers with a clear understanding of how religion and spirituality are germane to the process of counseling and, by extension, clinical supervision. Second, our purpose is to prepare clinical supervisors to foster supervisee development when working with issues of a religious or spiritual nature. Specifically, the reader will learn that religious conceptualizations are common to the psychological reality of most individuals and, therefore, are worthy of a balanced consideration in counseling endeavors. Furthermore, to assist supervisors in thinking through how best to assist their supervisees with these issues, guidelines are provided upon which clinical supervisors can draw from to conduct supervision sessions. To illuminate these principles, clinical supervisors were interviewed and asked to describe their experiences providing supervision when religion or spirituality was salient to the clinical context. The reflections of these individuals are included to assist the reader in placing the ideas discussed into a real-world frame of reference.

Introduction

Spirituality and religion are important cultural aspects to most individuals within the United States. Researchers have found that 96% of Americans believe in a “Higher Power,” over 90% pray, 69% are members of a religious community, and 43% have attended a service at their church, synagogue, temple, or mosque within the past 7 days (Princeton Religion Research Center, 2000). Although these numbers highlight the salience of religion and spirituality in our culture, they omit those whose personal spirituality does not involve a Higher Power or a religious community, and those whose personal spiritual practice involves practices other than prayer. In short, it is apparent that the United States is replete with people seeking some type of comfort, transcendence, peace, and interconnectedness found in a spiritual life.

The counseling profession has responded to this awareness over the past 15 years. This is evident in the proliferation of textbooks (Cashwell & Young, 2005; Frame, 2002; Kelly, 1995; Miller, 2002) and articles on topics related to the ethical and competent integration of spirituality into the counseling process. Further, the Council for Accreditation of Counseling and Related Education Programs (CACREP), the accrediting body for the counseling profession, has included spirituality as an aspect of client culture that is to be addressed in counselor training in the past two versions of accreditation standards (CACREP, 2001; CACREP, 2009). As further evidence, the Diagnostic and Statistical Manual of the American Psychological Association (DSM-IV-TR; APA, 2000) has now included a V-code for spiritual and religious problems, though the language of this V-code is far from inclusive in terms of the host of spiritual crises, emergencies, and issues that can arise in the therapeutic process. Taken together, these facts suggest that counselors have an interest in the integration of body, mind, and spirit, along with a desire to further understand how to work effectively with clients to integrate the spiritual and psychological realms.

There are many challenges, however, that are inherent in this process. Religiously and spiritually, the United States is notably pluralistic. Although the largest religious group, consisting of just over 76% of the population, self-identifies as Christian (Largest Religious Groups in the United States, n.d.), it is important to be mindful that there is tremendous within-group variance among religious traditions. That is, knowing that someone is Christian or Jewish or Hindu or Buddhist affords only cursory information about the religious and spiritual beliefs, practices, experiences, rituals, and traditions of the individual. As further evidence of the growing religious diversity in the United States, several religious groups have seen dramatic increases in recent history. For example, from 1990 to 2000, New Age spirituality increased by 240%, Hinduism by 237%,

compared to the proliferation of writings on spirituality in counseling (Polanski, 2003). Atten and Mangis (2007) state, "The supervision literature needed to guide supervisors work with clients' faith is scant at best" (p. 291).

Conversations about the integration of spirituality and religion into the counseling process are always challenging. Whenever a counselor and client come together, there are always divergences in belief systems which may be, at times, rigid and inflexible. This occurs even when the two "wear" the same religious or spiritual label (e.g., Jewish, Christian). How much more might we expect divergence, then, when the religious and spiritual traditions of the two differ significantly. The point here, then, is the complexity of spirituality and religion *in dyadic relationships*. When you superimpose a clinical supervisor into this dynamic, the relationship becomes a triadic relationship in which the supervisor's beliefs, values, and attitudes about religion and spirituality enter the process. For example, consider the example of a religiously sensitive supervisee who was working with a religiously committed client but had a supervisor who held a strong belief that religion and spirituality should not be incorporated into "secular" counseling. For the sake of clarity, in discussing the principles below, we focus first on insuring the welfare of the client and secondly on promoting supervisee growth and development.

Guiding Principles

Supervision exists for the training of the counselor and for the protection of the client (Bernard & Goodyear, 2004). Under the umbrella of this fundamental premise, the content of clinical supervision sessions evolves in numerous directions with a myriad of content. Yet throughout much of the history of the counseling field, the spiritual and religious life of a client was considered either off limits (i.e., not appropriate to discuss as a therapeutic topic) or irrelevant (i.e., does not exist so no need to explore) to the overall psychological well-being of a client. Subsequently, mental health practitioners were generally neither trained nor encouraged to look closely at the spiritual lives of the individuals with whom they worked (Kelly, 1995).

In more recent years, with a move in the field toward wellness models of human development which include spirituality as a central component of optimal functioning (Myers & Sweeney, 2005) and with research evidence that most individuals report holding some spiritual beliefs (Princeton Religion Research Center, 2000), the field appears to have come out of its shared denial about the need to take seriously the spiritual aspects of a clients life. Related to this movement within professional counseling and other mental health fields toward a more direct acknowledgment of the spiritual aspect of normal human functioning, is the role that clinical

Many counseling students and novice professional counselors express the fear that they might stumble into a difficult conversation for which they can provide no clear resolution if they talk with a client about her or his spiritual life. Counselors-in-training also express the concern that they might disagree with their client about religion and spiritual matters. Further, novice practitioners are afraid they might have to confront a client about some misinterpretation or distortion that exists in the client's thinking about God or religion. To all of these concerns we would state, "So be it. This is as it should be." Why would a counselor be willing to confront clients about other areas of their thinking, feelings or behavior and not be willing to confront them about a spiritual incongruence? In all likelihood, this reluctance reveals much more about the supervisee than about the client.

An integrated multicultural perspective necessarily includes religion as a fundamental component of the individual uniqueness that shapes people's views of themselves and their world (Cashwell, 2009; Fukuyama & Sevig, 1999; Fukuyama, Siahpoush, & Sevig, 2005). Unfortunately, with a few notable exceptions, religious diversity is rarely at the center of discussions of multicultural counseling, suggesting a subtle bias among writers in this area. Yet it is an assumption of ethical practice that counselors "*will not discriminate against a client based on ... religion.*" (American Counseling Association, 2005). Given this foundational support of religious diversity by our professional association, it is incumbent upon clinical supervisors to ensure that the spiritual and religious perspectives of the clients under their care are protected.

By modeling for counselors that a client's spiritual views are both important and valid, clinical supervisors are shaping counselors-in-training to think similarly. Often, counselors will celebrate the sexual, racial, and ethnic uniqueness of clients while offering less fervent support for and protection of their rights to hold strong religious views, especially if those views differ from the views of the counselor.

In terms of the practice of clinical supervision, this principle suggests that it is appropriate for a supervisor to directly address any attempts by a counselor to influence the religious orientation of a client if the client has not expressly requested this. Thus, the supervisor watches for evidence that the counselor either strongly identifies with or reacts against the client's spiritual world view, as either extreme may be problematic. As Bernard and Goodyear (2004) suggest, for counselors to hold a true multicultural perspective they must possess or have experienced (a) a pluralistic philosophy, (b) cultural knowledge, (c) consciousness raising, (d) experiential training, (e) contact with minorities, and (f) practicum or internships with minorities. All of these ideas apply to the spiritual and religious realities

aware of his or her own spiritual beliefs (Bishop, Avila-Juarbe, & Thumme, 2003; Polanski, 2003). Through meaningful discussions in the clinical supervision hour, a counselor may recognize when he or she is reacting (either positively or negatively) toward a client's religious impulses. As the supervisor assists the counselor in gaining clarity about his or her own reactions, the counselor is in a much better position to respect the client's religious perspective and to utilize the client's beliefs as a component of treatment when appropriate.

For clinical supervisors, this principle suggests a willingness to directly engage supervisees in conversations about the counselor's religious history, beliefs, and values. This may create anxiety for some supervisors, yet just as religion is a unique component of a client's reality, it is equally true of the supervisee. Anecdotal evidence suggests that clinical supervisors frequently report the challenge of working with the highly religious supervisees who believe it is their responsibility to convert clients to their faith. Directly engaging supervisees in discussion about their spiritual beliefs provides an opportunity to discuss the ethical violation of value imposition. Similarly, counselors who are suspicious of clients' religious commitment can be challenged to open their mind to the reality that individuals who are religiously committed consistently perform better on measures of overall physical and psychological well-being (Cashwell, 2005).

One supervisor, speaking about helping supervisees work with clients with belief systems that are different from their own, emphasized self-awareness by saying, "How do you bridge that gap? I think they can resolve that, but the counselor has to have self-awareness."

Multiple supervisors made statements about the importance of recognizing their boundaries as a supervisor. That is, supporting the supervisee in examining her or his beliefs is acceptable to a point, particularly when it is within the context of a particular client with whom the supervisee is struggling. For example, one supervisor stated:

I would process with supervisees and hopefully help them to recognize that their spiritual views were negatively impacting their ability to form a significant relationship. Then, I would encourage them to seek out their own counseling to help them clarify their own values and some sense of why they believe what they believe.

Conversely, supervisors may mirror a bias held by many supervisees that spirituality and religion can only be introduced into the counselor or supervisory process if brought up by the "other" (i.e., client or supervisee). One supervisor, herself a highly religious person, may have been speaking to this when she said:

(ASERVIC) designed to guide counselors in effectively working with spiritual and religious issues in counseling. One of the competencies states, "Counselors can assess the relevance of spiritual and religious issues to the client's counseling concerns." In the context of clinical supervision, supervisees may need assistance in appropriately exploring the role of religion and spirituality in the client's life and how these may relate to presenting concerns.

In some instances, a supervisee might ask questions of a supervisor about the integration of spirituality and religion into counseling work. This provides an opportunity for an in-depth discussion of this integration and affords the supervisor an at least somewhat "open window" for learning about the supervisee's perspectives on religion and spirituality, as well as learning about how the supervisee might think initially about integrating spirituality and religion into his or her work as a counselor.

In our experience, though, these instances are rare and often are prefaced with "Well, I know you are interested in spirituality, so I want to ask you about ..." That is, in many cases, supervisees may only introduce the topic if/when they know you as a supervisor are open and interested in the topic. In the majority of cases, though, it is left up to the supervisor to open this avenue of dialogue.

A supervisee's perspectives on spirituality and religion, and the role of spirituality and religion within the counseling process, can and, we believe, should be assessed in initial supervision sessions. As a supervisor begins to assess the developmental level, theoretical orientation, ego-strength, and interpersonal style of a supervisee, assessment of the spiritual and religious domain can begin as well. We recommend a series of simple questions, offered with the same neutrality with which you assess other aspects of the supervisee. This is not considered a rigid protocol of assessment. The use of subsequent questions depends, to some extent, on the openness of the supervisee to explore the spiritual and religious dimension.

1. How has your theoretical orientation evolved out of your personal and professional experiences?
2. How do you think about the role of clients' religious and spiritual lives in their presentation to you as a counselor?
3. How have your own spiritual and religious experiences influenced your perspectives?
4. How do you think you will assess client religiosity and spirituality?
5. How might you work with what you learn from this assessment of client spirituality?

Initially, these questions are intended to give you some initial perspective on the supervisees' personal experiences with religion and spirituality, how these experiences impact their perspectives on integrating

1. *Religiously committed clients*—clients who have a personal conviction regarding their personal religious beliefs. Because these beliefs are internalized and conscious, they typically are a source of significant influence on attitude, thoughts, and behaviors. Because of the salience of these beliefs, this client likely will be willing to discuss and examine their beliefs and how these beliefs influence his or her presenting issues.
2. *Religiously loyal clients*—clients for whom the cultural aspects of religion, as part of familial and ethnic loyalties, is most salient. Often, traditions and rituals provide norms for beliefs, practices, attitudes, and values. These beliefs, however, are primarily extrinsic and do not necessarily form the value base of the individual. Such a client may need to discuss the culturally and socially oriented behaviors of his or her religion and also consider where her or her personal beliefs, values, and behaviors differ from these.
3. *Spiritually committed clients*—clients who have a strong sense of their personal spirituality while not affiliated with organized religion. There is a strong sense of something beyond the self, of connectedness and openness. Such a client typically is open to exploring personal beliefs and values and how these are related to presenting issues and may, in fact, introduce these topics in the counseling process.
4. *Spiritually/religiously open clients*—clients who do not have a spiritual or religious commitment or a loyalty to a determined religion, yet are open to exploring the spiritual/religious dimensions in looking at their presenting issues and their development and growth. Such clients are not apt to introduce spirituality/religion within a counseling session, but if exposed to these ideas within a non-proselytizing approach, they are likely to explore these issues.
5. *Externally religious clients*—clients who participate in organized religion, but for whom the beliefs and attachments of that religion carry little or no inner conviction related to their religious loyalty or religious commitment. For such a client, the integration of spirituality/religion often has little or no benefit.
6. *Spiritually/religiously tolerant or indifferent clients*—clients who are open generally to spirituality/religion and to the specific spirituality/religion of others, but who are personally indifferent. For such clients, the introduction of spirituality/religion is not warranted and may, in fact, be ethically problematic.
7. *Nonspiritual/nonreligious clients*—clients who consider spirituality/religion, both conceptually and personally, as unreal and unnecessary, if not harmful to understanding reality. To introduce

to the “rules” tends to be rigid. It is at this level that belief systems might be considered dogmatic. Because beliefs tend to be rigid and characterized as “black or white”, there is little tolerance for differing beliefs or the people who hold them. As such, Level 1 clients hold expectations that their counselor will work within their belief system and will not make efforts to challenge or change these beliefs (Belaire, Young, & Elder, 2005). By the same token, a Level 1 supervisee will not expect the supervisor

Level 2 (rebellion and questioning). The Level 2 client or supervisee is in a psychological space of either rebelling against earlier religious and spiritual teachings and practices or is in a questioning phase. The key characteristic of this developmental level is that the client is “unpacking” early learning and examining it more closely. This may take highly disparate forms, however. For some clients, this can take the form of exploration of different wisdom tradition and often is a time of great openness to different spiritual/religious beliefs, practices, and experiences. Such a client likely would be highly open to the integration of spirituality and religion into the counseling process, as long as the approach was not exclusivist in nature. For others, however, it can be a period of angry rebellion. Using the typology of Kelly (1995) previously discussed, such clients might fit into the category of “*religiously hostile*.” In such cases, it might be necessary for the counselor to introduce the construct of spirituality as a distinct construct from religion and be mindful of the fact that the client might not be making the distinction, leading him or her to be hostile toward both religion *and* spirituality. In such cases, the counselor is well-advised to explore without judgment the client’s life experiences with religion and spirituality. In most cases, however the integration of spirituality and religion is contraindicated and the supervisee should be discouraged from working within a religious and spiritual framework with the client.

Level 3 (seeking). A Level 3 client is clear about some aspects of his or her religious and spiritual life, but not others. Unlike the level one client, the Level 3 client does not feel the need to proselytize beliefs. Commonly, there is an “innerness” to these beliefs that helps the client feel comfortable with these beliefs and not need to proselytize that others “should” believe this way. At the same time, there remains a seeking around certain religious or spiritual beliefs and practices. The integration of spirituality and religion into counseling with level three clients is quite natural and typically requires only the slightest initiative on the part of the counselor. A constructivist framework, although useful with clients at all levels, is particularly effective here as Level 3 clients typically want someone to support them in their exploration and seeking. Often, a Level 3 client will introduce topics of spirituality and religion in discussing personal struggles. With such clients, the supervisee might be encouraged to adopt a nondirective approach to facilitate client exploration.

Principle 5: Consider the Client's Psycho-Spiritual Viewpoint as Potentially Part of the Problem and/or Part of the Solution

A client's spiritual beliefs can be psychologically stabilizing or destabilizing. This should not be surprising to anyone who has much counseling experience. Clients come to counseling because of the emotional, behavioral, and cognitive incongruence with which they are struggling and religion and spirituality are one aspect of this experience. If clients believe something about their lives based on a religious presupposition, and this belief is causing anxiety, then it is a psychological phenomenon open for discussion in counseling. Supervisees need assurance that their job is not to fix or resolve the religious struggles of a client but rather to help the client explore these struggles.

Exploration of client belief systems in counseling is, in part, a function of the previously described developmental level of the client. That is, there are some clients who are so firmly entrenched in their personal belief system that they will become psychologically reactive to *any* exploration of these belief systems. One function of the supervisor is to help the supervisee consider if and when to introduce an exploration of client beliefs into the counseling process.

If, however, it seems appropriate to support the client in exploring spiritual and religious belief systems, the following questions can be used to explore aspects of the belief system that are helpful and those that are hindering. Does the belief ... :

- Build bridges or barriers between people?
- Strengthen or weaken a basic trust/relatedness to the universe?
- Stimulate or hamper the growth of inner freedom and personal responsibility?
- Provide effective or faulty means of helping move from guilt to forgiveness?
- Increase or hamper enjoyment?
- Encourage acceptance or denial of reality?
- Strengthen or weaken self-esteem?

It bears emphasizing here that the principle highlights that a client's psycho-spiritual perspectives should be conceived as potentially *part* of the problem and/or solution. That is, the psycho-spiritual should be integrated within the holistic framework of the person and should *not* be considered solely as either the problem or the solution. One supervisor captured this when he stated that:

I think that it is a challenge if I have someone who believes that all issues can be solved spiritually, through prayer, meditation, or reading spiritual things. It takes looking at biochemistry, behavior, at the

struggle. By modeling this for the supervisee, he or she will become more conscious of not taking the clients struggle away and, in fact, may see how helpful it is to heighten the struggle to help the client gain emotional and cognitive insight. Depending on the developmental level of the client, this might take the form of:

- Reflecting content, feelings, and meaning to help the client see his or her perspective more clearly
- Offering contrasting perspectives
- Helping the client to examine and own his or her beliefs
- Challenging the client to think about his or her beliefs in sophisticated and critical ways
- Helping the client differentiate the relationship with a Higher Power from a relationship to an institution
- Challenging the client when religious belief is used as an excuse not to take responsibility for his or her life
- Supporting the client in drawing love, encouragement, acceptance, and support from the God of his or her understanding
- Supporting the client in feeling valued and prized by the God of his or her understanding
- Supporting the client in feelings of assurance and peace that God is working in his or her life
- Supporting the client in knowing he or she cannot earn God's favor
- Supporting the client in accepting that he or she is not perfect
- Supporting the client in knowing that he or she is a work in progress and that the relationship with God changes over time

One supervisor captured this principal eloquently when she said:

... When my supervisee[s] struggle, I try and be supportive of them and let them struggle. Just like with clients, you can't expect growth without first making a mess. Nobody gets to puberty without going through an awkward stage first, and I think that is true of any kind of change or development ... you can't do the other [principles] without having the perspective that your supervisee will struggle. If you try and protect your supervisee just like you try to protect your client, none of these things will happen ... if supervisees haven't spent time thinking about how spirituality and religion have a bearing on this existence, then you are dead in the water, I think.

Questions for Consideration in Supervision

Often, supervisors work with supervisees who are providing services to a client who is highly religiously or spiritually oriented, or who holds a belief

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