

# SPIRITUALITY AS A DIMENSION IN COUNSELLING

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## ABSTRACT

The purpose of this paper is to examine the vitality of the spiritual dimension of the human person and its centrality in counselling. Spirituality is differentiated from religion as every person can be said to have his own sense of spirituality, even though the person may be an atheist; not everyone adheres to religious beliefs. A brief historical overview of how spirituality and religion have evolved in their roles within the context of mental health, specifically in counselling is addressed. While many proponents of mental health theories highlight the idea of spiritual dimension as a major or an indispensable dimension, not everyone agrees on the debate, and an antithesis is discussed.

## INTRODUCTION

Spirituality can be defined as the motivational emotional source of an individual's quest for a personally defined relationship with people and the non-human environment; for some, it includes a connectedness with a higher being, leading to enhanced feelings of well-being, inner peace, and life satisfaction (Canda, 1988; Hoyer and Roodin, 2003). "Spirit" is derived from the Latin word "spiritus," which means breath of life. We can be spiritual and religious at the same time. Everyone can be said to be spiritual but not everyone is religious.

Spirituality can be considered to be the motivational and emotional cause of the human search for meaning; some people also link it with an experience with a higher being. This emotional experience involving relationships and the search for meaning leads an individual to a sense of connectedness and transcendence (Hoyer and Roodin, 2003).

For more than a decade, spirituality has emerged to be more prominent in counselling

literature than ever before in the profession (Ceasar and Miranti, 2001; Hall, Dixon and Mauzey, 2004). Spiritual feelings and beliefs can enhance a person's health, and it has been linked to hopefulness among nursing home residents (Gubrium, 1993). Reese and Brown (1997) reported that spirituality is the most frequently addressed topic in home hospice visits. Patients who face death are strengthened by spiritual strength and they overcome their fears of disability and death.

Spirituality and religion can affect a person's life in a profound manner and they are both concerned about attaining psychological well-being (Gearhart, 2005). Lehman (as cited in Burke et al., 1999) reported that the National Gallup Poll (of persons more than 65 years of age and older) conducted in the United States showed that 76 percent identified religion as a very important part of their lives; two thirds of respondents had preference for counsellors who shared similar spiritual values and beliefs. In fact, more counsellors now recognise that older people have spiritual needs; the latter's mental well-being depends on the fulfilment of such needs.

In a study by Carlson, Kirkpatrick, Hecker, and Killmer (as cited in Sabloff, 2003) on the clinical members of American Association of Marriage and Family Therapists, an impressive 95 percent of the respondents indicated that the relationship between spirituality and mental health was an important one. Efforts have been made to integrate spiritual elements into modern counselling practice such as in Spiritual Cognitive Therapy as well as in the many approaches adhered by counsellors in their day-to-day practice (Spiritual Cognitive Therapy, 2005; Wong, 2005). Meanwhile, many pertinent questions have been raised as to whether the more empirical,

biological, and behavioural models in mainstream counselling are able to help clients to help themselves at the optimal level without considering spiritual resources.

**SPIRITUALITY AS ONE OF THE PRIMARY RESOURCES IN COUNSELLING**

Victor Frankl (1965), the Viennese psychiatrist and philosopher who survived the torments of World War II concentration camps, says that there are three dimensions to the human person, viz. the somatic, the mental, and the spiritual. Here is what he says of the spiritual dimension:

The spiritual dimension cannot be ignored, for it is what makes us human. To be concerned about the meaning of life is not necessarily a sign of disease or of neurosis. It may be; but then again, spiritual agony may have very little connection with a disease of the psyche. The proper diagnosis can be made only by someone who can see the spiritual side of the man (Frankl, 1965), sic, people or humans.

Psychotherapist Emmy van Deurzen (2002) claims that there are four dimensions of human beings, namely the physical (body), social (ego), personal (self), and spiritual (soul) domains. For van Deurzen, the spiritual world is "the domain of experience where people create meaning for themselves and make sense of things."

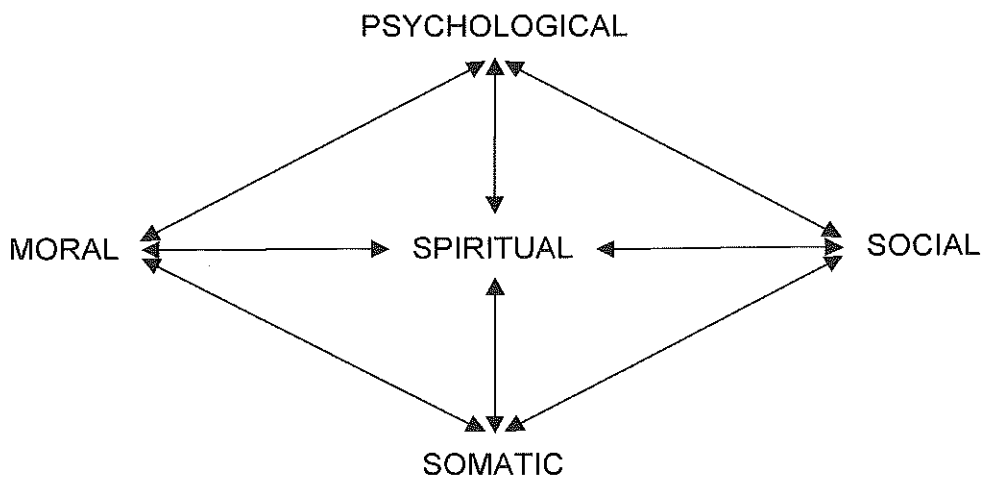
In their book, *Concepts of Fitness and Wellness: A Comprehensive Lifestyle Approach*, Corbin et al. (2006) discuss the five dimensions of health and wellness: the physical, emotional or mental, intellectual, social, and spiritual.

Wilber's (as cited in Sperry, 2001) integral psychology focuses on the five basic dimensions of human experience: psychological, social, moral, spiritual or religious, and somatic or biological. Sperry illustrates the inter-relationships of the five dimensions and the centrality of the spiritual dimension with the following figure (p. 24):

The spiritual dimension is placed at the core of the diagram to show its fundamental characteristics to the rest of the dimensions. For Sperry (2001), this spiritual dimension "may or may not involve any formal affiliation with a religious tradition, but it reflects the beliefs, effects, and behaviours associated with the basic spiritual hunger or desire for self-transcendence that all individuals experience." Regardless of whether we compartmentalize ourselves into three, four, six, or more dimensions, the spiritual dimension is certainly a vital part of human nature which is indispensable.

**SPIRITUALITY AND RELIGION**

Although most people see themselves as spiritual beings, the way they define spirituality varies, and



**Figure 1.** Inter-relationships of five dimensions and the centrality of the spiritual dimension. (After Sperry, 2001)

this includes counsellors and psychologists. No single definition of spirituality may satisfy everybody, since it is a rich and complex construct (Pargament and Mahoney, 2002).

Spirituality is different from religion as religion has a moral component, but spirituality does not have such a component (Horsfall, 2001). Also, the contents of an individual's spiritual experience may be in conflict with the doctrine of the person's religion (*ibid.*). Hence, spirituality does not necessarily have to be related to any specific belief or form of worship (Mayo Foundation for Medical Education and Research, 2005).

Luckoff, Turner, and Lu (as cited in Swinton, 2002) reported that the religious and spiritual dimensions of culture were among some of the most important ones as they structured human experience, beliefs, values, behaviour, and patterns in illnesses. Based on such an assumption, Swinton (2002) argues that spirituality should be the centre of all human caring enterprises.

Each human being is born with the capacity to develop a basic value and belief system, and it is within this system that each of us centres our life (Topper, 2003). Moberg (as cited in Thibault, 2000) reported that members of the White House Conference on Aging have made the declaration that everyone is spiritual, even if he has no use for religious institutions and does not possess personal pieties. It is through one's life experiences, culture, and value that a person experiences spirituality (Topper, 2003).

#### SPIRITUALITY AND COUNSELLING

Although there are practical differences between counselling and psychotherapy, these two terms often overlap (West, 2000) in Malaysia, Britain, North America and elsewhere. For the purpose of this article, counselling also includes psychotherapy.

The counselling domain is still evolving from its incipient days when psychodynamics and behaviourism were traditionally the forces behind the sessions. Humanism and multiculturalism became the third and fourth forces respectively over the years. Sandhu (as cited in Stanard,

Sandhu, and Painter, 2000) reported that spirituality was becoming the fifth force in counselling.

Indeed, the potential of exploring the spiritual realm has long been recognized in mental health as well as in general health care (Miner, Vanpelt-Tess and Warren, 1999; Wong, 2005). William James, the founder of American psychology who made extensive studies on spiritual issues, published *The Varieties of Religious Experience: A Study of Human Nature* in 1902 based on the twenty lectures he delivered during his appointment as Gifford Lecturer on Natural Religion at the University of Edinburgh in 1901 and 1902.

Although the book primarily deals with religion, it touches on philosophy and spirituality as well. On one of the subtopics on saintliness, James claims that the saintly life is ruled by spiritual excitement. He writes, "The man who lives in his religious centre of personal energy, and is actuated by spiritual enthusiasms, differs from his previous carnal self in perfectly definite ways" (James, 1902).

Carl Jung, whom Jungian psychologist Merrill Berger (Berger and Segaller, 1989, front cover) called the psychologist of the twenty-first century regarded religion as an intensely psychological business. For Jung, any psychological theory that excluded what he called religious instinct was considered a deficient theory (*ibid.*). Through his studies of symbolism, Jung never failed to emphasize the role of spirituality in human life (Grof and Grof, 1989). Laszlo (as cited in Chandler, Holden and Kolander, 1992) also reported that it was Jung who introduced the practice of integrating the dimension of spirituality into psychotherapy in Western psychology.

The Italian psychiatrist Roberto Assagioli was the proponent of psychosynthesis, which is the equivalent of human growth. Stewart defined psychosynthesis as "the ongoing process and integrating all the parts, aspects, and energies of the individual into a harmonious, powerful whole" (1992, p. 215). Assagioli held that certain psychotic-like states were gateways to getting into the spiritual realm (Grof and Grof, 1989; Miner, Vanpelt-Tess and Warren, 1999). His idea of

spiritual wellness for the practice of counselling was influenced by Jung. Assagioli saw personal and spiritual development to be unique and sequential, while at the same time, they were both overlapping and interactive.

Thus, personal and spiritual developments were both potential components that could constantly contribute to each other (Chandler, Holden and Kolander, 1992). Assagioli recommended that the therapist introduce spiritual ideas and experiences in a form and frequency that is proportionate to the client's maturity and wellness (*ibid.*).

#### THE IMPORTANCE OF INCORPORATING SPIRITUALITY INTO COUNSELLING

More recently, T. D. Armstrong's dissertation on "The Impact of Spirituality on the Process in Families Dealing with Pediatric HIV or Pediatric Nephritic Syndrome," published in 1999, found that spirituality could moderate the relationship between stress and coping (Hariyati, 2005). A survey of 203 psychologist practitioners found that more than half of them asked their clients about spirituality in the last treatment session. For 35 percent of these psychologists, their clients found spirituality to be a source of strength and coping (Holloway, 2004). Spirituality can provide people with a sense of purpose and guidelines for living. For some people, it means a powerful and important source of strength. Spirituality has been effective as a coping skill in providing hope when a person becomes desperate, in reducing depression, improving blood pressure, and boosting the immune system (Nemours Foundation, 2006).

More and more clients today request that their faith dimension be included in the counselling process (Fischer and Hart, 1994). Not unexpectedly, clients may present a host of problems related to spirituality such as spiritual confusion or emptiness (Golden, 2000). Similarly, many counsellors are eager to journey with clients who integrate their spiritual beliefs into their healing process (*ibid.*). Russo (as cited in Brown and Srebalus, 1996) reported that counsellors often found it increasingly commonplace to

address spiritual issues in counselling. In addition, counsellors today would tend to be more open to the idea of spirituality, but not necessarily in the case of organised religion (Goh, 2002).

Indeed, numerous writers in recent years have emphasised the prominent role of spirituality within the helping professions (Ceasar and Miranti, 2001) including counselling. For a human being to be functional, spirituality is an essential component (Sink, 2004). Besides, spirituality has been found to enhance a person's mental health (Nurul et al., 2005). Marcoen (as cited in Hoyer and Roodin, 2003) reported that among the adults, spirituality enhances the feeling of well-being, inner emotional peace as well as satisfaction with life. When people are able to draw strength from their spirituality, they tend to become more hopeful and more effective in dealing with the stressful demands of life.

In the Pilot Study of Spirituality and Mental Health in Twins, Tsuang, Williams, Simpson and Lyons (2002) reported that out of the 11 dimensions of personality, seven dimensions were significantly associated with existential well-being. The study also found that existential well-being was significantly negatively associated with alcohol abuse or dependence.

Richard and Bergin (as cited in Foskett and Lynch, 2001) postulated that counsellors needed to look into the spiritual resources of clients whose spirituality was significant as a source of concern and support for many of them. In fact, the American Association of Pastoral Counselors (2006) adopts 'Professionally integrating psychotherapy and spirituality' as their motto, recognizing the vital role of spirituality in their profession.

#### ANTITHESIS ASSOCIATED WITH SPIRITUAL ISSUES IN MENTAL HEALTH PRACTICE

Prior to the emergence of modern caring professions such as psychotherapy, guidance and counselling, everyday personal problems, especially those involving mental related issues of the general public in many parts of the world, were often referred to a religious figure such as a priest, pastor, monk, imam, rabbi, or shaman (McMinn, 1999; Carmody and Brink, 2002; Wong,

2005). This has changed as advancement in scientific studies gained momentum and various fields in science continued to flourish (McMinn, 1999).

More and more people are turning to mental health professionals than before. However, there will continue to be a small portion of the population who will choose the services of a religious figure rather than a mental health professional, depending on their worldview rather than the nature of the problems they face.

Many forerunners in the mental health professions saw their theories as superior to the spiritual healing traditions. For example, Sigmund Freud saw God and religion as a wishful childish illusion, according to Ana-Maria Rizzuto, a Freudian psychologist who challenged Freud's views in *The Birth of the Living God* published in 1979 (as cited in Coles, 1990). To Freud, the spiritual dimension of the human experience is "nothing but a wish-fulfillment of infantile needs" (Wilber, 2000), and religion is seen as an obsessional neurosis (Kariyer, 1986). Everyone is entitled to one's values and worldview which may include a disregard for the spiritual dimension. However, a mental health professional such as a counsellor who is open to the spiritual dimension would be in a better position to address such an issue when this is a client's concern compared to a counsellor who does not see the spiritual dimension as important.

Since the early 20th century, there has been a psychospiritual rift in which psychologists have tended to ignore spirituality as it was seen to be pathological. Albert Ellis attributed most forms of psychopathology to the concept of sin in the Judeo-Christian traditions (McMinn, 1999; Wong, 2005). In addition, psychologists had the tendency to give spirituality a reductionist treatment that viewed it as a process with basic underlying functions from the psychological, social, and physiological perspectives (Pargament and Mahoney, 2002).

Since modern psychology could trace its roots to philosophy, what do people in the field have to say in this regard? Søren Aabye Kierkegaard (b. 1813, d. 1855), the Danish existentialist philosopher says, "The majority of

men live without being thoroughly conscious that they are spiritual beings" (Janis, 2000). For centuries, many men and women have taken their spiritual lives very seriously, many have been conscious that they are spiritual beings, but how many are thoroughly conscious of the spiritual aspect of their lives?

It is not surprising that spiritual-religious resources are still very much underutilized today in mental health practice, including counselling and psychotherapy. Indeed, existentialism, a twentieth century philosophy which adheres to existence as prior to essence (Carmody and Bink, 2002), has been widely accepted in the field of counselling psychology, and this can be seen by Frankl's influence, often considered to be the most existential and pragmatic (Gould, 1993). Frankl is also seen to have contributed to the healing between philosophy and psychology in the institutional split.

## CONCLUSION

The recognition given to the spiritual dimension as a major component of health and wellness, albeit in reality not a new one, signifies another milestone in the professional development of counselling and psychotherapy. Nevertheless, there will continue to be opposition from within and outside the profession from those who do not see the significance of spirituality as an important part of the human experience.

As the number of studies on the spiritual dimension of mental health is still inadequate, more research on this area needs to be carried out. Several areas such as how the spiritual dimension has an effect on mental health and general well-being deserve to be examined. This has a special implication for researchers in the East, since counselling and psychotherapy have been traditionally based on the Western model.

Certain values treasured by cultures in the East but which may not necessarily be exclusive to Asians could be included in the research topics. Among them are people of advanced age should be respected by their juniors as it is commonly believed that wisdom comes with experience. Seniority, cultural wisdom and other cross-cultural issues can be significant variables in examining the

various facets of counselling, including the spiritual dimension.

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