Seven Students’ Concept of Harmful and Healthy Spirituality

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This article addresses seven counseling students’ concept of harmful and healthy spirituality. The counselor education profession lacks consensus on what defines harmful and healthy spirituality and how to prepare future counselors to address this issue in the counseling setting. This study was conducted at a large school located in the Southeast. The researchers used a qualitative phenomenological approach to understand the participants’ subjective experience and define harmful and healthy spirituality, and create potential categories for understanding this phenomenon for counselor educators, supervisors, and clinicians. Implications for the counseling field will be discussed.

Keywords: spirituality, counselor education, harmful spirituality, healthy spirituality

Seven Students’ Concept of Harmful and Healthy Spirituality

Spirituality has received more attention in the counseling field recently, especially as it relates to the integration of spirituality in counseling practice. Delaney and DiClemente (2005), although addressing Christianity, a branch of spiritual expression, stated that throughout the 20th century, professionals thought it taboo to comingle the teachings of Judeo-Christianity and psychology. However, that has not always been the case. Spirituality and counseling were not always separate and distinct from one another. Gold (2010) referenced three metaphorical time periods to mark counseling and psychology’s relationship to spirituality: centrality, marginalization, and discrimination.

The first period was centrality (Gold, 2010). This period designates that spirituality and psychology were originally linked regarding the study of the human mind and soul. The first group to contribute toward the study of human nature can be traced back to the Greek writers,
who did not distinguish between the two concepts, as the study of the spiritual aspect of humanity and the psyche were not clearly defined in this era. According to Miller and Delaney (2005) “Psychology is literally the study of the soul, the very essence of what it is to be human. Long before there were psychologists, people brought their psychic troubles to their spiritual leaders. Many still do” (p. 291).

Marginalization was the second period (Gold, 2010). In the 18th century, during the Enlightenment, the age of reason replaced the age of faith and caused a rift between spirituality and psychology. The field of psychology wished to distinguish itself from spirituality by becoming more scientific. Gold (2010) provided the following example to illustrate the point: Astrologist Franz Mesmer and exorcist Johann Gassner had a contest between one another as to whose methods would best treat a particular client. Gassner failed to heal the client, which led to two things. First, failure to heal the patient signaled a separation between religion and psychology. Second, it “…legitimized denigration of religion as a viable healing mechanism” (Gold, 2010, p. 8). It also lent credence for putting psychological methods above those methods of a spiritual nature.

The third period was discrimination (Gold, 2010). The pioneers in psychology, such as Sigmund Freud, John B. Watson, Edward L. Thorndike, and B. F. Skinner adopted a more scientific worldview by which they achieved credibility for their theories of human behavior. Freud essentially thought that religion was the result of wish fulfillment and labeled it an illusion (Frame, 2003). Albert Ellis (1980) stated that atheism was the only means to achieve optimal human functioning. According to Gold:

This goal of the societal acceptance of psychology as a science was envisioned as a way to lend credibility and respectability to their newly inked theories of human functioning and human dysfunction. In addition, the founders of this new approach to understanding the human condition and experience sought the approval of other, more established professions such as medicine, law, and philosophy. These other professions had already rejected the place and value of religion in favor of scientific empiricism, and psychologists insisted that their discipline was equally astute in the embracing of the new epistemology of science (Gold, 2010, p. 9)

Although religion and spirituality in counseling have typically been ignored as a part of the counseling profession, that separation is quickly changing (Frame, 2003; Gold, 2010; Griffith & Rotter, 1999; Chadler, Holden & Kolander, 1992). Becvar (1997) commented that it is “…essential to consider how to ready ourselves for client/therapist interactions that are focused explicitly on religion/spirituality. For, outside of seminary-based programs, preparation in this area is rarely part of the training of mental health professionals” (p. 55). Kelly (1995) found in a nationally administered survey of American Counseling Association members “…that 64% of the respondents believe in a personal God while another 25% believe in a transcendent or spiritual dimension to reality” (p. 37). Worthington (2011) affirms that an increase in counselor openness to issues of spirituality is increasing.

On a national level, the American Counseling Association established the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) in 1993, which in 1977 was originally named the Association for Religious Values Issues in Counseling (ARVIC; http://www.aservic.org/history.html). The intent was to apply spirituality and religion in theory
and practice to the counseling profession. However, not all religious and spiritual perspectives are created equal, and not all viewpoints assist a client toward wellness. For instance, religious figures such as Jim Jones and David Koresh did not encourage a healthy perspective by their obvious use of manipulation and control of their followers. These examples are overt, but subtle nuances of harmful spirituality exist, and should be explored so that counselor educators, supervisors, and counselors-in-training might recognize it.

**Lack of Consensus**

Although the professional literature has begun to stress the importance of integrating spirituality into the counseling session, there has been no agreement upon what its essential essence is. Leaders from ASERVIC met during the fall of 1995 for their first summit on spirituality in order to define spirituality. The leaders were able to develop nine key counselor competencies for integrating spirituality into counseling; however, they could not define the nature of spirituality. Instead the summit crafted a description of spirituality.

After interviewing counseling students, Souza (2002) stated that defining spirituality was difficult, especially because of how this area was being addressed or neglected in counselor education programs. The students reported that spirituality was such an intangible thing that it made it difficult to articulate clearly. However, Souza (2002) suggested that counselor education programs would do well to assist counselors-in-training by exposing them to a variety of definitions on spirituality in a non-threatening manner. As Souza explained, “the consequences of not addressing spiritual issues in counselor education programs include the possible unethical treatment of a client by a counselor who undervalues spiritual belief systems and the failure of counselors to recognize a potentially effective coping skill” (p. 216).

For instance, Taylor (2002) discussed religious addiction, which is a variation of harmful spirituality. Comparing religious addiction to substance addiction, Taylor (2002) stated “religious addiction, as with other addictions, allows the addict to escape from painful realities and/or feelings. However, by using religion as a means for this escape, the addict develops an unhealthy religiosity” (p. 292). Another assumption made was that religious addiction was not confined to Christianity, but could occur in any religion. Taylor did describe in detail the symptoms of religious addiction which was heavily drawn upon by Booth’s (1991) work and connected it to a form of harmful spirituality. Nevertheless, there was still missing a unified definition for counselors and counselor educators to utilize effectively.

Cashwell and Young (2005) echoed a lack of unity on defining spirituality when they commented that the undertaking of defining spirituality is “no small task” (p. 3). They pointed out that there tends to be overlap when it comes to spirituality and religion. In addition, a person may participate in a religious activity out of a sense of obligation, but not experience any significant spiritual meaning as a result. Therefore, a religious activity may not be considered spiritual. Specifically, religion is defined as “a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both” (Cashwell & Young, 2011, p. 9).
Assessment

Assessment is a vital aspect of the counseling process. Assessment allows the counselor to make judgments using observation, interviews, and psychometric tools in order to best serve the client. Therefore, if assessment is going to be strengthened concerning spirituality, then there must be some type of clear concept of harmful and healthy spirituality. A means of assessment may enable clinicians and supervisors to determine if a client’s spiritual perspective is contributing to the presenting problem.

Stanard, Sandhu, and Painter (2000) posited that because spirituality has been called the fifth force in counseling and psychotherapy, it must be included as part of the assessment process. Stanard et al. reviewed seven different spiritual inventory assessments and found that they were deficient due to having relied upon a Judeo-Christian perspective, or a belief in God or higher power, as a basis for the measurement.

Myers and Williard (2003) emphasized the importance of assessment when it comes to spirituality. Their theoretical framework originates from knowing what encompasses wellness, of which spirituality is one of those pieces:

Counselors-in-training should be exposed to assessment and intervention techniques that are compatible with the philosophy of spiritual and holistic wellness. These techniques should be included in practicum experiences, and appropriate assessment instruments and strategies should be included in the measurement and assessment course curricular (p. 152).

More recently, Oakes and Raphel (2008) stated that, “the ability to integrate spirituality into treatment requires the counseling professional to be skilled in spiritual assessment” (p. 240). As of now, current assessment tools, especially quantitative tools, are not adequate to distinguish between healthy and harmful spirituality (Oakes & Raphel, 2008). Oakes and Raphel stated “the subjective nature of spirituality handicaps the ability of many extrinsic measures to distinguish between harmful and beneficial spirituality, especially because the empirical evidence has not adequately distinguished between good and bad spirituality” (p. 243). Oakes and Raphel used a multifaceted assessment strategy and illustrated it using a case study. Raphel (Oakes & Raphel, 2008) used Hodge’s (2001) spiritual life map (as cited in Oakes & Raphel, 2008) as a means of gaining more detailed information regarding the client’s spiritual journey, which unearthed significant data to help clarify and plan strategic interventions.

In addition, Souza (2002) performed a qualitative study to address how counseling students perceived the topic of spirituality. Souza thematically assessed students’ reactions after attending four one-hour seminars on the topic of spirituality by interviewing students who were enrolled in a master’s level counseling program. Souza (2002) commented that without adequate training, the counselor-in-training might miss vital aspects of a client’s concern. For instance, the difficulty in defining spirituality was a problem identified during the interview process. Another area of difficulty that emerged was whether counselors-in-training or clients should be the one to raise the issue of spirituality.
The results of Souza’s (2002) student interviews indicated that counselor education programs, at minimum, should offer an elective course on spirituality. However, this study leaves out of the conversation the process of integrating spirituality and determining its helpfulness or harmfulness to the client. Yet, Souza’s (2002) study is relevant in that if counselors-in-training are going to be assessing clients’, then there needs to be more awareness of spiritual perspectives and the benefits and harm it can bring to a client. The ongoing assessment would then enable the counselor to recognize if spirituality is part of the presenting problem and therefore potentially harmful.

In another example, Pate and Hall (2005) offered a course on counseling and spirituality at the University of Virginia in the spring semester of 2003. The class was a blend between in-person and online meetings and “…was the first course of its kind at the University of Virginia” (p. 155). Students reported a positive encounter with the course and suggested that it was needed in order to elaborate on discussing spirituality and religion in their multicultural class as an issue of diversity. Pete and Hall (2005) commented that the course encouraged “counselor education students to think about how both their clients’ religious and their own spiritual beliefs could affect counseling” (p. 160). They also recognized the importance of integrating spirituality into counseling since it not only relates to multiculturalism, but is an aspect of the wellness model, and especially as it related to the 2001 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards. This study stressed the importance of discussing spirituality and general awareness. However, it failed to assist counselor education students in categorizing or determining when a spiritual or religious worldview was healthy or harmful.

Cashwell and Young (2007) commented that counselors need to emphasize a holistic approach when counseling clients, an approach which includes spirituality. However, clients may be attracted to counselors who integrate spirituality and use it as a means to avoid dealing with issues that affect their emotional, cognitive, physical, and interpersonal lives, which is known as spiritual bypass. Spiritual bypass is defined as “…when a person attempts to heal psychological wounds at the spiritual level only and avoids the important (albeit often difficult and painful) work at the other levels, including the cognitive, physical, emotional, and interpersonal” (Cashwell & Young, 2007, p. 140).

Cashwell and Young (2007) attempted to define spiritual bypass by using qualitative methods. Their hypothesis was that client change is unlikely to retain lasting effects if they only seek a resolution at the spiritual level. Martha, the first case study, was a 50-year old female who presented with chronic migraines and was dissatisfied with her life. Paul, the second case study, was a 59-year old male who reported physical and emotional abuse by his father. The thread that joined these two individuals was the fact that they sought spiritual avenues to heal their past; however, emotional wounds still ran deep and needed further attention the spiritual paths did not address.

Cashwell and Young (2007) encouraged counselors to be wary of clients that wish to only use spirituality as a means of healing and stated that proper attention to cognitive, physical, emotional, and interpersonal variables to ensure wellness must be addressed. This case study is important because it readily demonstrates that spiritual bypass, although subtle, can function as a mild form of harmful spirituality. However, the weakness of this study was that it did not reference the specific concepts that harmful and healthy spirituality consisted.
weakness was the data collected were from clients, not counseling students, who would be assessing this vital component.

The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2009) standards state that counselors-in-training studies should “…provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society, including…attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities designed to foster students’ understanding of self and culturally diverse clients” (pp. 9-10). Spirituality is certainly a component of that multicultural context that clients’ bring with them to the session. Therefore, it is essential that counselor education programs adequately prepare students to recognize this variable (Burke, Hackney, Hudson, Miranti, Watts, & Epp, 1999; Frame, 2003; Gold, 2010; Steen, Engels, & Thweatt, 2006).

The cornerstone of any assessment is based on its definition of the construct it is measuring. Even in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013) religious or spiritual problems are listed as V-codes. However, the difficulty with the DSM-5 is that it does not provide any type of conceptual framework to understand how this type of problem may look. Therefore, some type of global definition needs to be created in order to facilitate a more competent approach to training counseling students so they are able to recognize the different variations of harmfulness. The purpose of this study is to begin clarifying the definition of harmful and healthy spirituality and provide counselors-in-training with conceptual tools for assessing spirituality and how their clients understand spirituality, and to discover how counselors-in-training define harmful and healthy spirituality. The results will assist counselor educators in being aware where gaps are in terms of knowledge and skill in defining these two terms.

Methodology

The basis of this study was to gain an understanding of how counseling students defined harmful and healthy spirituality and use the information as a spring board to provide pedagogical ideas to strengthen the spiritual component of counselor education curriculums. Because I could not find current quantitative instruments that would measure counseling student’s conceptualizations of harmful and healthy spirituality, I decided a qualitative methodology was most appropriate. In addition, qualitative methodology was appropriate because it captured not only counseling students’ definitions of harmful and healthy spirituality, but also their own cultural story which quantitative data could not access. Specifically, this study was phenomenological in nature. Phenomenology is a method by which the researcher attempts “…to get beneath or behind subjective experience to reveal the genuine, objective nature of things, and as a critique of both taken-for-granted meanings and subjectivism” (Schwandt, 2007, p. 226; Creswell, 2003).
Measures for Ethical Protection

**Institutional Review Board.** Before the current study was started, an application was submitted to the Institutional Review Board (IRB) at the university where this research took place. Research was not initiated until the IRB approved the protocol for this research project.

**Risks.** Risks to participants involved in this study were minimal. Participants’ names have not been disclosed; however, this study posed some risk to its participants in light of the sensitive topic. Participants voluntarily relinquished their time to participate in the interview. A potential risk of this study was, through close examination, a counseling student’s discovery that their spiritual perspective was harmful. In case of psychological harm due to the interview process, counseling students that disclosed this via the interview were recommended to attend the on campus counseling center for further assistance in moving toward a healthy spirituality. However, no participants commented, post-interview, that the interview caused them to recognize a harmful spiritual perspective therefore no referrals to the campus counseling center were made.

Criteria for Selecting Participants

The sample of participants involved in this study consisted of seven graduate counseling students in a CACREP accredited program at the same public university located in the Southeast United States. The university offered the Education Specialist Degree (Ed.S.) with either a focus on school counseling cognate or marriage, couples, and family counseling cognate. Seven counseling students volunteered to participate in this research project, which followed the model of other professional literature that suggested six to eight interview candidates was recommended for phenomenological research (Creswell, 2003). Also, when investigating professional journals performing qualitative research, the number of participants ranged from one to twelve participants (Cashwell et al., 2007; Gubi et al., 2009; Johnson, Hayes, & Wade, 2007; Merriam et al., 2002; Oakes et al., 2008). After consulting with a qualitative research scholar, they also suggested that six participants were sufficient for performing a qualitative phenomenological study (M. Jay, personal communication, August 21, 2011).

We choose participants on a volunteer basis by using the list serve of the counselor education department to e-mail all Ed. S students, and presenting the study in graduate counseling classes. However, we knew some of the students personally in the counseling program and had taught them in different courses. Therefore, we wanted to avoid personal bias in the selection process. Because more participants volunteered than were needed, in order to attain randomization and avoid researcher bias, each potential participant was provided a distinct number and the researchers chose by random selection the seven interviewees. An attempt was also made to have a balance of male and female volunteers.
Following in the steps of qualitative research and scholarly sources, which suggested that the researcher is the primary research instrument, allowed for the creation of the interview questions (Patton, 2001; Creswell, 2003; Maxwell, 2005; Glesne, 2006). Phenomenology attempts to gain access to the subjective meaning of event and things from the participant’s perspective. Therefore the questions were carefully crafted and were a means of standardizing the interview and ensuring consistency across each interview (Patton, 2001). We created the questions in order to discover how the participants defined spirituality, including its harmful and healthy components, which were administered through structured interviews. We only asked participants the following questions, but did ask students to elaborate if something was unclear. The interview questions utilized in each interview were as follows:

1. How do you define spirituality?
2. How would you define harmful spirituality?
3. How would you define healthy spirituality?
4. What is your experience with harmful spirituality?
5. What is your experience with healthy spirituality?

**Sample Demographics**

One male and six females totaled the sample. The sample of participants in this study was composed of seven Ed.S. students in school counseling and marriage, couples, and family counseling concentrations. The ages of the participants ranged from twenty-two to thirty-nine. Two participants were in the school program, while the remaining five participants were marriage, couples, and family students. Four participants identified as *Caucasian*, one identified as *African-American*, one identified as *Other*, and one identified as *Biracial*. Their religious preference was as follows: one indicated *Other*, five identified with as *Christian*, and one identified as *Baha’i* faith. The two participants in the school program could be subdivided as follows: one male in his second year and one female in her first year of the Ed.S. program. The remaining volunteers were in the marriage, couple, and family program. One volunteer was in her first year of graduate study while the remaining four volunteers were in their second year of academic studies.

**Interviews**

We conducted and audio recorded one-on-one interviews with each of the seven volunteer participants. After each interview, we loaded the recorded interview onto a laptop computer and listened to verify its accuracy. After establishing accuracy, we used professional audio transcription service in order to have each interview transcribed. After the transcriptions were complete, the document was e-mailed as a Microsoft Word document to each participant for verification of accuracy. After each participant confirmed the accuracy of the transcription, the process of coding and identifying themes began.
Thematic Analysis

The thematic analysis involved audiotaping each one-on-one interview, transcribing, and coding, looking for themes. A line-by-line coding process was utilized with each transcribed interview. Themes were noticed when the saturation point was met and elements from the individual interviews began repeating (Donalek & Soldwisch, 2004). In order to verify the trustworthiness of this study, we utilized multiple investigators (e.g. triangulation), and several variables, such as researcher bias and external audit, which included member checking and peer review (Glesne, 2006).

A line-by-line coding was completed for each transcript interview as it related to the five questions. We performed a line-by-line coding for each transcript and then compared all responses given to one another to identify themes. Specifically, after reading over each transcript we looked for concepts that continued to surface via each interview. In addition, a code book was kept so that tracking of themes would be easily recorded in one source. We also enlisted the help of one qualitative researcher and one doctoral student in counselor education, who had already completed the course on qualitative research, to code a transcript that best represented the themes. The qualitative researcher who assisted in this study created broader codes than the researcher did, but suggested that more specificity could be utilized. The counselor education doctoral student created specific codes almost identical to that of the researcher. The themes that were chosen closely paralleled to not only the counselor education doctoral student’s, but the professional literature as well. So, it was with the professional literature in mind that the researcher created the resulting themes.

Member Checking

Merriam et al. (2002) discussed internal validity, reliability, generalizability as it relates to qualitative research. Member checking was one mean by which this study sought to validate the findings of the data. Upon completion of transcribing the interviews, we contacted each participant with a copy of their interview, in a Word document, and asked them to read it in its entirety and affirm if it accurately reflected their ideological position. In addition, upon the completion of each interview the researcher went over each answer given with the interviewee before ending the interview to check for accuracy.

Peer Reviews

A qualitative researcher assisted the coding process for this study. To validate the coding of each transcript, one interview was selected that best illustrated all of the themes that emerged via post-interviews (Glesne, 2006). The feedback provided was noted and assisted the researchers in a peer review. Likewise, to insure triangulation of the collected data, the study had a fellow doctoral student in the counselor education program, who had completed a qualitative course, to read, code, and comment on a transcript that best represented the identified themes. The peer review process validated the codes we created as part of this study.
Results

Participants that took part in this study disclosed their answers to the five questions posed to them as they related it to their personal stories. Three themes were associated with healthy spirituality and two themes described harmful spirituality. Healthy spirituality themes were as follows: higher power as a moral compass, altruism, and a lived identity. Harmful spirituality themes were as follows: hypocrisy and intolerance. The first themes discussed will be those associated with healthy spirituality.

Healthy Spirituality

The participants’ concept of spirituality necessitated a higher power. For instance, one participant said: “I would define spirituality as a relationship and acknowledgement of a higher being, God or power, beyond what we see day to day.” In addition, one of the participant’s specificity of a higher power was associated with the concept of Christianity and reflected monotheistic ideology. The participant stated:

“…spirituality means a relationship with Christ and with God and everything, but then I was thinking about it and I think just being in the program I’ve thought about this more, but because some people have a spiritual connection with nature and stuff like that and I don’t really understand that but I think it’s just a connectedness or a belief in something bigger, I guess.”

Furthermore, all participants in this study connected the notion of morality and a higher power with their experience of spirituality. For example, another participant commented: “I think spirituality is really broad, it’s not necessarily religion; I think those two are separate. But I think that it can be the way people live their lives, their values, beliefs and meaning that they live by. Kind of how you understand yourself and how you are connected to a higher power or how you fit into the grand scheme of things.”

The next theme recognized under healthy spirituality was altruism. The characteristics of the altruism theme were captured by participants’ description of the golden rule as “do unto others what you would have them do unto you” and deeds of being sacrificial, such as when they stated:

“I think healthy spirituality helps me and helps people to improve their life, give you strength to continue in life despite the problems that you can have. Spirituality for me, that’s helped me to face my problems when I was a teenager still and now because my belief I want to do something for others. I want to help people, but at the same time I want to help me.”
The participants thought that healthy spirituality would cause individuals who possessed it to sacrifice for others. One participant said,

“I think healthy spirituality helps me and helps people to improve their life, it gives you strength to continue in life despite the problems that you can have. Spirituality for me, that’s helped me to face my problems when I was a teenager still and now because my belief I want to do something for others.”

The altruistic results also suggested that healthy spirituality would be seen in small ways, such as participants suggesting “opening doors for others” or “telling someone you care about them.” The participants described healthy spirituality as being non-defensive, nonjudgmental, and a sense of being congruent. “I think healthy spirituality is any spirituality that’s just allowing someone to be open, be curious and be interested in finding out more about themselves and how they are connected to the rest of the world and beyond.” The effects of healthy spirituality was also seen in participants’ responses as providing individuals with an ability to manage stress, work through grief, become connected with others by finding support, and lastly by their taking ownership of their spiritual model.

Harmful Spirituality

The first theme that emerged from harmful spirituality was hypocrisy. “I see harmful spirituality and such as maybe putting up a facade. You put up this great, ‘We love everybody. All are welcome,’ facade, but on the inside that’s not how you live and that’s not how you truly believe,” one participant responded.

The second theme that originated from the participants under harmful spirituality was that of intolerance. Intolerance is the unwillingness or refusal to tolerate or respect contrary opinions or beliefs. The traits the researcher noticed, as mentioned by participants, included intolerance, looking down on others, and coercion. The basis for the title was that the data described by the participants was best characterized as being unimportant and being looked down on by others and therefore intolerant. Regarding intolerance, one participant stated:

“I think anything that would set a person on a path of - I guess you could call it extremism. I feel it would be harmful in any which way. I guess harmful spirituality would be if you certainly believed that by your set of principles you thought, ‘Get ahead any way possible,’ murder, theft, any of that stuff. Going against the basic laws that we have set in place. Getting ahead by any means possible.”

Another participant, regarding intolerance, said:

“I knew a guy, an undergrad, who was so I guess narrow-minded, and so he called himself a devout Christian, and he was so caught up in that that he wouldn’t even talk about, think about or talk to a person that he didn’t think was Christian enough, which he defined that as someone who wasn’t like him.”

Discussion

The knowledge generated by this study has been informative regarding counselors-intraining attitudes toward spirituality in general and harmful and healthy spirituality in
particular. The participants in this study did not hesitate in articulating their definitions and experiences with harmful and healthy spirituality, which was helpful in understanding their personal context of the topic and the phenomenon under consideration. As it was stated earlier, participants connected their concept of a higher being and a possible connection to it reflected more of a Western religious worldview as well as a theistic model of spirituality. Counselor education programs would do well to introduce counselors-in-training to spiritual as well as religious worldviews that do not hold to a deity within their definition (e.g. Buddhism, Confucianism, Taoism, and New Age Spirituality).

**Clearer Definitions**

As mentioned previously, the significance of this study contributes to clearer definitions, providing a spirituality continuum, generating knowledge, professional application, and social change. The first recommendation for counselor education programs would involve defining spirituality. The summit on spirituality found it difficult to define spirituality and, therefore, crafted a description versus a definition. Souza (2002) discovered after interviewing counselors-in-training that spirituality was difficult to define by the study’s participants. Souza (2002) commented, “Without training in spiritual issues, counselors may miss essential aspects of a client’s concern” (p. 213). Therefore, counselor education programs would do well in preparing its students by having them explore their own spiritual belief systems, whether in a multicultural course or offering a class devoted to spirituality and counseling. Moreover Myers et al. (2003) remarked,

Counselors-in-training should be given opportunities to explore, understand, and articulate the personal meaning of their own spirituality as well as an understanding of the individual nature of their meaning-making processes. The ethical importance of a constructivist philosophy relative to spiritual issues should be stressed in professional orientation and continue throughout the educational process (p. 152).

Myers et al. (2003) continued,

Counselors should be exposed to many diverse spiritual and religious beliefs, values, and phenomena as part of their preparation process. This could be greatly facilitated by integrating a developmental, wellness orientation in all core courses and in multicultural courses in the counseling curricula. Practicum experiences could be combined or coordinated to expose students simultaneously to cultural and spiritual diversity and development. For example, students could be encouraged to visit and participate in services of various faith traditions, both Eastern and Western, after which they would discuss their experiences and reactions in small and large groups during class or supervision times (p. 152).

Although it was not known whether the participants in this study took the offered course on spirituality in counseling, the definitions they offered for spirituality, harmful spirituality, and healthy spirituality were enlightening.
Spirituality Continuum

Having a clearly presented spiritual continuum would be the second recommendation for counselor education programs. A continuum provides a more realistic construct of the finer degrees of healthy and harmful spirituality. The problem with current literature is that there is a lack of discussion on creating such a continuum and using it as a means to educate counselors-in-training in the area of spiritual assessment. Although further research would need to occur, in light of the data collected in this study, the researcher suggests the following continuum of harmful and healthy spirituality for both education and assessment purposes: higher power as a moral compass, altruism, and a lived identity, and harmful spirituality as: hypocrisy and intolerance. Again, since this is a linear model, it does not mean if a client feels connected to a higher being they may not engage in looking down on others. As a result, this continuum is still tentative and needs to be researched further. Future research could endeavor to discover whether spirituality is more cyclical or linear based on the spiritual perspective of those interviewed. It would be helpful for future researchers to gain a wider perspective by involving participants from different world religions and spiritual viewpoints.

Professional Application

Professional application recommendations related to this study also involved the concept of assessment. Stanard et al. (2000) reviewed seven assessment instruments, which were deficit due to their reliance on Judeo-Christian constructs of a belief in God and/or higher power as a basis for the measurement. A means of measuring spiritual harmfulness and healthiness must factor into the equation that not all individuals possess a higher being in their spiritual worldview. Likewise, the measurements must also account for concepts such as intolerance, isolationism, looking down on others, being non-defensive and nonjudgmental, and having a sense of purpose as well as other categories reflected by the data collected in this study. Encouraging counselors-in-training to begin to think about spiritual assessment via a course assignment is recommended. Also, providing a number of case studies of clients with problems that may also have a spiritual component will foster intentional interaction and discussion among their peers as to what qualifies as harmful or healthy spirituality.

Implications for Professional Supervision

The importance of spirituality in counseling has already been stressed; however, an appreciation for this topic should be addressed in clinical supervision sessions with counselors-in-training. If clinical supervisors are going to train and oversee the professional development of counselors-in-training, then supervisors must be cognizant of spirituality and how to recognize whether the counselor-in-training’s client is experiencing harmful spirituality (Arterburn et al., 2001; Cashwell et al., 2007). By training clinical supervisors, they can equip counselors-in-training to see the client as a multicultural being, which therefore must include spirituality (Gold, 2010; Oakes et al., 2008; Prest et al., 1999). This emphasis also helps the counselor-in-
training to create effective treatment plans and implementation through the competence of the clinical supervisor.

**Research Limitations**

A limitation to this research was that the participants for this study were all at the same university located in the Southeast. Therefore, the opinions expressed reflect a smaller population of counselors-in-training compared to other counselor education programs located throughout the United States. Also, the region in which this study took place could reflect a stronger sense of Christian values although not all participants identified themselves as such. The reader should take this into consideration when reading this article and considering applications to their appropriate context. Also, the majority of participants held to a Christian perspective of spirituality.

**Implications for Professional Practice**

Assessment is an ongoing evaluation carried out by the professional counselor concerning the mental health status of their clients (Gold, 2010; Oakes et al., 2008; Stanard et al., 2000). It is customary that professional counselors make an assessment of the client’s mental health status upon the initial counseling session. Although the assessment process is ongoing, being able to recognize spiritual harmfulness or health will assist the professional counselor to identify harmful elements of their spiritual worldview, construct an effective treatment plan, and move the client toward wellness (Morrison et al., 2009). Therefore, being competent in the area of harmful and healthy spirituality aids the professional counselor to be better prepared and skilled at facilitating spiritual wellness (Chandler et al., 1992; Myers et al., 2003).

**Researcher Reflections**

Investigating the topic of harmful and healthy spirituality and the results of this study were fascinating. We found that the counselors-in-training in this study were very articulate when it came to discussing spirituality. Most, if not all, were able to relate their personal experiences with both harmful and healthy spirituality. Again, the counselors-in-training were able to express themselves clearly and provide a wealth of data beyond cults, which could be used to strengthen the pedagogical component of spirituality throughout counselor education programs.

The experiences participants shared regarding how people can use their spiritual worldview as a means of taking advantage of individuals and/or look down on others was eye opening. The data certainly provided a strong argument to infuse spirituality into counselor education programs so counselors-in-training will be able to identify those finer shades of harmful spirituality and assist their clients toward wellness. The discussion of healthy spirituality would also prove to be useful so counselors-in-training can capitalize on a client’s healthy spirituality and utilize it as a means to encourage growth through difficult times. The findings of this study, the student’s definitions of spirituality, including harmful and healthy
spirituality are strong arguments for the existence of a course on spirituality as well as the topic to be infused throughout the counselor education curriculum. It would be valuable for counselor education programs to examine closely not only the topic of spirituality, but also its harmfulness as well as helpfulness in a client’s overall mental wellness. This endeavor will assist counselor education programs to prepare counselors-in-training in order to practice competently in the areas of awareness, knowledge, and skills as it relates to spirituality.
References


