

Spirituality in Therapy: An Integrative Review

by

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ABSTRACT

Spirituality is innately present in the practice of therapy and is influential on multiple levels. Strengthening the therapeutic alliance between the client and therapist, spirituality can positively impact therapy. Present at both an explicit and implicit levels, spirituality may permeate not only dialogue in therapy but ones physical presence and way of being in the world, as well. Increasing mindfulness and tuning into ones spiritual core opens vast resources to clients and may fast track the progression of therapy. The use of prayer as a spiritual medium is also explored, highlighting the positive impact of a variety of prayer modalities. The positive effects prayer may have on the therapeutic relationship and therefore the success of therapy is considered and the use of therapist prayer is encouraged. Along with the advantages of spirituality in therapy, in order to most knowledgably and ethically practice, there are additional responsibilities allocated to the spiritual therapist. It is expected that the therapist will address this authors suggestions in

continually examining and modify the role of implicit and explicit spirituality in the practice of therapy in order to best serve the interest of the clients.

TABLE OF CONTENTS

	Page
.....	
ABSTRACT.....	ii
Chapter I: Introduction.....	1
<i>Overview</i>	2
<i>Internal Spirituality</i>	2
<i>In Therapy</i>	4
<i>Spiritual Aid</i>	4
<i>Therapeutic Duty</i>	5
Chapter II: Literature Review	6
<i>Widespread Spirituality</i>	6
<i>The Influence of Spirituality on Therapists</i>	7
<i>Spiritual Essence</i>	8
<i>Spirituality as Culture</i>	10
<i>Spirituality and Clients</i>	11
<i>Spiritual Rebar</i>	11
<i>The Need to be Acknowledged</i>	12
<i>Addressing Spirituality in Therapy</i>	13
<i>Therapeutic Alliance</i>	13
<i>Hesitance to Embrace Explicit Spirituality</i>	14
<i>How to Embrace Spirituality in Therapy</i>	16
<i>Additional Considerations</i>	18
<i>Ethical Considerations for Therapists</i>	21

<i>Prayer and Therapy</i>	22
<i>Prayer Power</i>	22
<i>Intercessory Prayer</i>	23
<i>Widespread Use of Prayer</i>	24
<i>Effects of Prayer</i>	25
<i>Prayer in Therapy</i>	26
<i>Therapist Prayer Effects</i>	27
Chapter III: Implications for Practice	30
<i>Know Personal Spirituality</i>	30
<i>Identify how Spirituality Shows up</i>	31
<i>Approach Spirituality Collaboratively</i>	32
<i>Differentiate Between Explicit and Implicit Spirituality</i>	32
<i>Seek out Spiritual Training</i>	33
<i>Seek out Supervision</i>	34
<i>Continually Reexamine and Reevaluate</i>	35
References	36

Chapter I: Introduction

Spirituality is the unmentioned presence in the room of most therapy practice. Although both therapists and clients are able to identify spirituality as influential to beliefs and actions, it is seldom explored in therapy. When therapists are open to and comfortable with their own spirituality, the therapeutic atmosphere can change for the better and dramatically influence the outcome of therapy.

There has been little research on the use of spirituality in therapy, however, over the past decade, there has been a moderate amount of writing done on the professional use of spirituality. There has been a large amount of research on prayer, but little research on the use of prayer in therapy. In the following I intend to examine the benefits of practicing therapy utilizing spirituality, highlighting the benefits of utilizing the medium of prayer as an implicit spiritual intervention. Throughout this paper I will refer to implicit spirituality as unobtrusive spirituality that form undercurrents that radiate from within an individual tuned into their inner essence, and including such traits as love, acceptance, empathy, etc. I will refer to explicit spirituality as the use of spiritual practices or interventions along with expressed dialogue regarding spirituality. When I refer to spirituality in general terms this indicates its overlap into both implicit and explicit spiritual planes. Attending to one's spirituality can dramatically improve the success of therapy on multiple levels, from opening up belief systems, resources, and abilities to form a strong therapeutic alliance, encouraging greater success in therapy.

Overview

Spirituality contains personally defined characteristics innately present in human nature (Lynnes, Haddock, & Zimmerman, 2003). Offering guidance to whole systems of belief and establishments, from the individual to society at large, spirituality is present at all levels. Spirituality creates a frame of reference by which to measure life expectations, determine predominant beliefs, define possibilities, and place expectations on human existence. Used to create and sustain meaning, spirituality offers hope to masses of people on an individual level. Clients and therapists alike utilize spirituality to determine life plans and identify a higher calling for their existence (Carlson, Erickson, & Seewald-Marquardt, 2002).

Tapping into one's spirituality calls for awareness, responsibility, and education, in essence a more conscious existence on the part of the therapist. To not be in tune with one's spirituality is to live a life unconscious. Is living unconscious anything more than experiencing life as a victim of others realities defining ones own? Merely surviving is a part of spirituality in that the inborn struggle to exist is a striving for something better; it is the embodiment of hope and meaning. Survival embraces the possibility of something more by enduring through the trauma of existence. The striving that accompanies spirituality shines light and offers hope in dark places, bringing forth new possibilities of connection and opportunity with the Divine.

Internal Spirituality

Spirituality's influential power is not contained to one area of life, but is widespread throughout the fabric of human nature. The presence of spirituality penetrates the very core of human existence. The majority of people define spirituality as valuable

in their lives (Lynnes, Haddock, & Zimmerman, 2003). Therapists are to represent the values of society at large (Austin, 1999). This reinforces the belief that spirituality or the absence of spirituality plays a large role in the majority of all interactions in therapy.

It is human nature to live from one's core and operate out of the values and beliefs that the core creates. Characteristics that many people strive to exude in their lives are built in aspects of spirituality, such as love, acceptance, respect, etc. Personal and present in all time and place, implicit spirituality cannot be stripped off simply because a person goes to work, experiences a problem, or ignores its influence. It is interwoven in progressing towards something better.

When spirituality is integrated into a human's every fiber of being, it is impossible to detach spirituality from therapy, without extracting the therapist in total. Since spirituality is central to the foundation of beliefs and values, it is impossible to separate spirituality from any decisions or actions a person tuned into their spiritual core makes. Although spirituality may not be explicitly used during therapy, for their own self-care therapists may implicitly use spiritual interventions. These are often done before, during and after the session.

Given the continual presence of spirituality, when it is not addressed it may take on negative effects, stagnating people to the boundaries of their own imagination. Imagine a life without diverse spiritualities and all the characteristics interwoven into them: instead of hope, hopelessness, instead of forgiveness, resentment, instead of compassion, torture, instead of acceptance, rejection, instead of growth, entropy, instead of love, hate. Many of these opposites are at the core of the issues clients present to therapy to treat.

In Therapy

Spirituality, and the practices that may accompany it positively impact mental health (Coale, 1998; Dossy, 1999; Griffith & Griffith, 2002b). Good mental health improves the quality of the therapist and creates the foundation for a stronger therapeutic alliance. The creation of such an alliance positively impacts the client. This stream of events would not be as possible without spirituality's positive influence on one or more of the individuals in the system.

Exuding and validating a spiritual presence and using explicit spiritual interventions in therapy can be very powerful. The more a human is tuned into their spirituality the more effective they can be in conveying acceptance, validation, love and respect. Ignoring spirituality can have damaging effects, lowering the ability of clients to share a foundational part of their personal lives and possibly decreasing the likelihood of a positive therapeutic alliance, due to decreased levels of acceptance and positive regard.

To increase the therapeutic alliance, and therefore the success of therapy, calls for soliciting feedback from the client. Coming into collaboration is essential in explicitly exploring, defining, and reframing spirituality's guidelines, possibilities and dimensions for the client's progression towards their goals and increases the client's investment in therapy.

Spiritual Aid

Spirituality, especially in the use of prayer, is helpful at many dimensions of human existence, including medical, physical and relational spheres. Spirituality fulfills a yearning for connection to the systems an individual exists within. This connection creates a greater sense of belonging and acceptance of the individual at their most primal

levels, beginning at basic levels and ripples out to larger systems, not just family, and community, but nature, world, and all of humanity. Spirituality offers a variety of personal support systems established within several larger systems. These supports offer help in time of need as well as an opportunity to give back to others.

Beliefs are powerful, since they form the basis for healing, hope and courage to the individual or create the wall standing between the individual and their goals. Explicitly exploring spirituality offers enlightenment for the client to identify the structure their beliefs have grown out of and opens the possibilities for greater choice. Clients may choose to do many things with spiritual beliefs, repurposing some, while extracting or enhancing others.

Therapeutic Duty

There is a need for greater education on spirituality at multiple levels. To maintain good ethics, therapists need to become aware of their own spirituality and the impact their spirituality has on their beliefs, actions, judgments and their personal presence in the room. A therapist unaware of his or her own spirituality can easily experience counter-transference, imposing a personal belief structure onto their clients (Coale, 1998; Wolf & Stevens, 2001). Therapists need to be open to the spirituality of a potential client as well. This calls for added education into multiple spiritualities and the dimensions of possibilities incorporated into those spiritualities. Staying informed will help therapists maintain their ethical responsibilities to clients (Hecker, 2003).

Chapter II: Literature Review

The study of spirituality in therapy has only recently begun to emerge; there is a definite need for research on spiritual interventions (Weaver et al., 2002). There has also been little research in the field of mental health on the intervention of religion and prayer in therapy. (Koenig, 2001).

Spirituality translates into many facets of life. The influence of spirituality has been studied in several disciplines. In the field of medicine, for example, patients with strong spiritual beliefs tend to have fewer complications and remain in hospitals for shorter amounts of time (Contrada et al., 2004). The positive influence of the practice of religion is portrayed in numerous studies with a variety of populations showing greater levels of marital satisfaction, lower divorce rates, lower teenage drug use, and lower teenage sexual activity (see Sabloff, 2002 for a review).

Widespread Spirituality

Spirituality suggests there is something bigger than the individual in the world, such as a Divine, God, etc. (Chappelle, 2000; Robinson-Wood & Braithwaite-Hall, 2005). Most spiritualities call for a constant striving towards a more Divine like state of being (Carlson, Erickson, & Seewald-Marquardt, 2002) and create a desire to live in accordance to a higher calling (Chappelle). This ability to connect to a higher power fulfills a human longing to unite and belong in the world (Chappelle; Robinson-Wood & Braithwaite-Hall) offering a greater feeling of security to the individual, thus, allowing for the ability to connect to other humans (Lynnes, Haddock, & Zimmerman, 2003).

Spirituality provides a sense of meaning and insights to every day experiences and life as a whole (Chappelle, 2000; Lynnes, Haddock, & Zimmerman, 2003; Robinson-

Wood & Braithwaite-Hall, 2005). It further promotes endurance of a personal story in life, strengthening the meanings associated with human existence. Spirituality embraces rituals that connect people to experiences, the giving of self, and encourages the growth of a more holistic-being, striving to connect in all areas of a person's life (Chappelle; Robinson-Wood & Braithwaite-Hall).

The Influence of Spirituality on Therapists

Many mental health workers view spirituality as an important influence in their professional practice and often cite it as the reason they have chosen their career path (Carlson, Erickson, & Seewald-Marquardt, 2002; Hodge, 2005; Sabloff, 2002; Schwartz, 1999; Weaver et al., 2002). A large number of therapists not only see spirituality as important, but have a Christian identity as well (Lynnes, Haddock, & Zimmerman, 2003). With the influence of spiritualities on the profession, it is impossible to separate it from practice (Carlson, Erickson, & Seewald-Marquardt).

A distinction can be made between spirituality and religion. Spirituality focuses on the inner core of an individual and the ability to connect to their environment based upon defined personal boundaries and values interwoven into their inner being while religion encompasses the institutionalized rituals and organization of ideals that may be established without being personal (Kimball & Knudson-Martin, 2002). Marriage and family therapists are more likely to encourage spirituality over religion due to the holistic approach that spirituality encompasses (Schwartz, 1999). Personal spirituality affects individual practice, beliefs, community and larger systems for therapists and clients as well (Griffith, & Griffith, 2002a). Regardless of their role in the therapy office, a person tuned into their spirituality sees humans and situations through a spiritual lens;

spirituality is automatically present in therapy simply in the way the spiritually attuned therapist relates to their client, job, and life in general (Carlson, Erickson, & Seewald-Marquardt, 2002). Although therapists may opt not to practice spiritual intervention techniques explicitly, when spirituality defines the therapist's way of being in life, it cannot be extradited from therapy (Carlson, Erickson, & Seewald-Marquardt; Kimball & Knudson-Martin, 2002; Stander, Piercy, Mackinnon, & Helmeke, 1994).

Therapists are generally not trained in incorporating spirituality into their work unless they specifically seek it out (Austin, 1999; Coffey, 2002; Helmeke & Bischof, 2002; Hodge, 2005; Schwartz, 1999). Integrating spirituality into practice and training is necessary (Wolf & Stevens, 2001). However, therapists have often not been encouraged to cultivate their own spirituality and make use of their spiritually informed presence in therapy (Austin; Carlson, Erickson, & Seewald-Marquardt, 2002; Coffey; Helmeke & Bischof; Hodge, 2005; Schwartz, 1999).

To truly incorporate a positive spiritual atmosphere, therapists need to understand and be in-touch with their own inner spirituality, thus carrying a greater receptivity into the session (Kimball & Knudson-Martin, 2002). Given the normal therapist's daily interactions with difficult situations that have great impact on society at large, spirituality is a needed internal resource (Carlson, Erickson, & Seewald-Marquardt, 2002).

Spiritual Essence. Since spirituality translates into a way of showing up in the world, it requires intentionality and awareness, utilizing a moral compass focusing on a personal relationship with the Divine (Carlson, Erickson, & Seewald-Marquardt, 2002; Chappelle, 2000). This relationship is often hallmarked by acceptance, love and connection with all humanity (Carlson, Erickson, & Seewald-Marquardt). A therapist

attending to their inner spirituality elicits an open humanity and connection to the client. This is especially true when the therapist is operating from a differentiated state of not needing to push their own spirituality on to the client, but instead letting their inner spirituality be a underlying guiding force towards collaboratively sought after greater well being (Kimball & Knudson-Martin, 2002).

Therapists drawing on their own sense of spirituality positively impact therapy (Sabloff, 2002). Therapeutic relationships formed with a spiritual undercurrent may create a deeper meaning leaving the clients feeling connected, accepted, and normal (Coffey, 2002). This may be as simple as the therapist becoming more empathetic and understanding of the client, therefore, allowing for greater acceptance within the therapeutic alliance (Wolf & Stevens, 2001). Concepts of spirituality such as forgiveness, and unconditional positive regard or love can be utilized in therapy at any time. Spiritual concepts promote positive attributes in clients such as autonomy, motivation, building self-esteem, ownership, forgiveness, etc. (Coffey).

Spirituality focuses on larger ideals and constructs that create an environment transcending normal experience (Carlson, Erickson, & Seewald-Marquardt, 2002; Chappelle, 2000; Lynnes, Haddock, & Zimmerman, 2003; Robinson-Wood & Braithwaite-Hall, 2005). Transcendentally altering consciousness impacts physiological states of the physical body and builds resiliency to future hardships. In essence it draws on spiritual resources that can strengthen the person's core (Griffith, & Griffith, 2002b).

Along with the clients, therapists' own awareness of spirituality may be changed due to therapeutic practice, much like therapy is changed due to inherent spiritual influence (Carlson, Erickson, & Seewald-Marquardt, 2002). When tuned into their

spiritual essence, values become clearer and good choices are easier to make both for the client and therapist alike (Austin, 1999) and the wealth of spiritual strength increases (Lynnes, Haddock, & Zimmerman, 2003; Miller, 2003).

Spirituality as Culture. Therapists need to view spirituality much like they currently view a person's culture and handle it like any other contextual frame of reference (Miller, 2003; Schwartz, 1999; *Stander, Piercy, Mackinnon, & Helmeke, 1994*). Therapists have a duty to become culturally aware of spirituality in order to do therapy with diverse populations in an ethical way. This enables the therapist to be culturally responsive and utilize therapy that aligns with the client's values and life story (Lee & Kurilla, 1997, Miller, 2003). This knowledge of spiritual culture must have awareness of possible oppression, awareness of self, and the ability to keep the possibilities of treatment in the forefront (Miller).

In the same way, therapists need to examine the influence of spirituality on their personal values (Coale, 1998; Coffey, 2002; Kimball & Knudson-Martin, 2002). Several have suggested that creating a spiritual genogram that looks at explicit spirituality within the family-of-origin, and how that spirituality has impacted the therapist's personal spirituality is a valuable exercise for therapists (Coffey, 2002; Lynnes, Haddock, & Zimmerman, 2003). Therapist's need to gain education on their own biases, as well as read about diverse spiritual experiences. (Austin, 1999; Robinson-Wood & Braithwaite-Hall, 2005; Miller, 2003). Dishonesty regarding spiritual biases could interfere with therapy progression (Coale, 1998) and to do therapy without sensitivity and knowledge of personal self and biases can be considered unethical (Hecker, 2003; Lee & Kurilla, 1997).

Spirituality and Clients

Spiritual Rebar. Spirituality addresses the client's operating systems, core beliefs, (Lynnes, Haddock, & Zimmerman, 2003; Helmeke & Bischof, 2002; Miller 2003) and forms the constructs setting the boundaries of the client's possible reality (Schwartz, 1999; Lynnes, Haddock, & Zimmerman). People make choices based upon the belief systems to which they ascribe (Koenig, 2001). Therapists exploring the belief systems have the power to change the client's personal dynamic and create a feeling of value (Coffey, 2002). Tapping into the client's spirituality and revealing the client's guiding principles in life offers great assets to therapy (Helmeke & Bischof; Miller).

Spirituality plays a powerful role when it fits with the client's belief system (Coale, 1998). The more a person believes something is helpful, the more power the belief takes on, and in turn the more helpful it may become. If a person believes in the positive power of what they are practicing their well-being increases, and their stress lowers (Koenig, 2001). It is essential to work within the client's values so the client is empowered in therapy and able to carry the tools gained in therapy to the outside world (Miller, 2003).

Probing and redefining beliefs can change the client's relationship with the Divine, and their experiences in all systems of the world (Griffith, & Griffith, 2002b). When looking at spiritual issues, therapists should strive to understand how the clients ascribe meaning, and how those meanings shape suppressing or supporting beliefs (Austin, 1999; Coffey, 2002; Griffith, & Griffith, 2002a). A broad spectrum of spiritual possibilities exist to reframe and restory the client's current perception (Doherty, 1999). Awareness of spirituality often helps clients to be more able to forgive, take responsibility for their actions, validate and work through guilt, and change self-

destructive thoughts and behaviors (Robinson-Wood & Braithwaite-Hall, 2005). People empowered by their spiritual connection work to right wrongs and move towards change, moving from being reactive to proactive (Lynnes, Haddock, & Zimmerman, 2003).

The Need to be Acknowledged. It is essential to address behavior within the context of the client's spirituality (Bailey, 2002). Clients with an active awareness of spirituality often experience it as so interwoven into their core that they are unable to separate it from themselves as individuals when speaking and should not be asked to do so. It would be a mistake to not look at a system that offers definition of certain morals and guidelines to live by when treating the client (Bailey; Coffey, 2002). Spirituality is too often ignored in therapy leading to dire consequences and stagnation in understanding the beliefs underlying dysfunction (Austin, 1999; Carlson, Erickson, & Seewald-Marquardt, 2002; Coffey; Brotherson, & Soderquist, 2002). This may have unethical complications (Coffey, 2002; Schwartz, 1999). In therapy, spirituality often comes into play when looking at the client's personal well being and the striving towards greater healing and growth. These are often categories encircling most treatment goals (Kimball & Knudson-Martin, 2002).

An underlying spiritual issue may be hindering progress if left unexplored (Helmeke & Bischof, 2002). Therapists need to explicitly address how spiritual beliefs may build or reduce suffering (Coffey; Brotherson, & Soderquist, 2002; Griffith & Griffith). In the past therapists have often viewed spirituality as a cause of pathology, instead of identifying the possible resources spirituality can offer to the client (Bailey, 2002). Addressing spirituality promotes a respect for the client's independence, protects

the client's well being, and offers the ability to interact with clients at an authentic level (Helmeke & Bischof).

Tapping into the client's spirituality allows for more possibilities and awareness in therapy (Brotherson & Soderquist, 2002; Griffith, & Griffith, 2002a; Kimball & Knudson-Martin, 2002). Examples of spiritually helpful components are rituals, prayer, exercising, fasting, acceptance, love, and forgiveness (Coffey, 2002). When these components align with the client's beliefs the client is empowered (Kimball & Knudson-Martin).

The systems supporting spirituality can be enriched with a variety of resources (Griffith, & Griffith, 2002a; Helmeke & Bischof, 2002; Miller, 2003) offering a source of strength (Helmeke & Bischof, 2002; Kimball & Knudson-Martin, 2002) to encourage change towards better well being and interpersonal relationships (Kimball & Knudson-Martin). By integrating the client's spirituality into the practice of therapy the resources that spirituality can provide to a family in the midst of pain and frustrations are vast (Bailey, 2002).

Addressing Spirituality in Therapy

Therapeutic Alliance. Therapists nurturing their spirituality are more able to offer an environment open to clients in acceptance and care (Carlson, Erickson, & Seewald-Marquardt, 2002). The most effective predictor of the outcome of therapy, whether it is successful or not, is client engagement in the therapeutic alliance (Miller, Mee-Lee, Plum, & Hubble, 2005). Therapists addressing spirituality increase their therapeutic abilities and open the door to a stronger therapeutic alliance through the greater

acceptance spirituality inherently carries with it (Robinson-Wood & Braithwaite-Hall, 2005).

When clients feel heard and respected by a therapist, they are more likely to return to therapy and to progress in their treatment goals (Miller, Duncan, & Hubble, 2004). Matching the needs of the client to treatment appeals to the therapy process on many different levels, while empowering the client in the journey to their goals (Miller, Mee-Lee, Plum, & Hubble, 2005). Some clients expect therapy to take on spiritual attributes, offering connection, healing, and meaning (Kimball & Knudson-Martin, 2002). This not only empowers clients, but challenges therapists to think in more creative and groundbreaking ways (Miller, Duncan, & Hubble, 2004). To the client, to not address spirituality may discredit the therapist (Helmeke & Bischof, 2002).

Hesitance to Embrace Explicit Spirituality. Therapists often feel restricted in discussing spirituality professionally (Schwartz, 1999). Unsure of what to do when dialogue turns toward spiritual matters, therapists are often afraid to inquire about spirituality before it is brought to the surface. A primary reason for this is the taboo nature of spirituality in the field of therapy (Helmeke & Bischof, 2002).

In addition, there are many other aspects holding therapists back from discussing spirituality with clients (Robinson-Wood & Braithwaite-Hall, 2005). Therapists may feel insecure about explicitly exploring spirituality due to a lack of training (Coffey, 2002; Helmeke & Bischof, 2002; Robinson-Wood & Braithwaite-Hall, 2005). This insecurity is often coupled with reluctance and an overall feeling of incompetence (Helmeke & Bischof). Therapists may also lack awareness on forms of spirituality outside of their own, therefore, feeding the lack of confidence in the incorporation of explicit spirituality

into practice (Austin, 1999; Helmeke & Bischof). Or due to discomfort with the clients' explicit spirituality, therapists avoid spirituality with specific clients (Robinson-Wood & Braithwaite-Hall).

Other therapists may not access spiritual dimensions in therapy due to discomfort with their personal spirituality, past negative spiritual experiences, and not having a healthy spiritual model to follow (Austin, 1999; Helmeke & Bischof, 2002; Robinson-Wood & Braithwaite-Hall, 2005). Some therapists feel hypocritical in incorporating spirituality due to their personal lifestyles. Other therapists hold discomfort with the mystery and controversy that at times accompany spirituality (Robinson-Wood & Braithwaite-Hall) or may not see a connection between the clients presenting problem and spirituality (Austin). Some of these therapists simply see spirituality as unimportant in life and therefore unimportant in therapy (Helmeke & Bischof; Robinson-Wood & Braithwaite-Hall).

Therapists tuned into their spirituality may perceive spirituality as private and something that should not be discussed (Austin, 1999). Spirituality may not be accessed due to the therapist's personal value system and fear of being disrespectful towards the client, or unconsciously imposing the therapist's beliefs on the client (Austin; Doherty, 1999; Helmeke & Bischof, 2002; Robinson-Wood & Braithwaite-Hall, 2005; Miller, 2003). Often there is a fear of being ethically inappropriate and violating a boundary in the work place (Austin, 1999; Helmeke & Bischof, 2002).

The ability of therapists to utilize spirituality as an intervention may be dependent upon their setting. Some settings prohibit the discussion of specifics relating to explicit spirituality (Helmeke & Bischof, 2002). The use of explicit spirituality does pose some

ethical questions regarding the therapist's belief system being imposed upon the client without consent, or violating the separation between church and state (Potts, 2004; Schneider & Kastenbaum, 1993; Wolf & Stevens, 2001).

How to Embrace Spirituality in Therapy. When practicing explicit spirituality in a secular environment, therapists may want to have the client sign an informed consent. Depending on the practice setting, the therapist may also want to request permission from the direct supervisor regarding the discussion of spirituality in therapy. Therapists practicing in an environment that adheres to a strict separation of church and state can still address spirituality in general terms (Miller, 2003). Secular therapists may ask client to tune into their senses, and implicit spirituality making space for the experience when relevant to therapy (Griffith, & Griffith, 2002b).

When creating the goals of therapy, spiritual expectations often naturally arise (Lynnes, Haddock, & Zimmerman, 2003). Therapists need to be open and willing to learn about the client's spirituality in order to experience true empathy and create space for ultimate healing (Austin, 1999; Coale, 1998; Coffey, 2002; Robinson-Wood & Braithwaite-Hall, 2005). When working towards therapeutic goals, as long as the therapist is ethically sound, he or she can use interventions to begin exploring the client's spirituality (Miller, 2003).

By affirming and asking questions therapists can get the client thinking about spiritual issues, thus, allowing them to speak explicitly of spirituality to the client (Brotherson & Soderquist, 2002; Doherty, 1999). Initiating spiritual dialogue with the client is appropriate at times, but should be done with caution. This is more often positively

accomplished by initiating dialogue with curiosity and respect, while looking for possible internal resources (Helmeke & Bischof, 2002).

Therapists need to take notice of moments that clients bring up spiritual concepts, enabling them to utilize the moment to reassure the client of the open atmosphere and empower the client with a deeper ability to reflect (Brotherson, & Soderquist, 2002; Kimball & Knudson-Martin, 2002). Recognizing spiritual overtones may bring to light the client's invitation to explore the resources or hurts that their personal spirituality may reveal. Clients initiating spiritual conversation are likely open to addressing spirituality in therapy and less likely to feel imposed upon by the therapist. If the client seems resistant to discussing spirituality the therapist should trust and respect their client's preference (Austin, 1999; Coffey, 2002; Helmeke & Bischof, 2002).

It is important to identify the role the client ascribes to the therapists in the spiritual context by addressing what the client is looking to the therapist for. Clients may require several things: a collaborative exploration of the clients past present and future, information on how others have handled similar situations, direction, a challenge of prescribed beliefs, or to be nurtured and appreciated. Due to the personal nature of spirituality, clients may fear the added vulnerability of addressing spirituality, possibly concerned that the therapist will react negatively if it is addressed (Helmeke & Bischof, 2002). Therapists may benefit by asking clients if they have a preference for explicitly spiritual therapy dependent upon the following conditions: the type of issues the client is addressing being better handled by a religious leader, the degree and severity of the presenting issue, and the client's concerns about therapy undermining their faith (Miller, 2003).

Additional Considerations. Utilizing explicit spirituality in therapy calls for added ethical awareness (Chappelle, 2000). There are a lot of issues that need to be considered to create an environment that ethically serves the best interest of the client (Lynnes, Haddock, & Zimmerman, 2003). To remain ethically appropriate and maintain healthy boundaries when explicitly discussing spirituality with a client, there are several aspects of the conversation that frame how the therapist should proceed. Aspects include who raises the topic, determining if the spiritual essence of the individual or ritualized religious traditions are being discussed, and identifying if it is appropriate to use explicit spirituality (Griffith, & Griffith, 2002b; Helmeke & Bischof, 2002). It is okay to open the discussion up on spirituality when it fits into the identifying issues (Coffey, 2002).

Some therapists have an agenda for their client to engage in a spiritual interaction, and become invested in the client committing to a specific spiritual discipline during therapy. Before addressing spirituality the therapist needs to have awareness regarding whose interest the initiation of discussion regarding spirituality in therapy serves; talk about spirituality should be initiated when it is to provide the best standard of care possible for the client (Coffey, 2002; Helmeke & Bischof, 2002; Lynnes, Haddock, & Zimmerman, 2003; Miller, 2003; Schwartz, 1999). Spiritually attuned therapists should examine their personal spiritual preferences, gaining an awareness regarding the quality of connection the therapist is seeking with others. Therapist should reflect upon their preferences, remembering the spiritual relationship wanted in the context of therapy (Carlson, Erickson, & Seewald-Marquardt, 2002).

Explicit spirituality should address the relationship between the client, the therapist, the community and the roles present in the larger system (Lynnes, Haddock, &

Zimmerman, 2003). The use of explicit spiritual interventions such as biblical insight should not be used in therapy unless the client adheres to a spirituality with a biblical foundation, and the client is open to biblical talk (Doherty, 1999). If the therapist is involved in a similar spiritual group with the client, therapists should obtain supervision regarding what would be best for the client and to process how to go about setting appropriate boundaries in both settings (Miller, 2003).

At times therapists need to utilize their own spiritual life journey and be comfortable with self-disclosure (Lynnes, Haddock, & Zimmerman, 2003). Disclosure can be a powerful tool in therapy (Vasquez, 2003). Therapists should bring awareness to the idea of disclosing their spirituality much like they would any disclosure matter; the therapeutic benefit of disclosure should be assessed (Helmeke & Bischof, 2002). Therapists should not witness by giving personal testimony on their relationship with a higher-power or professing their personal faith to their clients, unless there is a shared common belief or the client specifically asks (Doherty, 1999). If the client asks and the therapist feels comfortable disclosing, the therapist may witness to the extent that the therapist feels comfortable and the client has inquired (Miller, 2003).

Another instance when it may be relevant to disclose the therapist's explicit spiritual stance is when a challenge is needed that could be beneficial. In doing such disclosure, the therapist is encouraged to affirm the clients spirituality and make their own personal disclosure using 'I statements', so as not to impose the therapists beliefs onto the client (Doherty, 1999). It is important to keep the best interest of the client in the forefront; self-disclosure may be used if it is to help progress towards a therapeutic goal (Vasquez, 2003).

Using explicit spirituality, therapists need to be aware of possible counter-transference or inadvertently creating a dual relationship, with the client (Miller, 2003). Dual roles, like healer-therapist, can be messy and unavoidable at times (Coale, 1998). When using explicit spiritual interventions in therapy, the therapist should continually reevaluate and monitor their relationship to the client (Miller). To prevent taking on a dual relationship with the client, or undermining the client's spiritual leader, therapists are encouraged to work in conjunction with or bringing in the client's spiritual leader (Helmeke & Bischof, 2002; Miller).

When both the therapist and client are open to discussing spirituality, it should be a collaborative experience, (Coffey, 2002; Miller, 2003) where clients have a voice in their treatment (Griffith & Griffith, 2002a). Dual relationships, such as client – spiritual leader, are less likely to occur when the client is framed as an expert in their life and an equal to the therapist (Lynnes, Haddock, & Zimmerman, 2003). Narrative therapy is ideal for the influence of a more spiritually cognizant presence (Carlson, Erickson, & Seewald-Marquardt, 2002). A collaborative approach empowers the client to educate and explore their spirituality (Lynnes, Haddock, & Zimmerman, 2003) while also identifying the possibility of a higher power at work (Coffey, 2002). Spirituality also fits with a narrative approach due to its parallel of learning through story telling (Robinson-Wood & Braithwaite-Hall, 2005; Lynnes, Haddock, & Zimmerman).

Clients addressing alcohol and other drug abuse (AODA) issues are often explicitly exposed to spiritual principles in the course of treatment. With Alcoholics Anonymous (AA), the concept of relinquishing life to a Divine being is a key step (Helmeke & Bischof, 2002). AA is a good model for integrating spirituality and therapy

since it shows how core ideals of spirituality can be utilized in therapy without the sticky inconsistencies. The integration of the AA twelve steps program outlines principles to live by, and this type of spiritual integration proves to be helpful (Lynnes, Haddock, & Zimmerman, 2003).

Ethical Considerations for Therapists. Spirituality takes on a special meaning for each individual (Bava, Burchard, Ichihashi, Irani, & Zunker, 2002). It is essential for the therapist to recognize their own spirituality and the client's definition of spirituality (Robinson-Wood & Braithwaite-Hall, 2005). Therapists need to be aware of their own values and be respectful of others (Austin, 1999, Coffey, 2002; Pipher, 2003). It is recommended that therapists attend spiritual trainings and seminars, becoming educated on multiple spiritualities to better serve the diverse spiritual needs of the clients and the systems by which they operate (Coffey, 2002). Ethical therapists accept others without compromising their own beliefs. It is acceptable and often therapeutic for the therapist to be honest with the client about the client's impact on the therapist (Coale, 1998).

Therapists need to care for their spiritual core before entering a session. When the therapist is not taking care of his or her own spirituality, the client may be exploited by accidental counter-transference of the therapist's own spiritual issues. If the therapist is questioning their personal spirituality, the therapist should not go into spiritual depth with the client but instead do their own spiritual professional development first (Coale, 1998). Ethical quandaries may be easily avoided by the use of implicit spiritual integration, rather than explicit use (Wolf & Stevens, 2001). The implicit uses of spirituality such as acceptance, positive regard, the use of silent prayer, or relinquishing clients into the hand

of a higher power can be accomplished without concern of offending the client due to its unobtrusive nature (Helmeke & Bischof, 2002; Wolf & Stevens).

When responding from an implicit stance, therapists may focus on their own breathing, images, thoughts and arising emotions during the session. With this spiritual attunement, therapists may be positively impacted in their ability to notice a couple's process of interacting, or an individual's pattern of relating. This increased attention to spirituality may also allow for a more meditative environment, or for the therapist to be more creative in their response to the client. Implicit spirituality also allows for the therapist to be true to their spiritual self, while leaving room for the client to introduce their own spirituality into the therapy session (Wolf & Stevens, 2001).

Therapists fostering their own personal spirituality may need some practices built into their therapy routine to balance the self-of-the-therapist's spiritual attunement. Self care in the form of using the medium of pray for clients, doing religious bibliotherapy, journaling on spiritual insights and challenges encountered during therapy, meditating, using relaxation imagery, performing rituals, or symbolically surrendering a client to the hands of a higher-power, all offer help to align therapists in their spirituality and life path (Miller, 2003; Lynnes, Haddock, & Zimmerman, 2003).

Prayer and Therapy

Prayer Power. In most spiritual value systems it is a common belief that there is a higher power at work in the universe, such as: the inner divine, God, Karma, etc. And this higher power has a personal relationship with an individual, and is in ultimate control of the universe and all those in it. It is thought that due to that personal investment into the relationship with the individual, the higher power will respond to the actions an

individual puts forth in the world (Koenig, 2001; Gyatso, 2001), such as prayer. Prayer is often viewed as a means of enhancing the connection between individuals and the Divine (Koenig). Spirituality at its base is built on the concept of relationship and connects with the Divine, people, ethics, morals, and all else in the world (Carlson, Erickson, & Seewald-Marquardt, 2002; Koenig).

Prayer in itself is therapeutic (Schneider & Kastenbaum, 1993). Currently, prayer is largely utilized and viewed most commonly as a coping mechanism (Butler, Stout, & Gardner, 2002; El-Khoury et al., 2004; Schneider & Kastenbaum, 1993; Weaver et al., 2002). Prayer is defined as many things separate from any one religious affiliation. It is seen as a collaboration of conscious and unconscious inner longings. The centering on the sacred that occurs during prayer may be expressed silently, through mutterings, gestures, or verbal expression (Ameling, 2000; La Torre; Schneider & Kastenbaum). Prayer may also be personally private or corporate, involving formal ritual. There are several categories of prayer including petition, intercession, confession, lamentation, adoration, invocation, and thanksgiving (Ameling).

Intercessory Prayer. Intercessory prayer, prayer seeking an outcome for another, is commonly used and accepted in the general population. Through studies, and countless personal accounts, intercessory prayer in the medical field has been shown as largely effective (Ameling, 2000). The mechanisms by which intercessory prayer works are largely indefinable (Krucoff et al., 2005). Prayer is not completely quantifiable since it cannot be measured and one is never sure of others outside the system who may be praying as well, or the extent that an individual may be participating in self-prayer (Dossy, 1999). Off-protocol prayer (prayer a patient may be receiving by someone

outside of the study without researchers' knowledge) could have important effects (Krucoff et al.). Theoretically, when a sample is large enough, the uncontrollable factor of outside prayer should be balanced between the control group and treatment group (Dossy).

Patients receiving intercessory prayer have lower congestive heart failure, and lower rates of other problems normally accompanying heart conditions (Ameling, 2000). Coronary care unit patients receiving intercessory prayer improved 5-7% over the control group, not receiving prayer. Given that other medical research showing smaller percentages were deemed "breakthroughs" in medicine, 5-7% improvement is astounding (Dossy, 1999). Patients with AIDS receiving intercessory prayer had significantly lower AIDS related illnesses than other patients with AIDS not receiving the prayer (Ameling).

Some doctors have even gone on record as saying they regularly pray for their patients since they believe in the effectiveness of prayer (Ameling, 2000) while other doctors have attributed prayer as a secret medicine (Dossy, 1999). Prayer is recognized as helpful and safe for a large array of medical conditions, ultimately inducing a higher quality of life (Wahner-Roedler et al., 2005). Medically, prayer is one of the most commonly used methods of alternative, or complementary therapies (Ness, 2005; Wahner-Roedler et al.). Praying for clients produces positive results in practitioners (Dossy).

Widespread Use of Prayer. The general population uses prayer in areas other than medicine; many pray for crops, animals, safety, etc. Prayer research has shown prayer effectiveness in non-human subjects, such as bacteria being prayed for growing faster

than bacteria not receiving prayer. Those who believe in the power of prayer while using it in their own lives, tend to have larger results (Dossy, 1999).

Caregivers often report using prayer before meeting with patients to elicit greater sensitivity and endurance in dealing with traumatic diseases or death. Caregivers mostly use implicit spirituality, only praying for patients, not with patients directly (Schneider & Kastenbaum). Prayer is regarded by the majority of Americans as holding healing powers. The powers of prayer are believed to cure one's own illness, another person's illness, or a segment of the population at large. The literature and studies surrounding the effectiveness of prayer is increasing rapidly (Ameling, 2000).

Effects of Prayer. Conversational prayer, prayer taking place in a conversation style, is more closely related to a higher state of well being. Non-conversational prayer, such as prayer not expecting a response from another entity is negatively connected to a person's well being. Prayer can be both empowering and stress relieving. When people utilize prayer, they believe they have some form of influences over the situations and their influence is conveyed through the communing with the Divine. When a person turns a matter over to God with prayer, then the individual has less pressure to control the current situation on their own, or to be negatively invested by continuing to worry about the results. With this, anxiety, hopelessness, and desperation lower (Koenig, 2001).

Those participating in regular prayer and other religious activities are less likely to be depressed (Ness, 2005). The interaction of couples during prayer elicits positive effects in multiple fashions: lower levels of negativity and hostility during conflict, reduced emotional reactivity, an increase in couples turning towards each other within the

relationships and higher levels of problem solving resolutions (Butler, Stout, & Gardner, 2002; Sabloff, 2002).

Encouraging the use of prayer to build positive regard in couples could be extremely beneficial (Sabloff, 2002). Within the couple dyad many positives take place with the use of prayer, such as an increase in healing perspectives, softening towards a partner, and a change in personal perception; at times prayer is even referred to as a “softening event”. Joy in marriage is increased with the sharing of activities associated with worship (Butler, Stout, & Gardner, 2002). An increase in prayer frequency heightens satisfaction in life (Ameling, 2000). Prayer used within the couple system is influential on marital adjustment and enhances the couple unit. The effect of prayer within the couple dyad may be phenomenal (Butler et al.). For couples and individuals alike, often prayer allows for the influence of deity, and the interaction that deity plays on a personal level (Butler et al.; El-Khoury et al., 2004). This personal relationship invoked during prayer, is often spontaneously utilized countless times throughout the day to communicate with Deity during free time and work (Schneider & Kastenbaum, 1993).

Prayer in Therapy. With the growing recognition of the effectiveness of prayer medically, integrating spirituality into the mental health sector should be explored and utilized (El-Khoury et al., 2004). Spirituality, especially prayer, is valuable in healing and encouraging healthy mental states of being (La Torre, 2004). Some therapists utilize implicit spirituality by rendering silent prayer for the client before, during, and after a session (Helmeke & Bischof, 2002; Kimball & Knudson-Martin, 2002). Other therapists choose an explicit model of spiritual therapy utilizing prayer and sacred passages verbally during session, or making referrals to sacred institutions. Whether utilizing spirituality

implicitly or explicitly, therapists should have awareness and respect towards the client's spiritual resources (Helmeke & Bischof).

Prayer may be utilized to elicit the help of a greater power, and seek more understanding of clients; this in itself produces more empathy. This practice may impact the therapist's ability to therapeutically join the clients in a more open and accepting manner (Kimball & Knudson-Martin, 2002). Positive mental health and clinical outcomes are inspired by many spiritual beliefs and practices (La Torre, 2004).

When viewing prayer as an ability to express one's core being, it is easy to see how this in itself can be therapeutic (La Torre, 2004). Prayer is often purpose driven while also allowing for the release of anxiety (Schneider & Kastenbaum, 1993). Increased prayer and a perceived ideal of the positive impact prayer will have, reduces tension (Butler, Stout, & Gardner, 2002). Prayer often kicks in the body's relaxation response (Ness, 2005). Whether it is a release of tension or a lowering of stress, most people utilizing prayer report some sort of perceived response from their prayer (Schneider & Kastenbaum).

The healing force of prayer allows comfort to others, making its implicit use before therapy a magnificent tool (La Torre, 2004). Interacting with Deity through prayer can positively add to therapy (Butler, Stout, & Gardner, 2002). In a double-blind study on the effect of prayer on people in therapy, it was found that those actually doing the praying scored significantly higher in most areas of self-esteem after the use of prayer (Dossy, 1999).

Therapist Prayer Effects. Often the therapist's spiritual self-awareness is at the base of an open and healthy therapeutic alliance. The therapist's comfort with their inner

spirituality allows for a positive receptive space for the client to enter (La Torre, 2004). The therapist's own faith may be a resource, allowing for a deeper understanding of the client or affecting the therapist's perspective of the client. A change in therapeutic environment, allowing more understanding and deeper empathy for the client, takes place with the clinical integration of spirituality. The integration of spirituality also creates an opportunity for clients to see the therapist as a model, incorporating the characteristics not only of compassion but acceptance and forgiveness as well (Wolf & Stevens, 2001).

The therapist's own belief system around the use of prayer and the degree to which they believe their own prayers may be effective, impacts the likelihood of seeing the results of prayer. The therapist who believes in the power of prayer to their core will largely see effects of their prayer. Some therapists may even structure prayer for clients into their daily routine, or unofficial treatment plan (La Torre, 2004; Wolf & Stevens, 2001).

Along with other things, pre-session prayer may be used to elicit courage during interactions with the client, or to open the therapist's ability to be more receptive during a session (Wolf & Stevens, 2001). Since prayer often comes naturally to spiritually influenced people, it is natural that it would be used in helping fields, such as therapy (Schneider & Kastenbaum, 1993). Pre-session prayer may also impact the therapist by creating a different way for the therapist to hear and regard the client's issues (Wolf & Stevens) Given prayer's power, therapists may elicit that power for their client by praying for the client both implicitly or explicitly before the session. Prayer may have dramatic affects on the therapist's receptivity towards the client, and therefore their therapeutic alliance (La Torre, 2004). The nature of the therapist at their core, coupled with their

connection with the client, contributes highly to the overall success of therapy and the collaborative progression towards treatment goals (Miller, Mee-Lee, Plum, & Hubble, 2005).

Chapter III: Implications for Practice

Know Personal Spirituality

Therapists need to explore the dimensions of their own spiritual presence (Miller, 2003). This involves acknowledging the presence of spirituality, allowing permission to tap into the inner stillness of one's core and listening to what develops. This includes recognizing the power spirituality may have had in structuring the therapist's way of being in life (Carlson, Erickson, & Seewald-Marquardt; Kimball & Knudson-Martin, 2002; Stander, Piercy, Mackinnon, & Helmeke, 1994).

Therapists should take a spiritual history by creating a personal spiritual genogram, while exploring their family's definition of spirituality, and any changes in definition that may have taken place over the years to gain new insights (Coffey, 2002; Lynnes, Haddock, & Zimmerman, 2003). Identification of how spirituality has impacted the values and mindsets of their ancestors, and the trickle down affect that may have taken place is needed. Tracing spiritualities formation and the patterns that have carried on throughout the generations can shine light on the therapists' internal belief systems that have been reinforced throughout time (Lynnes, Haddock, & Zimmerman).

Therapists need to focus on their personal spiritual path, examining how and when they personally defined spirituality. Therapists should study the foundational blocks of their personal spiritual preference. Taking the increased spiritual knowledge into account, formally held values, beliefs, biases, and judgments, need re-examination and re-evaluation to identify any spiritual constructs supporting those concepts (Coffey, 2002; Hecker, 2003).

Therapists need to look at their movement towards and away from spirituality and identify how those movements have impacted their lives. By tuning into their own bodies, therapists need to identify if the subject of spirituality elicits any physical responses such as tension, discomfort, or relaxation. Further examining what those physical responses may be trying to indicate is necessary to create a comfort that can transcend into the therapy setting (Lyness, Haddock & Zimmerman, 2003; Miller, 2003). In order to take on a more authentic presence, the role of spirituality in their personal lives, and how this may be integrated into their practice, should be identified (Coale, 1998; Pipher, 2003).

Identify how Spirituality Shows up

Therapists need to identify themselves as implicitly spiritual beings, on a quest for a better state of existence. Through the act of tuning into the therapeutic core of themselves, therapists can gain greater access to their spiritual self, thus, further opening the channels for acceptance, care and compassion towards their clients (Robinson-Wood & Braithwaite-Hall, 2005). Therapists should center in on their inner spirituality prior to each session to become more able to meet positively with their clients, and not experience reactivity (Miller, 2003).

Often clients are looking for a more holistic spiritual reframe, or searching for deeper meaning by reflecting on spirituality but not owning that reflection in the room. Therapists need to listen for invitations from clients to more easily make space for explicit spiritual dialogue. Instead of therapists being left to wonder how clients come to certain conclusions the use of clarifying questions can easily revealed spiritual belief behind a thought process or behavior, dysfunction or resource (Doherty, 1999). Further

addressing discrepancies between beliefs and practice creates a more balanced internal system (Coffey, 2002).

Therapists looking for these subtle references can easily create more acceptance and a broader perspective by simply asking follow up questions (i.e. You said 'I guess its not my time to go yet.' who gets to decide when its your time? or You said 'I shouldn't have eaten meat on Friday' Why shouldn't you have eaten meat on Friday?). Zeroing in on when clients allude to spiritual beliefs and asking for clarification should be done not only to examine the beliefs the client is ascribing to but also to identify the possible resources those beliefs could offer towards treatment. Unhealthy aspects of the client's spirituality should also be examined, and when the client is open to it, restored (Doherty, 1999; Miller, 2003).

Approach Spirituality Collaboratively

It is helpful to always proceed with curiosity allowing the opportunity to share the client's spirituality at the client's pace. Asking clients to teach the therapist about what informs the client's thinking and regularly checking in with clients, to gauge if the therapist is on the right track, is recommended. This further insures that the client is less likely to feel imposed upon (Austin, 1999; Doherty, 1999).

Differentiate Between Explicit and Implicit Spirituality

Therapists need to identify the degree to which they feel comfortable utilizing spirituality in therapy, and how appropriate the use of explicit spirituality may be (Coale, 1998). Informing the client on the types of therapy the therapist can provide is helpful in establishing the client with a buy into the approach used (Austin, 1999).

When utilizing explicit spirituality, especially in a secular setting, therapists may ask clients to sign an informed consent, recording the client's awareness that explicit spirituality may be used. This allows the client an opportunity to decline the use of explicit spiritually based therapy (Chappelle, 2000; Miller, 2003). Implicit referring to the spiritual therapist's own way of showing up in the room, the frame of reference the therapist lives by, and possible unobtrusive interventions the therapist may perform on behalf of the client needs no such client informed consent. Implicit spiritual interventions the therapist does as a method of spiritual self-care may include concepts such as pre-session prayer, centering in on breathing, resigning the clients over to the Divine after session, etc (Lyness, Haddock & Zimmerman, 2003; Miller, 2003). As a form of self-care, implicit spirituality should be built into the therapist's daily routine (Lyness, Haddock & Zimmerman).

When utilizing explicit spirituality in a secular setting, it is also important to gain permission from the therapist's supervisor prior to beginning the session. Gaining supervision regarding how to address changes in boundaries with clients while exploring explicit spirituality is important to insure a more ethical environment (Miller, 2003). Given the division of church and state, some supervisors may require spirituality to be addressed vaguely or not allow any explicit spirituality such as praying with the client, or referring to sacred text, etc (Chappelle, 2000; Miller, 2003).

Seek out Spiritual Trainings

Therapists need to be open to spirituality and gain more knowledge, not on just their own, but on multiple disciplines of spirituality. Along with being curious about a client's spirituality, therapists should read books and articles, watch documentaries, and

observe diverse spiritualities (Austin, 1999; Lyness, Haddock, & Zimmerman, 2003; Miller, 2003). Studying spiritualities predominant in the demographic of the therapist's clientele is especially helpful. This increased awareness creates a stronger basis of knowledge for therapists to draw from, increasing their ability to understand the client's background and influential spiritual systems in place (Austin, 1999; Coale, 1998; Robinson-Wood & Braithwaite-Hall, 2005).

To increase ethical standards, therapists need to elicit information on a plethora of spiritualities by seeking out specific training on spirituality (Austin, 1999; Coffey, 2002; Helmeke & Bischof, 2002; Hodge, 2005; Miller, 2003; Schwartz, 1999). The more education and awareness the therapist has on how to tap into their own and their client's spirituality, the better their ability for successful integration of spirituality in therapy. Therapists should also work to increase their ability to tap into their spirituality in the midst of intense therapeutic spirituality. Often studying mindfulness meditations or practicing pre-session prayer may be helpful in granting the therapist quick access to their inner spiritual essence and the ability to center themselves prior to sessions (Lyness, Haddock & Zimmerman, 2003).

Seek out Supervision

Since the integration of spirituality in therapy is extremely valuable and requires a large degree of self-of-the-therapist work, it is recommended to seek out supervision. The use of supervision allows the therapist to be more prepared and able to ethically serve the client (Chappelle, 2000; Miller, 2003).

Therapists need to bring awareness to their spiritual focus and their inner intentions for clients and session progression, clarifying any alternate agenda to their use

of explicit spirituality. Any mismatches between the intention and the client's goals, signifies the need for personal exploration, external supervision and possibly a referral (Vasquez, 2003).

Continually Reexamine and Reevaluate

Therapists using spirituality should continually reconsider how their personal spirituality may be influencing their work (Doherty, 1999). For the best interest of the client, when determining influence, therapists should question the degree to which their spirituality should be implicit, the amount client's spirituality should be validated, and how long the collaboration should continue (Hecker, 2003). Dependent upon answers, therapists should remain authentic (Coale, 1998; Pipher, 2003) to their implicit spiritual core and possibly modify the use of explicit spirituality in practice.

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