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Religious and spiritual issues in group counseling: Clients' beliefs and preferences

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ABSTRACT

Research on addressing religious and spiritual concerns in counseling is still in its infancy. This is especially the case in terms of addressing religious and spiritual concerns in group counseling. A study by Rose, Westefeld, and Ansley (2001) suggests that the majority of clients attending individual therapy sessions not only believe that it is appropriate to discuss religious concerns with their individual therapist, but the majority also have the preference to do so. The purpose of the present study was to expand this finding by examining client beliefs and preferences regarding the discussion of religious and spiritual issues in group counseling sessions. In the present study, the majority of clients reported that religious concerns are an appropriate topic for discussion in group counseling. However, the majority also reported that they prefer not to discuss religious and spiritual concerns with their group members. Furthermore, participants also tended to endorse spiritual interventions as more appropriate as compared to religious interventions. Finally, spirituality was identified as a potent predictor of clients' preference to discuss both religious and spiritual issues.

Keywords: Religion, Spirituality, Group Counseling, Group Therapy

CHAPTER 1

OVERVIEW

After decades of neglect, psychologists in recent years have recognized that religion and spirituality are important aspects of multiculturalism (Wulff, 1996). This trend is seen in the recent publication of books on the theory and practice of psychotherapy with religious and spiritual clients (e.g., Griffith & Griffith, 2002; Miller, 1999; Pargament, 2007; Richards & Bergin, 2000; Shafranske, 1996; Sperry & Shafranske, 2005). To say that mental health professionals would do well to learn how to work with religious and spiritual clients in a sensitive manner is an understatement considering the likelihood with which they will work with such clients. Survey data illustrates that the large majority of Americans reportedly believe in God or a higher power (94%), state an allegiance to a specific religious faith (89%), and report that their religion is very important to them (59%; Gallup Organization, 2005). However, the overwhelming presence of religious and spiritual individuals in the United States does not necessarily mean that persons entering therapy want to discuss religious and spiritual concerns with their mental health practitioner.

The results of research on clients' beliefs regarding the appropriateness and preference for discussion of religion and spirituality in psychotherapy is difficult to interpret because most studies on this topic are analogue in nature (e.g., Quackenbos et al., 1985). Rose, Westefeld, and Ansley (2001) made an especially important contribution to this area of research insomuch as the participants in their study were 74 clients at a variety of mental health settings in the Midwest. The majority of these individuals believed that it is appropriate to discuss religious concerns in individual therapy (63%) and indicated that

religious or spiritual concerns were something that they would like to discuss in individual therapy (55%). Comparatively, a minority of clients (18%) reported that they preferred not to discuss such topics in individual therapy for various reasons such as not being personally religious or spiritual and preferring to discuss these matters with a religious leader.

Religion and spirituality should not only be of interest to therapists because the majority of clients prefer to discuss these topics when appropriate, but also because religion and spirituality are often the source of distress. Johnson and Hayes (2003) surveyed 5,472 college students throughout the United States, including both students who had sought help from university counseling centers and those who had not. As a whole, 26% of the total sample reported at least a moderate amount of distress related to religious or spiritual problems. The prevalence rate of distress related to religious or spiritual concerns for the portion of the sample that had sought help from a university counseling center (n = 2,754) was 19%. These statistics suggest that therapists would be wise to explore religious and spiritual concerns because some clients enter therapy with a presenting concern directly related to issues of religion and spirituality.

An important question arises in light of the facts that many clients would like to discuss religious and spiritual concerns (Rose et al., 2001) and that distress is often related to such concerns (Hayes & Johnson, 2003): Are therapists open to discussing concerns of a religious or spiritual nature with clients who believe that such concerns are salient for them? Although the answer to this question certainly varies for each individual therapist, there is reason to believe, despite a long-standing discord between psychology and religion, that many psychotherapists and other mental health professionals recognize the importance of religion and spirituality and are willing to discuss these issues in therapy. Delaney, Miller,

and Bisonó (2007) report that despite the finding that many psychologists are far less religious than the clients they serve, the majority of psychologists (82%) believe that religion is beneficial to mental health. Furthermore, 200 psychologists participating in an online survey indicated that spirituality contributed to the solution of a client's presenting concern in 37% of the cases, and in 26% of the cases spirituality contributed to both the problem and the solution (American Psychological Association Practice Directorate, 2003).

Another indicator that some mental health professions see religious and spiritual concerns as viable topics to be discussed in therapy is the recent addition of "religious or spiritual problems" as an Axis I category in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994) under Other Conditions That May Be a Focus of Clinical Attention. By simply including this new category, the authors of the DSM-IV imply that these topics should be discussed in therapy when relevant to the client's problem. Whether a problem is categorized as a religious problem or a spiritual problem typically depends on whether an individual's beliefs are connected to a formal religion or religious institution (Lukoff et al., 1998). The DSM-IV-TR states that examples of religious or spiritual problems include "distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution" (4th ed.; DSM-IV-TR; American Psychiatric Association, 2000, p. 741).

Although there are reasons to believe that many therapists are willing to discuss religious and spiritual concerns with their clients when appropriate, potential clients often have fears and negative expectations about how a therapist might react to their beliefs (Keating & Fretz, 1990; Misumi, 1993; Quackenbos et al., 1985). Furthermore, potential

clients not only fear that psychotherapists will respond negatively to their religious beliefs (Keating & Fretz, 1990; R. R. King, 1978), but they also fear that psychotherapists will attempt to alter those beliefs (Quakenbos et al., 1985).

Highly religious Christians, in particular, not only are more likely to have negative expectations for counseling, but they also are more likely to believe that it is incompatible with their faith and avoid it all together (Keating & Fretz, 1990, R. R. King, 1978). If they do seek therapy, it is likely that many of these individuals will seek faith-based counseling because they expect that Christian counselors will be more sensitive to religious and spiritual concerns than their secular counterparts (Guinee & Tracey, 1997). Worthington and colleagues (Worthington, 1986; Worthington & Scott, 1983) articulate a number of possible concerns that relate to some of these negative expectations and assumptions made by conservative Christians about psychotherapists.

> Conservative Christians fear that a secular counselor will (a) ignore spiritual concerns, (b) treat spiritual beliefs and experiences as pathological or merely psychological, (c) fail to comprehend spiritual language and concepts, (d) assume that religious clients share nonreligious cultural norms (e.g., premarital cohabitation, premarital intercourse, divorce), (e) recommend "therapeutic" behaviors that clients consider immoral (e.g., experimentation with homosexuality), or (f) make assumptions, interpretations, and recommendations that discredit revelation as a valid epistemology. (Worthington, 1986, p. 425)

Christians are not alone in their desire to be counseled by a therapist that shares their beliefs. Regardless of allegiance to specific religion or degree of religiosity, potential clients prefer therapists that seem to adhere to religious beliefs similar to their own (Dougherty & Worthington, 1982; Gass, 1984; Guinee & Tracey, 1997; Keating & Fretz, 1990; Lewis & Epperson, 1991; McMinn, 1991; Misumi, 1993; Morrow, Worthington, & McCullough,

1993; Richards & Bergin, 2000; Sell & Goldsmith, 1988; Wikler, 1989; Worthington, 1988; Wyatt & Johnson, 1990). In a study by Morrow et al. (1993) observers viewed a videotape in which a therapist either supported or challenged a client's religious beliefs. Regardless of religiosity, the majority of participants preferred the supportive therapist.

Unfortunately, the fear that therapists will treat religious and spiritual concerns in an insensitive manner is legitimate (Bergin, 1980, 1983; Worthington, 1986). Historically, psychotherapy has been biased against religion (Bergin, 1980), as exemplified by well known figures from the history of psychology such as Freud (1927) and Ellis (1983, 1988). Awareness of this historical bias contributes to the fears many religious and spiritual clients have about psychotherapy (Bergin, 1983; Worthington, 1986). Although preliminary research tentatively suggests that the majority of clients believe religious and spiritual discussion in therapy is appropriate (Rose et al., 2001), psychotherapy's historical bias against religion and spirituality likely contributes to some client's hesitation to discuss religious and spiritual concerns in therapy (Ganje-Fling & McCarthy, 1991; Henning & Tirrell, 1982; Richards & Bergin, 2000, 2005).

Worthington and colleagues (1996) reviewed the literature on psychotherapy with religious and spiritual clients and highlighted significant gaps in the empirical research. One such gap noted was the lack of literature on this topic as it pertains to various types of group treatment. Over a decade later still very few empirical studies have been published. Progress has been made in terms of the development of manualized religious and spiritual group interventions; however, most of these treatments have not been empirically tested. Furthermore, it may be premature to develop group treatments before examining the beliefs

and preferences of individuals in group therapy regarding the discussion of religious and spiritual concerns.

Purpose of the Study

The purpose of the present study was to expand the work of Rose et al. (2001) by examining the beliefs and preferences of group therapy clients regarding the discussion of religious and spiritual issues. Although Rose and colleagues made a significant contribution to the literature, their sample came solely from a population of clients receiving individual therapy. It was important to broaden their work to the realm of group therapy because group work continues to be a frequently utilized mode of treatment (DeLucia-Waack, Gerrity, Kalodner, & Riva, 2004). The purpose of the present study was three-fold. First, it was designed to examine whether group clients believe that religious and spiritual concerns are appropriate topics of discussion for group therapy (i.e., client beliefs), as well as whether they would personally desire to discuss such concerns with other group members (i.e., client preferences). Second, the study was designed to explore clients' beliefs regarding the appropriateness of specific religious/spiritual interventions. Third, the study was designed to examine the predictors of beliefs/preferences, such as spiritual transcendence, bond to group co-leaders, group climate, perception of counselor and group member willingness to discuss religious and spiritual issues, and client demographics.

CHAPTER 2

LITERATURE REVIEW

Introduction

A movement within the mental health profession to understand and address the sacred has surfaced in recent years. This trend can be attributed to the following developments: research has found a positive relationship between religion and health; the majority of the general public in the United States continues to self-identify as religious or spiritual; and the multicultural counseling movement encourages sensitivity to cultural diversity, which includes the religious and spiritual aspects of an individual's identity (Hage, Hopson, Siefel, Payton, & DeFanti, 2006). With these developments in mind, the question for clinicians is no longer whether to address the sacred in psychotherapy with religious and spiritual clients, but rather, how and when to address the sacred. However, this is not an easy question to answer. In this article we hope to help practitioners understand the clinical implications of recent empirical studies on psychotherapy and the religious/spiritual client.

Definitions

Differentiating between the terms religious and spiritual is somewhat difficult because they have overlapping meanings but are often recognized as distinct from one another (Hage et al., 2006). In addition, researchers have not yet agreed upon an operationalized definition of these constructs (Richards & Bergin, 2005). The term religious, as it is most commonly understood, implies an affiliation with an institutionalized religion and affirmation of theological doctrine or dogma; whereas, the term spiritual most often refers to a connection to the transcendent which for some is disconnected from organized religion (Sperry & Shafranske, 2005). Accordingly, a person can be religious and spiritual,

religious but not spiritual, spiritual but not religious, or neither religious nor spiritual (Worthington et al., 1996). For the purposes of this review, we use the term religious/spiritual when referring to both concepts. When either religious or spiritual appear alone it is to intentionally communicate that one concept is being discussed to the exclusion of the other.

This paper focuses on published, empirical studies that address therapists and religion/spirituality, clients and religion/spirituality, and religious/spiritual interventions. The review began with a search on PsychINFO for the root terms *spirit* or *relig* in either the title or the abstract. We crossed this search with the root terms *counsel*, *therap*, or *psychotherapy* in the title or the abstract. The search was limited to articles published between 1997 and 2009, in an effort to provide clinicians with a review of the most current research. For articles on this topic prior to 1997, the reader is referred to Worthington et al. (1996). Additional articles were obtained by reviewing the reference lists of articles found on PsychINFO. We did not intend for this review to be a comprehensive summary of psychotherapy and religion/spirituality (e.g., Worthington et al., 1996), but rather we aimed for a concise synthesis of empirical research on the topic with an emphasis on clinical implications. Therefore, the following types of articles were selected for inclusion in this review: meta-analyses, narrative reviews, and empirical articles that were uniquely informative for clinicians.

Therapists and Religion/Spirituality

As mentioned in the introduction, many mental health professionals have begun to address the sacred in psychotherapy. But what, if anything, does this say about the religiosity and spirituality of practitioners themselves? Delaney et al. (2007) surveyed the religiosity

and spirituality among 258 members of the American Psychological Association (APA) in order to make comparisons to both a sample of psychologists surveyed in 1985 (Bergin & Jensen, 1990) and a recent sample of the United States general public. Psychologists surveyed in the recent study were no less or more religious than those surveyed two decades ago. In addition, they remain much less religious than the population they serve. For example, 35% of psychologists compared to 72% of the general public, agreed with the statement, "My whole approach to life is based on my religion." Similarly, 48% of psychologists compared to 15% of the general public indicated that religion was not very important in their life. Psychologists were also five times more likely than the general public to deny belief in God, and of those individuals that reported having ever believed in God, 25% of psychologists compared to 4% of the general public reported that they no longer do.

The majority of psychologists, however, indicated that spirituality was either "very important" (52%) or "fairly important" (28%) to them. No comparison can be made to the 1985 sample of psychologists because no measures of spirituality were included in that survey. One possible explanation, while purely speculative, for the absence of such measures is that psychologists as a group tend to embrace spirituality more commonly today than they did in the mid-1980s. Whatever the reason, it is important to note that psychologists today are more likely to describe themselves as "spiritual but not religious" than the population they serve (Delaney et al., 2007). Despite this fact, it seems that most psychologists view the religiosity of their clients in a positive manner. Of the psychologists surveyed, the majority believed religion to be beneficial (82%) rather than harmful (7%) to mental health. However, the fact that the majority of psychologists believe in the positive relationship between

religiosity and mental health, however, does not mean that most psychologists have the knowledge and skill to effectively work with religious clients.

A recent analogue study illustrates that clinical judgment can be impaired when practitioners are unfamiliar with the religious beliefs of a client (O'Connor & Vandenberg, 2005). Mental health professionals (N = 110) read three vignettes depicting clients possessing the beliefs associated with Catholicism, Mormonism, and Nation of Islam. Participants were informed that the clients had recently developed these beliefs in the past 6 to 12 months. The beliefs were either identified as part of a religious tradition or not, and as resulting either in a threat to harm another or not. Thus, a 2 (identification) x 2 (harm) x 3 (religion) between and within design was used. Participants were asked to complete a measure of pathological beliefs for each of the three vignettes. Mental health professionals surveyed in this study considered the beliefs associated with Catholicism to be significantly less pathological than beliefs associated with the less mainstream religions (Mormonism and Nation of Islam). The beliefs of Mormonism were considered to be significantly less pathological than the beliefs of Nation of Islam, the least mainstream of the three religions. In other words, the further the religious belief was from mainstream religious beliefs (i.e., Christianity), the higher clinicians rated it in terms of psychotic pathology. In terms of the identification conditions, both Catholic and Mormon beliefs were rated as significantly less pathological when they were identified with their respective traditions. However, the beliefs for Nation of Islam were rated as highly pathological irrespective of identification condition. Similar results were obtained for the harm conditions, Catholic and Mormon beliefs were rated significantly higher in pathology when they were described as potentially harmful to

others, whereas Nation of Islam beliefs were rated as highly pathological regardless of whether they were described as potentially dangerous to others.

One possible explanation for the results of this study is that clinicians' lack of familiarity with the less mainstream religions (Mormonism and Nation of Islam) was responsible for the discrepancy in ratings of psychotic pathology (O'Connor & Vandenberg, 2005). Such unfamiliarity should come as no surprise as a recent literature review on preparation in religious/spiritual diversity reported that graduate students in counselor education, clinical psychology, counseling psychology, marriage and family therapy, rehabilitation psychology, and psychiatry receive minimal education and training in working with clients from diverse religious/spiritual backgrounds (Hage et al., 2006). For example, in a survey of training directors and program leaders only 13% reported that their APA-accredited clinical psychology program offers a specific course in religion/spirituality and psychology; 17% reported that the topic is covered systematically; and 16% reported that their program does not address the topic at all (Brawer et al., 2002). With such minimal attention paid to religious/spiritual diversity in training programs it is no wonder that clinicians may struggle to be open to and supportive of their clients' religiosity/spirituality when the client espouses a less familiar religious tradition. Without specific training in the strengths and weaknesses of all forms of religion, clinicians are likely to be under-prepared to address this aspect of their clients' lives in psychotherapy and may be more likely to rely on their own personal experiences.

One way for clinicians to enhance their ability to work effectively with religious/spiritual clients is to look to those who already do so. A recent qualitative study did this by asking 12 psychotherapists—who were nominated by their peers as therapists to

whom they would refer a client with religious/spiritual problems—to describe how they approach, assess, and treat religious/spiritual problems (Johnson, Hayes, & Wade, 2007). They were also asked to discuss the outcomes typically achieved when working with such problems. In respect to philosophical orientation, a pluralistic approach to clients' religious/spiritual beliefs was used by most therapists, meaning that they appreciated diverse religious/spiritual paths and were careful not to impose their own values on their clients. In regard to assessment, therapists conceptualized religious/spiritual problems through several frameworks. A number of therapists reported conceptualizing such problems through a developmental lens (e.g., Fowler's stages of faith; Fowler, 1981). Others viewed religious/spiritual problems as intertwined with other psychological and relational problems (Johnson et al., 2007). Overall, therapists were careful not to treat religious/spiritual issues in an isolated manner. Concerning treatment, most therapists noted that religious/spiritual problems often emerged gradually over the course of therapy. Once they emerged, a number of techniques for working with spiritual problems were reported, many of which were explicitly spiritual interventions tailored to a client's personal spirituality (e.g., meditation, quoting scripture, and prayer). The most basic religious/spiritual intervention reported, and perhaps the most important in terms of facilitating discussion about such problems, was an explicit statement communicating openness to exploring religion/spirituality. One way to explicitly communicate the appropriateness of discussing these issues is to address the topic in the informed consent documents that clients read before treatment begins. Therapists may also want to re-emphasize this point verbally if clients endorse a religious/spiritual orientation during the screening process. Finally, Johnson and colleagues (2007) noted that most therapists reported beneficial outcomes for clients who addressed religious/spiritual

concerns, such as increased self-awareness, improvement in relationships with significant others, and religious/spiritual change.

In addition to gaining knowledge and learning skills from therapists experienced in addressing the sacred in psychotherapy, clinicians need to become more self-aware in order to be comfortable working with religious/spiritual clients (Bartoli, 2007). Awareness of one's own beliefs and biases regarding religion/spirituality will help therapists avoid imposing their own values on their clients. This point raises a clinical implication pertinent to the empirical studies summarized above. Therapists must make deliberate efforts to become aware of their own stance toward religion/spirituality for the very reasons that they are more inclined than their clients to be "spiritual but not religious" (Delaney et al., 2007), they are unlikely to receive encouragement to explore their own religious/spiritual beliefs and biases in graduate school (Hage et al., 2006), and they are prone to make poor clinical judgments regarding religious beliefs for which they are unfamiliar (O'Connor & Vandenberg, 2005).

Religious/Spiritual Clients

Over a decade ago, the authors of a review of the empirical research on religion and psychotherapeutic processes and outcomes challenged researchers to move away from conducting analogue studies, which had been the most common type of research on the subject at that time, and focus their research on actual clients (Worthington et al., 1996). The next step in the development of theory and knowledge in this area would best be made by studying the experiences, opinions, and outcomes of actual clients in therapy. One of the first studies to respond to this challenge examined beliefs and preferences of 74 clients at 9 counseling agencies regarding discussion of religious/spiritual issues in individual counseling

(Rose et al., 2001). The majority of these individuals believed that it was appropriate to discuss religious/spiritual concerns in individual therapy (63%) and indicated that religious/spiritual concerns were something that they would like to discuss in therapy (55%). Comparatively, a minority of clients (18%) reported that they preferred not to discuss such topics in therapy for a variety of reasons, such as a preference to discuss them with clergy (4%) or because they were not relevant to their presenting issue (11%).

It is also noteworthy that, unlike many previous studies on religion and psychotherapy which had focused primarily on Christians, participants in this study were religiously/spiritually diverse. Of the total sample, 60% reported some religious affiliation and 40% reported no religious affiliation (compared to the 90% of the general public that reports a religious affiliation). However, 89% reported a belief in God. Assuming that all those who identified a religious affiliation believed in God, then 29% of the total sample believed in God but was not religiously affiliated. Thus, these individuals would likely identify themselves as spiritual but not religious. Consequently, an important clinical implication of this study is that even in a sample of clients who are not all religiously affiliated, the majority believe that it is appropriate to discuss religious/spiritual issues in individual counseling and report a personal desire to do so themselves.

Religion and spirituality should not only be of interest to therapists because the majority of clients prefer to discuss such topics, but also because religion and spirituality are a source of distress for many clients (Johnson & Hayes, 2003). In a survey of 2,754 clients at the counseling centers of public universities and private colleges across the United States, 20% reported a clinically significant level of distress related to religious/spiritual problems. This statistic suggests that therapists would be remiss to ignore the sacred in psychotherapy

because religious/spiritual problems can be integral to the client's presenting concern. For example, among clients surveyed by Johnson and Hayes, a clinically significant level of distress related to religious/spiritual problems was predicted by confusion about values, problematic relationships with peers, sexual concerns, and thoughts of being punished for one's sins. It is worth noting that not all of these predictors (e.g., problematic relationships with peers) are intuitively associated with religion/spirituality. Therefore, clinicians should be aware that the presence of a religious/spiritual problem is not always readily apparent, and they would do well to follow the example of psychotherapists experienced in addressing the sacred in psychotherapy who routinely assess the history and psychological functioning of a client's religious/spiritual beliefs (Johnson et al., 2007).

In view of the findings that clients prefer to discuss religious/spiritual issues in counseling (Rose et al., 2001) and that clinically significant levels of distress are sometimes related to religious/spiritual problems (Johnson et al., 2003), it is important to understand what religious/spiritual clients expect from both secular and religious counselors prior to treatment. In regard to specifically religious clients and their expectations of a secular counselor, one study (Belaire & Young, 2002) compared the expectations of 100 Christians with moderate and high levels of conservatism. Moderately and highly conservative Christians, alike, reported an expectation that the secular counselor would respect their religious beliefs and have an open attitude toward religion. However, compared to the group of moderately conservative Christians, the group of highly conservative Christians had significantly higher expectations that the secular counselor would use in-session religious interventions such as audible prayer and reference to scripture. In addition to level of conservatism, prior experience with counseling also influenced participants' expectations of

counseling with a secular therapist. Irrespective of level of conservatism, Christians with previous experience with secular counseling reported more favorable expectations for secular counseling than did participants with no prior experience. Even so, the majority of participants with and without previous experience with secular counseling reported a preference for a Christian counselor. One major drawback of this study is that the authors did not clearly define or discuss what they meant by expectations about secular counseling. One way expectation could be understood is as something that is likely to happen. However, expectation can also imply a duty or obligation to do something. Without clearly stating to participants what they meant, the authors may have gotten responses from participants about what they believed secular therapists should do versus what they believed those therapists were likely to do.

Similar results were found in another study that examined Christians' expectations of Christian counselors (Weld & Eriksen, 2007). This study, unlike Belaire and Young (2002), surveyed actual clients as they arrived for their first session at one of three faith-based counseling agencies and specifically focused on Christian clients' preferences regarding prayer as a counseling intervention. Participants were 165 adult clients (94.5% of which reported a religious affiliation). Eighty-two percent of the clients reported a desire for the therapist to audibly pray with them in-session. The majority felt that it was usually the therapist's responsibility to bring up the subject of prayer. This finding could be due to the fact that the vast majority of clients in this study were Christians seeking help from therapists who advertised themselves as explicitly Christian counselors. Participants in this study who had the highest expectations for the inclusion of audible prayer in therapy were religious conservatives, individuals who had previously received help from a Christian counselor, and

clients who were more prayerful in their personal life. Conversely, males, younger clients, Catholics, and more liberal Christians tended to have lower expectations that their Christian counselor would include prayer in the therapy session. However, although there were differences between some groups in this study, the large majority (82%) of the total sample reported a desire for audible prayer to be included in therapy. Whereas it is helpful for clinicians to be aware of this preference among Christians seeking faith-based counseling, this study also reiterates a clinical implication mentioned previously: in order to be sensitive to religious/spiritual issues clinicians are advised to assess for client expectations regarding religion and spirituality (Weld & Eriksen, 2007).

In addition to religious clients' expectations of counseling (both secular and Christian) prior to treatment, it is also important to understand how those expectations compare to the actual experience of counseling (both secular and Christian) as reported by religious clients. One qualitative study explored the process of help-seeking and therapy by interviewing 10 clients who were currently in or had recently finished therapy in a secular setting (Mayers, Leavey, Vallianatou, & Baker, 2007). Eight participants identified themselves as religious and two participants indicated that they were spiritual but not religious. Participants reported that prior to beginning therapy they had been concerned that a secular therapist might ignore or insensitively approach their religious/spiritual beliefs. This is in contrast to the finding that Christians expected secular therapists to respect their religious beliefs and even use religious interventions. This discrepancy might exist as a result of the ambiguity with the term expectation, described above. Perhaps the Christians in the former study were stating what they thought secular therapists should do (i.e., provide religious interventions), not what they thought they would actually do. In contrast, the clients

interviewed by Mayers et al. reported their actual thoughts and feelings leading up to seeing a secular counselor. As a result, these reports from actual religious/spiritual clients seeing secular therapists should be treated as the more definitive data. An important clinical implication highlighted here, again, is the importance of communicating respect for diverse religious/spiritual beliefs whether it is expressed explicitly or through the inclusion of assessment questions regarding a client's religious/spiritual background.

Despite some initial concerns, the majority of participants interviewed reported that receiving help from a secular therapist was a positive experience. Some went so far as to say that their faith was strengthened by the experience. Participants expressed mixed opinions about the importance of being matched with a therapist with similar religious/spiritual beliefs. Some felt that a mismatch allowed them to gain new insights, while others refrained from discussing religious/spiritual topics until they were certain that the therapists shared similar beliefs. Overall, clients reported that the therapeutic alliance was strongest when they felt that the therapist accepted and respected their beliefs. This finding parallels the desire clients have for therapists to respect their religious/spiritual beliefs reported in studies discussed later in this review (Knox, Catlin, Casper, & Schlosser, 2005; Wade, Worthington, & Vogel, 2007).

In order to examine specifically religious clients' experience with explicitly religious psychotherapy, Martinez, Smith, and Barlow (2007) surveyed 152 Mormon students who were clients at the counseling center of a large university sponsored by the Church of Jesus Christ of Latter-day Saints (LDS). Clients provided information about their opinions regarding the appropriateness and helpfulness of various religious interventions. The majority of participants considered out-of-session religious interventions more appropriate

than in-session religious interventions, but in-session interventions were rated as more helpful. A possible reason for this difference is that while less intrusive, counselor recommendations for out-of-session interventions are often not carried out by clients, and as a result are less helpful. Participants in this study reported that the following religious interventions were both appropriate and helpful when used in psychotherapy: therapist references to scripture, therapists teaching spiritual concepts, therapists encouraging forgiveness, therapists involving religious community resources, therapists conducting assessments of client spirituality, and therapist self-disclosure about religious/spiritual issues. Conversely, blessings by the therapist (laying-on of hands), therapist-client prayer, and encouragement to memorize scripture were considered to be inappropriate. Some clients explained that these interventions are inappropriate because a counselor should not act as an ecclesiastical leader. In one respect these findings conflict with the finding reported above that the vast majority of conservative Christian clients would value in-session prayer with a therapist (Weld & Erikson, 2007). Perhaps theological differences between conservative Christians and Mormons are responsible for these differences. Many Mormons believe that religious functions should typically be provided by their religious leaders, whereas many conservative Christians endorse the "priesthood of all believers," which encourages the laity to act as ministers to each other. Therefore, Christians seeking help from a Christian counselor might more easily accept in-session prayer and other types of explicitly religious interventions than would a Mormon client, whose therapist is not likely to be an ordained minister in the LDS church.

However, other factors contributing to differences in the acceptance of in-session prayer (e.g., idiosyncrasies in the samples surveyed or demographic differences) cannot be

ruled out at this time. Still, important implications for clinicians can be gleaned from these research findings. First, it is important to note that these results simply reflect the average ratings of this particular sample of LDS university students. Some interventions received mixed ratings. In other words, one individual felt that an intervention was unhelpful and inappropriate while another individual felt that the same intervention was appropriate and helpful. The clinical implication here is that counselors should carefully assess the opinions and needs of their particular clients regarding religious interventions and in most cases should seek informed consent. Second, differences in religious theology or spiritual beliefs might have a considerable impact on what clients hope for, expect, and need in a counseling situation. Although it is helpful for therapists to be versed in some of the basic tenets of their clients' religions, it is not necessary for therapists to be experts in comparative religion. Instead, approaching religious/spiritual clients with an openness and willingness to engage the religious/spiritual conversation will help clients to feel comfortable expressing their wishes and needs. Then, if therapists feel comfortable meeting those particular needs (e.g., for in-session prayer) they can, and if they do not, they are in a better position to explain why they cannot and facilitate a referral to someone (e.g., clergy or religiously-focused therapist) who can.

The studies we have discussed pertaining to clients and religion/spirituality have primarily sampled religious, rather than spiritual, clients. This reflects an existing bias in the literature to focus on this population, but it also reflects the much higher proportion of religious individuals in the general public. One qualitative study in particular sampled a group with more religious/spiritual diversity than any of the studies reviewed above (Knox et al., 2005). Participants were six individuals who considered themselves either religious or

spiritual but did not identify with a particular religious or spiritual group, three Catholics, and three individuals with experiences in various religious/spiritual groups such as Buddhism, Hinduism, Judaism, paganism and Unitarian Universalism. All clients were in individual outpatient psychotherapy with non-religiously affiliated therapists at the time of their interview.

Clients in this study did not typically identify religious/spiritual topics as their core presenting issue, but rather such topics typically arose naturally and were related to the clients' presenting concerns. Clients were asked to reflect on specifically helpful and unhelpful discussions of religion/spirituality in therapy. Helpful discussions had often been initiated by clients and arose gradually within the first year of therapy, whereas unhelpful discussions were raised equally by clients and therapists and typically occurred early (e.g., first session). Helpful discussions were facilitated when clients' perceived therapists as open, accepting, and safe. Discussions became unhelpful when the client felt judged or perceived that the therapist was attempting to impose their beliefs. These characteristics of helpful and unhelpful religious/spiritual discussions in psychotherapy bring to light the clinical implication that in the most fundamental way spiritual clients desire the same thing from their psychotherapists as do religious clients: respect. If clinicians are to meet this desire they must (a) communicate that they are open to and supportive of discussing religious/spiritual concerns, (b) routinely assess for religiosity and spirituality, and (c) always gain consent before using religious/spiritual interventions.

Religious/Spiritual Interventions

At the beginning of this article we raised the point that the question on clinicians' minds should no longer be whether to address the sacred in psychotherapy, but rather how

and when to address it. This is an easy question if answered in a general sense. It is not likely that many clinicians would quibble with the need for a posture of respect and sensitivity highlighted in the section on religious/spiritual clients. Instead, the difficult aspect of the how and when questions pertains to specific types of religious/spiritual interventions. What qualifies as a religious/spiritual intervention? Are they effective? Are they most effective when delivered by a religious clinician? These are the questions that we will address in this section.

Determining whether an intervention is specifically religious/spiritual is a somewhat ambiguous task. It has been suggested that there are three common views on defining religious/spiritual techniques (Worthington, 1986). One view defines religious/spiritual techniques as any secular techniques used to strengthen the faith of a religious/spiritual client. A second view defines religious/spiritual techniques as a secular techniques modified to include explicitly religious/spiritual content (e.g., Christian cognitive therapy). A third view defines religious/spiritual as a technique derived from religion (e.g., blessings, reference to sacred texts, audible prayer). Here we focus on religious/spiritual interventions that fall into the second and third categories because these have received the bulk of the research attention.

In recent years there has been a proliferation of religiously/spiritually integrated interventions used by clinicians to treat a range of psychological problems. Examples of recently developed religiously/spiritually integrated interventions include a manualized intervention for sexual abuse victims (Murray-Swank & Pargament, 2005) and a spiritual group intervention for individuals with eating disorders (Richards, Hardman, & Berrett, 2000). In addition to these recently developed interventions, many clinicians continue to

implement explicitly religious interventions (e.g., prayer) and religiously/spiritually-accommodative interventions (e.g., Christian cognitive therapy).

With examples of the sorts of religious/spiritual interventions developed in the last decade in view, we must examine whether religious/spiritual interventions in general are effective. In many ways, outcome studies on the effectiveness of such interventions are still in their infancy. There is still much we do not know about their effectiveness with various clinical issues and populations (Richards et al., 2006). However, many strides have been made in the last decade. A decade ago a meta-analytic review on the topic of religiously accommodative outcome studies was made up of five studies (McCullough, 1999). A recent meta-analytic review (Smith, Bartz, & Richards, 2007) of outcomes of religious/spiritual interventions analyzed 31 studies. Clearly, the literature has expanded, but there is still much room for growth.

The meta-analytic review by Smith and colleagues (2007) included 1,845 clients across the 31 studies analyzed. Religious affiliation for studies reporting percentages (N = 21) was as follows: Christians of unspecified denominations, 35%; Muslims, 24%; Protestants, 17%; Catholics, 12%; Latter-day Saints, 9%; Jews, 1%; and "other" (e.g., Buddhists, Hindus), 2%. It is important to note that the studies used in this meta-analytic review sampled primarily Christians (73%) and Muslims (24%) as well as Caucasian clients. Eighteen studies (58%) involved true experimental designs with clients randomly assigned to a treatment condition or a control group; six (19%) were quasi-experimental designs and seven (22%) were single-group pre- to posttest designs. Overall, the studies explored a variety of interventions. No significant differences were found between individual therapy studies versus group therapy studies, nor were significant differences found between studies

of manualized treatments versus non-manualized treatments. However, type of religious/spiritual intervention did produce significant differences for two out of four types of such interventions. Studies involving interventions in which the therapist explicitly taught the client spiritual concepts and related them to their situation were significantly more effective than those that did not. Conversely, studies involving interventions comprised of instruction in religious imagery or meditation were significantly less effective than those studies that involved other interventions. Finally, studies involving client prayer and studies involving religious reading sacred text were equally as effective as studies that did not include either of these interventions. However, the authors advise that these moderator analyses be viewed tentatively due to the small number of articles included in the meta-analytic review.

The overall effect size across the 31 studies was 0.56, indicating that religious/spiritual approaches to psychotherapy are effective. In the 16 studies in which a religious/spiritual intervention was compared to a secular intervention the differential effect size was 0.51. The authors note that both of these effect sizes are larger than the effect sizes typically obtained (i.e., 0 to 0.21) when different types of secular psychotherapy are compared (Wampold et al., 1997). Based on this observation, the authors argue that further investigation of the effectiveness of religious/spiritual interventions is certainly warranted. Similarly, these results should give clinicians reason to consider using such interventions in therapy with religious/spiritual clients after proper assessment and informed consent (Smith et al., 2007).

Therapists who are not religious or who practice a spirituality that differs greatly from that of the majority of their clients may feel uneasy with the recommendation to use religious/spiritual interventions in therapy with religious/spiritual clients. One concern they

might have is in regard to whether such interventions are more effectively delivered by clinicians with religious/spiritual beliefs that match the client's beliefs. One study explored this concern by comparing the relationships between therapist-client religious commitment similarity and the use of religious interventions with the closeness with the therapist and client-rated improvement in the presenting problem (Wade, Worthington, & Vogel, 2007). Clients (N = 220) and their therapists (N = 51) from secular and Christian counseling agencies throughout the United States participated. It was found that congruence between the use of religious interventions and their clients' religious commitment was related to closer therapeutic relationships and more beneficial outcomes. However, client-therapist match on religious commitment did not predict closeness or client-rated change. The authors concluded that perhaps what matters most is not matching between client and therapist on religious commitment, but the client's perception that the therapist has an open and respectful posture toward religion/spirituality and is willing to use interventions that are congruent with the client's (and not necessarily the therapist's) religious commitments. These findings should give clinicians confidence that they can work effectively with religious/spiritual clients regardless of whether they personally hold religious/spiritual beliefs.

Religious/Spiritual Group Treatments

As evidenced by the literature reviewed above, a substantial number of empirical studies have been published on the topic of religion/spirituality and individual counseling, and the literature on group counseling is vast. However, a search for literature combining these two topics returns few empirical studies. This hole in the literature was noticed over a decade ago by Worthington and colleagues (1996) when they stated that religiously-oriented group therapy and psychoeducational groups have been ignored by researchers. Since then,

the few empirical studies published on the topic have examined the effectiveness of psychoeducational groups, and have ignored group therapy. Despite the scarcity of empirical studies on religious/spiritual issues and group therapy, a step in the right direction has been made over the last decade as a plethora of religious/spiritual manualized group treatments have been published. At present most of these manualized treatments have not yet been empirically tested.

One manualized psychoeducational group that has been empirically tested is mindfulness-based cognitive therapy for depression (MBCT; Segal, Teasdale, & Williams, 2002), which is based on concepts from Buddhist meditation, but is utilized as a secular treatment. A recent narrative review evaluated the preliminary outcome studies on MBCT and reported promising results for prevention of relapse of depression for patients with three or more previous episodes of depression (Coelho, Canter, & Ernst, 2007). The authors reviewed four studies (Teasdale et al., 2000; Teasdale et al., 2002; Williams et al., 2000; Kingston et al., 2007) along with one replication study (Ma & Teasdale, 2004). In each of these reviewed studies MBCT plus treatment as usual (TAU) was compared to TAU alone. None of these trials of MBCT included active control conditions, placebo conditions, or attention controls. Furthermore, each study neglected to provide descriptions of randomization procedures as well as explanations for participant dropouts (Coelho et al., 2007).

The study by Teasdale et al. (2000) was the initial study to examine the effectiveness of MBCT as a preventative treatment for relapse of recurrent major depression. Participants were 145 patients at three different sites either in remission or recovering from major depression that had discontinued medication at least 12 weeks prior to the study. Results of

the study for patients with three or more previous episodes of depression were promising in that the number of individuals that relapsed within one year was statistically less for the group that received TAU plus MBCT (37%) as compared to the group that received TAU (66%). This difference between groups equates to a 44% reduction in risk for relapse. Teasdale et al. (2000) interpreted this as a clinically significant difference because the rate of relapse is halved for the TAU plus MBCT group as compared to the TAU group.

Teasdale et al. (2000) did not find similar results for the group of participants with two previous episodes of major depression. For this group no statistical difference was found between TAU and TAU plus MBCT. In fact, participants that received TAU plus MBCT had a statistically nonsignificant higher rate of relapse (54%) than participants that received TAU (31%). The finding that relapse rates do not significantly differ between the TAU and TAU plus MBCT groups for individuals who have experienced two episodes of major depression as well as the finding that TAU plus MBCT produced lower rates of relapse for individuals that have experienced three or more episodes of major depression was replicated in a study by Ma and Teasdale (2004).

The Teasdale et al. (2000) study is important for two reasons. First, as an initial test of the effectiveness of MBCT as a treatment for relapse of major depression, it was the first trial to report promising results. As Segal et al. (2002) mention in their manualized treatment book, the results of this initial study were heartening for them because they suggested that MBCT could benefit individuals that had been previously depressed but who were mentally healthy at the time of treatment. They were also excited to learn that MBCT was effective as a group-based treatment, in effect making the treatment more cost-efficient for patients. The second reason that the study was important is that it suggested that MBCT interacts

differently with patients who have had three or more previous episodes of depression compared to patients who have had two episodes of depression. Teasdale et al. (2000) hypothesized that the differences between these two groups could be a result of different mediating pathways to relapse of depression. They suggested that relapse of depression in individuals who have experienced three or more episodes of depression is likely to be triggered simply when the individual enters a dysphoric mood and begins to ruminate on depressing content. Conversely, mood swings are less likely to act as triggers for relapse into depression for individuals who have experienced fewer than three episodes of depression; rather, these individuals are more likely to be triggered by stressful life events.

The second study to meet the inclusion criteria determined by Coelho et al. (2007), the study by Teasdale et al. (2002), does very little to add to findings reported by Teasdale et al. (2000) and Ma and Teasdale (2004). This study simply reported outcome analysis for participants at two of the three sites used by Teasdale et al. (2000). Teasdale et al. (2002) reported that the rate of relapse of depression for individuals who received TAU plus MBCT (36%) is significantly less than in comparison to the rate of relapse for those patients who received TAU (62%). They noted that according to Cohen (1988, p. 185), this is a medium effect size.

Similar to the study by Teasdale et al. (2002), the study by Williams et al. (2000) is based on a subset of data from the study by Teasdale et al. (2000). However, unlike the study by Teasdale et al. (2002), Williams and colleagues add to the initial study by focusing on different outcome variables. The variables of interest in this study were changes in mood assessed by the Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960) and autobiographical memory assessed by the Autobiographical Memory Test (Williams &

Broadbent, 1986). Comparing TAU plus MBCT and TAU, no differences were found for HRSD scores. However, a significant difference between the two groups was found for scores on the autobiographical memory test. Participants who received TAU plus MBCT produced significantly fewer generic memories and more specific memories in response to cue words, whereas there was no significant difference for those patients who received TAU. This study is important because it is congruent with studies that suggest that focus on generic memories is characteristic of depressed individuals (Kuyken & Brewin, 1995). Williams et al. (2000) concluded that these results suggest that MBCT modifies the depressed individual's tendency to focus on generic memories.

The study by Kingston et al. (2007) is a small preliminary trial with a sample size of 19 psychiatric outpatients. Coelho et al. (2007) included this study in their review because it focused on the effectiveness of MBCT to treat patients with residual depressive symptoms whereas the other studies cited above focus mostly on patients in full remission of depressive symptoms. Dependant variables assessed in this study were the Beck Depression Inventory (BDI; Beck, Brown & Steer, 1998) and the rumination scale (Nolen-Hoeksema, 1991). Depression and rumination were assessed before, during, upon completion of treatment, and one-month after treatment. Again, TAU plus MBCT was compared to TAU. Differences between groups were not significant on rumination scores; however, a significant difference was found in the reduction of depressive symptoms for the group that received TAU plus MBCT as compared to the group that received TAU. Although insufficient power severely limits this study, it cautiously suggests that MBCT may be effective in treating patients with residual depressive symptoms.

In addition to the outcome studies on MBCT, Spiritual Self-Schema (3-S) therapy for the treatment of addiction and HIV risk behavior is another manualized psychoeducational group treatment that has been empirically tested (Avants & Margolin, 2003; Avants et al., 2005). Participants (N=29) were cocaine- and opioid-dependent clients enrolled in a community-based methadone maintenance program. The 8-week group treatment provides clients with spiritual resources such as meditation, prayers and affirmations, spiritual reframing, and training in spiritual virtues. Similar to mindfulness-based cognitive therapy for depression (Segal et al., 2002), the spiritual resources taught in 3-S therapy are rooted in Buddhism, but adapted for clients of any spiritual background. In a computerized reaction time test clients responded 'not me' to addict qualities significantly faster at post-treatment than they did at pretreatment, and faster 'me' to spiritual qualities. Self-reports of daily spiritual practices and experiences, as well as the perceived influence of spirituality on behavior were also significantly higher at post-treatment. A shift in self-schema from "addict self" to "spiritual self" was correlated with a decrease in drug use and other HIV risk behaviors.

The effectiveness of a 10-week theistic group intervention for people with eating disorders has also been empirically tested (Richards et al., 2000; Richards, Berrett, Hardman, & Eggett, 2006). This intervention addresses the "false gods" associated with eating disorders and teaches clients concepts such as forgiveness, gratitude, and spiritual reframing. Participants (N=122) in the study were women suffering from anorexia, bulimia, and eating disorder NOS in inpatient therapy. Unlike the empirical study of the 3-S therapy (Avants & Margolin, 2005), this study employed a rigorous randomized, pretest-posttest control group design. Clients were assigned to one of three groups: a spirituality group, a cognitive group,

and an emotional support group. All three groups resulted in positive improvements; however, compared to clients treated in the cognitive and emotional support groups, clients in the spirituality group scored significantly lower on psychological disturbance and eating disorder symptoms and higher on spiritual well-being at the conclusion of treatment.

Other than the studies by Avants et al. (2005) and Richards et al. (2006), and the outcome studies on MBCT reviewed by Coelho et al. (2007), a search of the literature failed to locate other empirical studies of group religious/spiritual interventions. However, as mentioned previously, the search did successfully locate a substantial number of descriptive articles regarding manualized religious/spiritual group treatments as well as a number of non-manualized religious/spiritual process groups.

In terms of manualized group treatments located, two were developed specifically for Christians. "Coping with Divorce" is an 8-session Christian-based group intervention developed by Rye and Pargament (2003) to help individuals become more forgiving of their ex-spouses. Clients are taught to use prayer, purification rituals, spiritual surrender, spiritual reframing, spiritual modeling, and Scripture reading as ways of coping with their divorce. Similarly, "The Path to Forgiveness" is a 6-session Christian-based group intervention developed by Worthington (2004) to help people become more forgiving toward those who have hurt them. This manualized group treatment is intended for anyone who is struggling with the emotional pain of an interpersonal hurt. Clients are taught a five-step process of recalling the hurt, developing empathy for the offender, giving an altruistic gift, committing to the process of forgiveness, and holding onto forgiveness when doubts arise.

Other manualized group treatments located do not focus on a particular religious tradition (e.g., Christianity), rather they take a broader spiritual approach. For example,

"Recreating Your Life" is a 6-session nondenominational group intervention designed by Cole and Pargament (1998) to help religious/spiritual individuals diagnosed with cancer address the religious/spiritual issues embedded in the existential concerns that tend to arise for cancer patients related to control, identity, relationships, and meaning. One activity used in this treatment designed to help clients let go of things beyond their control is a guided imagery relaxation exercise that encourages a sense of surrender for those things that are "under God's control."

Although "Recreating Your Life" (Cole & Pargament, 1998) was not rooted in a particular religious tradition, it did present spirituality from a theistic perspective through its use of God imagery. McCorkle, Bohn, Hughes, and Kim (2005) designed an 8-week manualized group treatment to help individuals view their social anxiety in the larger context of the sacred. This treatment did not employ theistic language and encouraged clients to create their own definition of spirituality. Rather than focusing on the negative symptoms of social anxiety, the treatment helps clients observe the sacred in various domains of life such as physical bodies, emotions, the present moment, the self, relationships with others, suffering, meaning in life, and times of celebration. Following a pilot test of the treatment, participants not only reported that it helped reduce their social anxiety, but a few also noted that they seemed to feel more comfortable with the topic of spirituality than the group co-leaders, who had been making a concerted effort to not impose their values on the clients.

"Winding Road" is a 9-week manualized group treatment designed by Gear and colleagues (2008; 2009) to help college and university students experiencing spiritual struggles. This treatment is unique from the others reviewed above in that spirituality is part of both the presenting concern as well as the intervention. It is also unique because it is the

only manualized spiritual group treatment found in the literature that is designed specifically for college and university students. It is based on the model of spirituality that assumes that spiritual struggle is a normal part of the spiritual developmental process (Pargament, 2007). Therefore, the aim of the treatment is to help students articulate and normalize their experiences with spiritual struggle. It also helps students work on forming a stronger sense of spiritual identity and expanding conceptual understandings of God and the sacred. Furthermore, it encourages students to engage in psycho-spiritual self-care as well as become more forgiving of themselves and others.

A pilot study of Winding Road produced promising results. Participants were a group of spiritually diverse university students that included Protestants, Catholics, atheists, Wiccans, agnostics, and religiously undecided individuals. Following the treatment, all participants displayed statistically and clinically significant improvements on measurements of distress, spiritual struggle, emotion regulation, congruence between personal behavior and spiritual values, and stigmatization of spiritual struggles. These promising results seem particularly important in light of research that suggests that nearly half of all undergraduate students in the United States experience periods of spiritual struggle (Astin & Astin, 2004).

This literature review has highlighted the fact that many manualized religious/spiritual group interventions have been developed to treat a wide array of disorders and life problems. However, this review would be grossly remiss to ignore the fact that most of these manualized treatments fall under the category of a psychoeducational group, and the interpersonal process group articulated by Yalom (2005) remains as one of the most popular group treatments today. Sometimes referred to as an "Understanding Self & Others" group at college and university counseling centers, this form of treatment helps clients gain insight

into how others experience them and provides opportunities to practice new ways of relating to others (Kincade & Kalodner, 2004). By their nature these groups focus more on process than content; therefore, it would be extremely difficult to manualize this type of group treatment. Perhaps this explains why a search of the literature returned no empirical articles on spiritually oriented interpersonal process groups. Nonetheless, a number of descriptive articles were located on this topic.

Interestingly, the literature reveals that most attempts to incorporate discussion of religious/spiritual issues into interpersonal process groups have occurred within the contexts of treatment centers for the mentally ill. Kehoe (1998) has been leading religious-issues therapy groups for men and women suffering from severe mental illnesses since the early 1980s. She explains that her groups are not a vehicle for co-leaders to teach religious or spiritual concepts nor is it a place to suggest how religious or spiritual practices might be useful to clients. Instead, she insists that "the basic ground rule and fundamental value of the group is that each person and his or her beliefs are to be respected. The group is not a prayer group, nor is it a Bible study group; no one is allowed to proselytize" (pp. 47-48). Other than this rule, the group has no set agenda or structure. With the norm of spiritual tolerance in mind, group members are welcome to explore any religious or spiritual issue they choose. In her many years of leading religious-issues groups, Kehoe states that none of her clients have ever become more delusional because of their involvement in the group. Instead, she states that for most clients the group is a safe place to learn spiritual tolerance and examine beliefs. Furthermore, her religious-issues group model has been used with equally successful results by others. For example, O'Rourke (1997) reported higher functioning among clients with severe mental illness who participated in a spiritual issues group.

Zinnbauer and Camerota (2004) provide a description of a spiritually oriented group treatment for veterans struggling with substance dependence. He explains that his spirituality group takes a pluralistic approach and has much in common with interpersonal process groups. For example, his group aims to provide Yalom's (2005) therapeutic factors: instillation of hope, universality, imparting information, altruism, corrective recapitulation of primary family group, development of socializing techniques, interpersonal learning input and output, cohesiveness, catharsis, existential factors, imitative behavior. Where Zinnbauer and Camerota's group differs is simply in its focus on spiritual issues. They state that "[f]or the Spirituality Group, it is not enough to have superficial discussions or debates about religious tenets or scriptural interpretation. We actively encourage participants to share personal spiritual experiences, emotions, peak or mystical experiences, existential angst, and spiritual distress. Spiritual strengths are highlighted as vital aids for recovery from substance abuse, and participants are encouraged to take insights gained in the group and actively practice them in their daily lives" (p.55).

After running this spirituality group for over six years, Zinnbauer and Camerota state that most group discussions fall into one of five categories: seeking to understand the nature of spirituality, reconciling anger and spirituality, understanding the meaning of the spiritual path, coping with death and loss, and forgiveness. He admits that a spirituality group is not for everyone, but argues that it is a necessary adjunct to other substance abuse programs that do not provide a safe place for discussion of spiritual issues.

Finally, in order to find any articles in the literature pertaining to interpersonal process groups and spirituality in a college or university setting we must go back nearly two decades. The Interreligious/Spiritual Exploration group was formed at a college counseling

center by Genia (1990) to focus on both the psychological and spiritual aspects of students. Like many of the treatments reviewed above, this group takes a pluralistic approach by welcoming persons of any spiritual orientation. Group discussions have addressed topics such as apprehension over religious doubts and uncertainties, problems of interfaith relationships, family conflict due to rejection of parental beliefs, and existential concerns regarding meaninglessness and isolation. Students also shared struggles related to incorporating spirituality into career goals and new romantic relationships. Genia's descriptive article ends with a call for college counseling centers to add a similar spirituality group to their services to meet the needs of their students. Unfortunately, the only response to this call seems to be the Winding Road group treatment (Gear et al., 2008, Gear et al., 2009) which has only recently been developed.

Summary

By way of conclusion I highlight here the predominant themes that appeared throughout this literature review. Certainly much remains for research to uncover regarding the topic of religion/spiritual in psychotherapy, but these themes are a place to start for therapists striving to work effectively with such clients.

1. Therapists as a whole tend to identify less with religion and more with spirituality than the clients they serve. Therefore, it is important that they are deliberate about identifying their own attitudes and biases concerning religion in order to avoid imposing their values on clients.

2. Therapists usually receive little or no education and training in graduate school regarding religious/spiritual diversity. This may explain why many therapists lack confidence in their ability to work effectively with religious/spiritual clients. Similar to the

first point, therapists must seek out resources to become informed on this subject. As a first step for those seeking resources, we have provided a recommended reading list after the reference section.

3. Many religious/spiritual clients want to talk about religious/spiritual issues in therapy, although this is not unanimous. Furthermore, some clients desire that their therapist use religious/spiritual interventions in therapy sessions. For many religious/spiritual clients this can be done effectively by both religious and secular therapists.

4. Religious/spiritual issues are sometimes interrelated with primary, psychological concerns. Therapists should, therefore, routinely assess for religious/spiritual history and concerns.

5. Religious/spiritual clients usually find religious/spiritual discussions in therapy to be most helpful when they are client-initiated and brought up gradually as opposed to early on (i.e., the first session). This provides time for the therapeutic relationship to develop and for the client to develop trust in the therapist's acceptance of their religious/spiritual worldview.

6. Empirical evidence suggests that religious/spiritual interventions are often effective. For this reason, clinicians would do well to consider using them when appropriate.

7. The effectiveness of religious/spiritual interventions depends more on congruence with clients' religious commitment, rather than congruence between therapist-client religious commitment. Consequently, such interventions can be delivered effectively by therapists of all religious/spiritual beliefs.

8. A plethora of manualized religious/spiritual group treatments are available for clinicians to use with a wide variety of clients and presenting concerns. However, many of these treatment options have not yet been empirically tested.

9. In addition to the manualized religious/spiritual group treatment options, clinicians have successfully made religion/spirituality the focus of interpersonal process groups.

As the literature review shows, the literature on psychotherapy and religion/spirituality has largely increased in the past decade; however, significant gaps remain. Therefore, there are many important research questions that still need to be answered before the literature can move beyond its currently tentative state. First, as Worthington and colleagues (1996) suggested, future research should continue to make it a priority to use actual clients rather than relying on analogue studies. Certainly, the last decade has produced more studies with samples from an actual client population; however, more work needs to be done in this area. Both quantitative and qualitative studies will help researchers understand the impact of religious/spiritual interventions on a various types of clients.

Second, more research is needed on psychotherapy with religious and spiritual minorities. Although some strides have been made to examine such persons, the majority of research in this area reports the use of Christian participants. Even within the mainstream religion of Christianity, there is much room for research on smaller Christian groups (e.g., Seventh Day Adventists).

Third, more research is needed in the area of group therapy and religion/spirituality. A review of the literature reveals an impressive number of religious/spiritual group interventions that have been published in the last decade. As noted above, these group

interventions need to be tested by larger clinical trials. Additionally, the majority of these interventions are psychoeducational in nature. More research is needed on counseling and therapy groups and religion/spirituality. For example, would clients in a general interpersonal-process therapy group want to discuss their religious/spiritual concerns with their group members? What would non-religious group members think if religious group members opened up about religious/spiritual concerns? Furthermore, what do group therapists think about this matter? Do they find religious/spiritual concerns an appropriate topic for a interpersonal-process group or other types of groups that do not have a religious/spiritual theme?

The purpose of the present study is to address these gaps in the literature by examining the beliefs and preferences of group counseling clients. Not only does this study sample from a population of actual group clients, but it is also the only known study to survey group clients on this topic. Furthermore, the study sample also comes from a secular university counseling center. It is hoped that by sampling from such a setting that the religious orientations of the study participants will be diverse.

Research Questions and Hypotheses

The first research question is as follows: What are clients' beliefs regarding the appropriateness of religious concerns for discussion in group counseling? It was hypothesized that the majority of group clients at a university counseling center would indicate that it is their belief that religious concerns are appropriate for discussion in group therapy. The rationale for this hypothesis is based on the results found by Rose et al. (2001). Group therapy, of course, involves a different dynamic than individual therapy. In individual therapy a client need only worry how the therapist is perceiving what is said; whereas, in

group therapy a client may worry about the reactions of both group co-leaders and group members. Nonetheless, it was expected that clients would have similar beliefs about the appropriateness of discussing religious concerns in therapy, regardless of the setting. It is important to highlight that the measurement of appropriateness (CACL-R) does not include whether one would like to personally discuss religious concerns in group. Rather, it is a measurement of whether one believes that in a general sense it is appropriate to do so. It was expected that clients would indicate that group clients should feel free to discuss religious concerns.

Additionally, the present study was interested in client perceptions of the appropriateness of specific religious and spiritual interventions. It was hypothesized that clients would indicate that specific interventions that seem more generically spiritual, rather than rooted in a specific religious tradition, are most appropriate for group discussion. The rationale for this hypothesis is that groups in a secular university setting will include members from diverse religious and spiritual backgrounds, and clients will likely feel most comfortable with spiritual interventions that do not exclude particular religious traditions.

The second research question is: What are clients' preferences regarding the discussion of religious and spiritual issues, respectively, in group counseling? It was hypothesized that the majority of group clients at a university counseling center would indicate that it is their preference to discuss pertinent religious or spiritual issues and concerns with their group. Again, the rationale for this hypothesis is based on the results found by Rose et al. (2001) that suggest that the majority of clients in individual therapy prefer to discuss religious and spiritual issues with their therapist. Furthermore, it was expected that the proportion of group clients endorsing a preference to discuss spiritual issues

would be significantly higher as compared to religious issues. The rationale for this expectation, again, is based on the diverse religious backgrounds of students at a public university, and individual's desire to avoid creating tension by discussing religious concerns that may make others feel uncomfortable.

The third research question focuses on locating potential predictor variables. Specifically, what measures will be related to client beliefs about the appropriateness of discussing religious concerns in group therapy and the appropriateness of religious and spiritual interventions? It was hypothesized that both the belief that it is appropriate to discuss religious concerns in group therapy and the appropriateness of religious and spiritual interventions would be positively associated with spirituality, perception of group climate, and client bond to group co-leaders. To explain the rationale for this hypothesis each one of the three potential predictor variables must be addressed separately.

First, the rationale for the hypothesis that appropriateness will be positively related to spirituality is based on the results found by Rose et al. (2001) that suggest that degree of spirituality is the best predictor of client beliefs regarding the appropriateness of such discussion. Second, the rationale for the hypothesis that appropriateness will be positively related to client perception of group climate is based on theory that highlights the importance of group cohesion above and beyond all other factors (Yalom, 2005). Third, the rationale for the hypothesis that appropriateness will be related to client bond to group co-leaders is based on the assumption that clients who feel a strong bond to their co-leaders are also likely to believe that the group leaders would allow them to discuss such topics. Thus, they may be more likely to endorse these discussion topics as appropriate for group counseling.

Finally, the fourth research question is interested in what measures will explain client preferences regarding the discussion of religious and spiritual issues, respectively, in group therapy. Again, it was hypothesized that the preference to discuss religious and spiritual issues and concerns with group members would be positively associated with spirituality, perception of group climate, client bond to group co-leaders, and belief regarding the appropriateness of discussing religious concerns in group counseling. The rationale for this research question is nearly identical to that of the third research question. It was expected that degree of spirituality would be a significant predictor for both religious and spiritual issues. Furthermore, it was expected that spirituality would be an even stronger predictor of preferences to discuss religious and spiritual issues as compared to appropriateness to discuss such issues. The rationale for this expectation is that one must not be highly spiritual in order to deem these topics appropriate for group counseling. In terms of appropriateness, the rationale for this expectation is that attitudes regarding the appropriateness of discussing religious concerns precede attitude formation regarding one's preferences to discuss religious and spiritual issues in group counseling. Therefore, it is expected that appropriateness will predict preferences to discuss religious and spiritual issues.

CHAPTER 3

METHOD

Participants

The current sample consisted of 46 clients attending group counseling at a large Midwestern university counseling center. Group membership at this university counseling center consisted of 76 clients at the time of data collection. Initially, 59 of the 76 group clients (77.6%) volunteered to participate in the present study; however, 13 of the volunteers did not participate after receiving an electronic invitation to the study. The 46 clients who participated were predominantly Caucasian (*n* = 40 [87%]; 3 Asian/Pacific Islanders [6.5%]; 2 Latinos [4.3%]; and 1 [2.2%] did not respond), and 26 (56.5%) of the clients were female. All clients were full-time undergraduate or graduate students. The most frequently endorsed religious affiliation was Protestant Christianity (*n* = 10 [21.7%]; 8 Agnostics [17.4%]; 4 Catholics [8.7%]; 3 Atheists [6.5%]; 2 Muslims [4.3%]; 2 Unitarian Universalists [4.3%]; 1 Buddhist [2.2%]; 1 Hindu [2.2%]; 1 Mormon [2.2%]; 8 [17.4%] endorsed "Other"; and 6 [13%] did not respond). The average age of the clients was 23.3 years (SD = 4.6, range = 18 – 40). Clients reported a range of presenting concerns (see the Appendix for client responses to the open-ended question: "What was the most important problem that brought you in for counseling?").

The majority of clients reported that they had attended individual counseling sessions in the past (n = 41 [89.1%]), and 18 clients [39.1%] reported that they had attended group counseling sessions prior to joining their current counseling group. The majority of clients reported that they had attended more than 10 sessions with their current group (*n* = 17 [38.6%]; 16 had attended between 6 and 10 sessions [36.4%]; 9 had attended between 3 and

5 sessions [19.6%]; 2 had attended 1 session [4.3%]; and 2 did not respond). Clients were members of one of 12 counseling groups at the university counseling center. Ten of the counseling groups had a focus on interpersonal process. The theme of these groups is "Understanding Self and Others," and they attract clients with a range of presenting concerns. Two of the groups were focused on recovery for clients with eating disorders. The majority of the clients in the present study belonged to one of the interpersonal process groups (n = 40 [87%]).

Procedures

After the study was approved by the institution's internal review board the lead investigator of the present study met with the staff involved with therapy groups at the university counseling center (see the Appendix for all materials approved by the IRB). At this meeting, group therapy leaders received information about the study and its procedures to present to group clients. Towards the end of the semester, after the majority of group clients had participated in more than five sessions, group leaders verbally presented the study to their clients at the beginning of two consecutive sessions and collected e-mails in a confidential manner from those clients willing to volunteer for the study. The group leader then passed on the contact information to the lead investigator who invited clients via e-mail to participate by directing them to an online questionnaire hosted by a confidential and secure website, surveymonkey.com. Two reminder e-mails were sent.

Informed consent was given to participants on the website before they agree to complete the online questionnaire. Also, before completing the instruments participants were provided with working definitions of both "spirituality" and "religion" as defined by Hill and Pargament (2003). The introduction of these definitions was intended to help participants

approach the questionnaire with the same working definitions of these difficult to define terms. Upon completion of the online survey, clients were presented with debriefing information. Once data collection was complete, three participants were randomly selected to receive $20 gift cards to a popular retail store.

Measures

Six instruments were used to collect pertinent information (see the Appendix for all study measures). *The Client Attitudes toward Spirituality in Therapy* (CAST; Rose, Westefeld & Ansley, 2001) was used to survey client beliefs and preferences regarding discussion of religious and spiritual concerns in group therapy. The original version of the CAST constructed by Rose (2001) was intended to be used with clients attending individual therapy, and it contained six pairs of questions, each with a 5-point Likert-type scale, and one open-ended question. Each pair of questions was nearly identical with one slight difference: one question addressed religious issues and the other spiritual issues. The instrument's psychometrics proved to be sound as a panel of experts examined and approved of its content validity, and its coefficient alpha was .86.

For the purposes of this study the wording of the items was slightly altered to make it relevant to group therapy. Also, in addition to the original instrument's question pertaining to the willingness of counselors to discuss religious and spiritual issues in therapy, a new question was added that asks how willing one perceives group members to be in regards to these topics. Also, the open-ended question was split into three separate questions as to eliminate some of the ambiguity that was present in the original question that asked clients to comment on why they would or would not like to discuss religious and spiritual issues in therapy.

After data collection was complete concerns surrounding the content validity of the CAST led to a re-evaluation of how this measure would be utilized in the main analyses. The primary concern was that Rose et al. (2001) had used CAST items 1-8 as a measure of client preferences regarding the discussion of religion and spirituality in group counseling. However, Items 1-2 ("In general, how important do you believe discussion of religious/spiritual issues is to group counseling?") do not assess for preferences. In other words, a client could believe that such issues are globally important, but prefer to not personally discuss them with group members (see Appendix for Open-Ended Responses).

Instead of using CAST items 1-8 to measure preference to discuss religious and spiritual issues, CAST items 3-8 were used because they appeared to more accurately measure the construct of preference. A paired samples *t* test was used to determine whether the six items should be separated into two groups. Participants differed in their preferences to discuss religious (M = 2.43, SD = 1.04) and spiritual concerns (M = 2.83, SD = 1.04); $t(45) = -3.83$, $p < .000$. Thus, it was decided that preference to discuss religious issues (Items 3, 5, 7) and preference to discuss spiritual issues (Items 4, 6, 8) would be used as separate outcome measures. Cronbach's alpha for Religious Discussion was .79, and for Spiritual Discussion it was .83, indicating acceptable internal consistency for both measures. Furthermore, CAST items 9-14 were used in the analyses as three separate predictor variables: belief in group counselor willingness to discuss religious and spiritual issues (Items 9-10), belief in group counselor willingness to discuss religious and spiritual concerns in general (Items 11-12), and belief in group member willingness to discuss religious and spiritual concerns (Items 13-14). These measures were not separated based on religion and spirituality because no differences were found by a paired samples *t* test.

The Religious scale of the Counseling Appropriateness Check List (CACL-R; Warman, 1960) was used to survey client beliefs regarding the appropriateness of discussing religious concerns in group therapy. The original CALC (Warman, 1960) consisted of 100 statements of student problems. Students were asked to rate the appropriateness of each problem for discussion in counseling using a 5-point Likert-type scale. Factor analysis loaded the 100 items onto three factors: college routine, vocational choice, and adjustment to self and others. Warman (1961) confirmed these three factors in a revised version of the CALC comprised of 66-items. The content validity and reliability of the instrument have been confirmed by several studies (Miles & McDavis, 1982; O'Brien & Johnson, 1976; Ogston, Altman, and Conklin, 1969; Welcove & Sharp, 1971). Factor analysis done by Duckro, Joanning, Nathan, and Beal (1978) confirmed the three factors identified by Warman (1960), but also identified a fourth factor comprised of seven items, which they termed the *religious concerns* factor. For the purposes of this study the wording of the instructions was slightly altered as to make them relevant to group counseling. In the current study Cronbach's alpha was .81, indicating good internal consistency.

The Spiritual Transcendence Index (STI; Seidlitz, Abernethy, Duberstein, Evinger, Chang, & Lewis, 2002) was used to measure client spirituality. The STI is an 8-item questionnaire which asks individuals to respond to a 6-point Likert-type scale (1 = *strongly disagree* and 6 = *strongly agree*). This measure of spirituality was chosen because it is not only brief, but it also includes an inclusive view of spirituality, as seen by the fact that it includes subscales that measure spirituality in terms of a relationship with God (α = .97) as well as a broader sense of spirituality (α = .96). The entire instrument features an internal

consistency of .97. In terms of validity, the items were reviewed by a panel of spiritual leaders (e.g., nuns, pastors) as well as randomly selected members of the public. Furthermore, Seidlitz et al. (2002) reported that each item loads onto its respective factor at an alpha of .86 or higher. In the current study Cronbach's alpha was .96, indicating good internal consistency.

*The Working Alliance Inventory—Short Form-Bond (*WAI-S-B; Tracey & Kokotovic, 1989) was used to measure client perceptions of bond to co-leaders. Horvath and Greenberg (1986) developed the original Working Alliance Inventory (WAI) as a 36-item questionnaire. Tracey and Kokotovic (1989) trimmed the original WAI down to 12-items by choosing the four highest loadings in the three subscales of bond, task, and goal. The present study was most interested in the bond between client and co-leaders; therefore, we asked participants to complete only the four items assessing bond. Furthermore, the wording of the items was slightly altered as to make them relevant to group counseling. Adequate reliability for the WAI was established by Horvath and Greenberg (1986). They reported internal consistency estimates of alpha ranging from .85 to .88 for each of the three subscales. Both expert agreement and empirical methods have supported the content validity for the WAI (Tracey & Kokotovic, 1989). In the current study Cronbach's alpha was .85, indicating good internal consistency.

The Group Climate Questionnaire—Short Form (GCQ-S; MacKenzie, 1983) was used to measure client perceptions of group cohesion and participation. The GCQ-S is comprised of 12-items and utilizes a 7-point Likert-type scale that measures level of agreement (1 = *not at all* and 7 = *extensively*). The instrument consists of 3 subscales:

engagement, conflict, and avoidance. For the present study, the extent to which clients perceive their group to have a positive working atmosphere was of greatest interest, and thus, items that load onto the engagement factor were utilized. The GCQ-S has been used extensively in the literature on group counseling; therefore, the scale's psychometrics have been well established. In terms of construct validity, the GCQ-S has been linked to important process and outcome variables in group counseling (Kivlighan & Goldfine, 1991; MacKenzie et al., 1987). The engagement scale has also been found to be reliable with coefficient alphas ranging from .74 to .94 (Johnson et al., 2006; Kivlighan & Goldfine, 1991). In the current study Cronbach's alpha was .85, indicating good internal consistency.

Perceived Appropriateness of Religious and Spiritual Interventions Scale (PARSIS; Cornish, 2010) was used to measure client beliefs regarding the appropriateness of 12 interventions. Four pairs of interventions comprise eight of the items. Each pair addressed religion and spirituality separately (e.g., "Asking group members about their religion" and "Asking a group member about their spirituality). The measure also includes four other interventions that exclusively address religion (e.g., reading/reciting religious scripture). The measure utilizes a 6-point Likert-type scale that measures level of appropriateness (1 = *completely inappropriate* and 6 = *completely appropriate*). In the current study Cronbach's alpha was .91, indicating good internal consistency.

CHAPTER 4

RESULTS

Preliminary Analyses

Missing data. Before conducting the main statistical analyses, the data set was examined in order to identify missing data. Forty-nine individuals began the survey for this study; however, data were missing for 4 of them. It seemed apparent that 3 of these individuals opted-out of the study shortly after beginning the questionnaire, as they completed less than 20 percent of the total items. Thus, the data for these participants were not entered into the main analyses. A fourth individual completed the majority of the questionnaire, but failed to respond to 2 of the items on the Counseling Check List—Religious Concerns subscale. A mean score was calculated for the 5 items that had been completed and was used for the two unanswered items.

Outliers and univariate distribution. The data set was also examined for outliers. All data points were within ± 2 standard deviations of the mean for each one of the continuous variables of interest. Next, each variable of interest was examined for skewness and kurtosis. It was found that all variables of interest were normally distributed, except for the two measures of client beliefs regarding group counselor willingness to discuss religion and spirituality (CAST Items 9-10 and 11-12, respectively). Thus, these two variables were transformed using the square root method. Furthermore, simultaneous multiple regressions were conducted twice—once with the untransformed variables, and once with the transformed variables—and both methods resulted in the same pattern of results. Therefore, the untransformed variables were chosen over the transformed variables because transformation complicates statistical interpretation.

Descriptive statistics. Means, possible scale ranges, and standard deviations for the main variables (Appropriateness, Interventions, Preference for Religious Discussion, Preference for Spiritual Discussion, Belief in Counselor Willingness, Belief in Group Member Willingness, Belief in Counselor Willingness [in general], Spiritual Transcendence, Working Alliance, and Group Climate) are presented in Table 1.

Correlation Matrix. Table 2 presents a correlation matrix between continuous variables of interest. The strongest correlation was between Religious Discussion and Spiritual Discussion (r = .77). Other strong correlations were found between Spiritual Transcendence and Religious Discussion (r = .68), between Spiritual Transcendence and Spiritual Discussion (r = .66), and between Counselor Willingness and General Counselor Willingness (r = .63).

Main Analyses

Appropriateness of Discussing Religious Concerns in Group Therapy. The first goal of this study was to determine the degree to which clients believe that religious concerns are an appropriate topic for group counseling as well as examine their beliefs regarding the appropriateness of specific interventions that group leaders might implement to address religious or spiritual issues. It was expected that the majority of clients would indicate that religious concerns are an appropriate topic for group, and that the majority would also rate interventions addressing spirituality as more highly appropriate than those that explicitly address religion.

In order to determine the degree to which clients believe that religious concerns are an appropriate topic for group counseling the mean of the religious concerns subscale of the CACL was examined. The measure utilizes a Likert-type scale ranging from 1, definitely

Table 1

Descriptive Statistics for Measures of Interest

Measures	Possible range	*M*	*SD*
Appropriateness	1-5	3.98	.53
Interventions	1-6	3.35	.82
Religious discussion	1-5	2.43	1.04
Spiritual discussion	1-5	2.83	1.04
Couns. willingness	1-5	4.18	.95
Group willingness	1-5	3.43	.71
General couns. willing.	1-5	4.13	.93
Spiritual transcendence	1-6	3.45	1.47
Bond	1-7	6.06	.62
Group climate	1-7	4.97	.79

Note: $N = 46$.
Appropriateness = The Counseling Appropriateness Check List – Religious Concerns; Interventions = Perceived Appropriateness of Religious and Spiritual Interventions Measure; Religious Discussion = Client Preferences for Discussing Religion in Therapy, CAST Items 3, 5, 7; Spiritual Discussion = Client Preferences for Discussing Spirituality in Therapy, CAST Items 4, 6, 8; Couns. willingness = CAST Items 9-10 (Client's belief that their group leaders are willing to discuss religious and spiritual issues); Group willingness = CAST Items 13-14 (Client's belief that their group members are willing to discuss religious and spiritual issues); General couns. willing. = CAST Items 11-12 (Client's belief that group leaders in general are willing to discuss religious and spiritual issues with their group); Spiritual transcendence = Spiritual Transcendence Inventory; Bond = Working Alliance Inventory—Short Form—Bond; Group Climate = Group Climate Questionnaire—Short Form.

Table 2

Correlation Matrix for Measures of Interest

	Measures	1	2	3	4	5	6	7	8	9
1	Appropriateness									
2	Interventions	.32*								
3	Religious discussion	.18	.26							
4	Spiritual discussion	.20	.26	.77**						
5	Couns. willingness	.12	-.09	-.13	-.17					
6	Group willingness	.13	.21	.09	-.12	.23				
7	General couns. willing.	.36*	.17	-.05	-.12	.63**	.30*			
8	Spiritual transcendence	-.05	.11	.68**	.66**	-.18	-.09	-.16		
9	Bond	.12	-.14	-.01	.03	.43**	-.19	.11	.11	
10	Group Climate	.14	.06	-.03	-.03	.42**	.15	.26	.14	.52**

Note: Appropriateness = The Counseling Appropriateness Check List – Religious Concerns; Interventions = Perceived Appropriateness of Religious and Spiritual Interventions Measure
* $p < .05$, ** $p < .01$

inappropriate to 5, most appropriate. A mean score above the neutral score of 3 was deemed an indication that clients believe that religious concerns are an appropriate topic of discussion for group counseling. As presented in Table 1, the mean score on appropriateness of discussing religious concerns (CACL-R) was 3.98 (*SD* = .53), indicating that on average clients believe that religious concerns are an appropriate topic of discussion for group counseling. Table 3 presents descriptive statistics for the individual items on the CACL-R. Frequencies were tabulated for each item. All seven items were broadly endorsed as appropriate, with "Science conflicting with my religion" receiving the least endorsement (65%) and "Confused on some moral questions" receiving the most endorsement (96%). These results support the hypothesis that group members, on average, would endorse religious concerns as an appropriate topic of discussion for group counseling.

Table 4 presents descriptive statistics for each item on the measure of Appropriateness of Religious and Spiritual Interventions. Frequencies were tabulated for each item. The two interventions most frequently endorsed as appropriate for group counseling were "bringing up the topic or spirituality" (70%) and "using spiritual language or concepts" (63%). The two interventions most frequently endorsed as inappropriate were "allowing a group member to lead in-session vocal prayer" (87%) and "leading in-session vocal prayer" (89%). These results support the hypothesis that clients would be less likely to rate explicitly religious interventions as appropriate than they would spiritual interventions.

Preferences for Discussing Religion and Spirituality. The second goal was to determine the degree to which clients prefer to discuss religious and spiritual issues in group therapy. It was expected that the majority of clients would endorse a preference to discuss both religious and spiritual concerns in group therapy; however, it was expected that a higher

Table 3

Frequencies, Means, and Standard Deviations for the Religion sub-scale of the Counseling Appropriateness Check List (CACL-R)

Item	*M* (*SD*)	% Selecting Each Rating				
		1	2	3	4	5
(1) Troubled by moral values of others.	4.02 (.65)	0	2.2	13.0	65.2	19.6
(2) Science conflicting with my religion.	3.52 (1.07)	4.3	17.4	13.0	52.2	13.0
(3) Having beliefs that differ from my church.	3.92 (.79)	2.2	2.2	13.1	65.2	17.4
(4) Don't know what to believe about God.	3.76 (.95)	0	13.0	19.6	45.7	21.7
(5) Have conflicts about religion.	4.00 (.63)	0	0	19.6	60.9	19.6
(6) Confused on some moral questions.	4.30 (.55)	0	0	4.3	60.9	34.8
(7) Differing from my family in religious beliefs.	4.33 (.67)	0	0	10.9	45.7	43.5

Note: *N* = 46. 1 = *definitely inappropriate*, 2 = *inappropriate*, 3 = *uncertain*, 4 = *appropriate*, 5 = *most appropriate*.

Table 4

Frequencies, Means, and Standard Deviations for the Perceived Appropriateness of Religious and Spiritual Interventions Measure

Item	*M* (*SD*)	% Selecting Each Rating					
		1	2	3	4	5	6
(1) Bringing up the topic of spirituality.	4.09 (1.17)	2.2	4.3	23.9	34.8	21.7	13.0
(2) Bringing up the topic of religion.	3.85 (1.15)	2.2	6.5	30.4	37.0	13.0	10.9
(3) Asking group members about their spiritual beliefs.	3.37 (1.18)	4.3	17.4	34.8	30.4	6.5	6.5
(4) Asking group members about their religious beliefs.	3.17 (1.31)	10.9	17.4	34.8	23.9	6.5	6.5
(5) Self-disclosing one's own spiritual beliefs.	3.54 (1.31)	8.7	10.9	23.9	39.1	8.7	8.7
(6) Self-disclosing one's own religious beliefs.	3.50 (1.23)	6.5	13.0	26.1	39.1	8.7	6.5
(7) Using spiritual language or concepts.	3.70 (1.25)	4.3	15.2	17.4	39.1	17.4	6.5
(8) Using religious language or concepts.	3.43 (1.28)	6.5	19.6	21.7	32.6	15.2	4.3
(9) Reading/reciting religious scripture.	2.22 (1.44)	47.8	15.2	17.4	6.5	13.0	0
(10) Having a moment of silence for personal prayer.	2.41 (1.47)	39.1	19.6	13.0	21.7	2.2	4.3
(11) Allowing a group member to lead in-session vocal prayer.	1.98 (1.20)	54.3	8.7	23.9	10.9	2.2	0
(12) Leading in-session vocal prayer.	1.74 (1.06)	60.9	15.2	13.0	10.9	0	0

Note: $N = 46$. 1 = *completely inappropriate*, 2 = *mostly inappropriate*, 3 = *somewhat inappropriate*, 4 = *somewhat appropriate*, 5 = *most appropriate*, 6 = *completely appropriate*.

percentage of clients would endorse a preference to discuss spiritual concerns as compared to religious concerns.

In order to determine the degree to which group clients prefer to discuss religious and spiritual issues the mean scores of the CAST items pertaining to preference for religious discussion (Items 3, 5, 7) and items pertaining to preference for spiritual discussion (Items 4, 6, 8) were examined. The measure utilizes a Likert-type scale ranging from 1, "not at all" to 5, "very much." A mean score above the neutral score of 3 was deemed an indication that clients have the preference to discuss religious or spiritual issues with their group. As presented in Table 1, the mean of preferences to discuss religious issues was 2.43 (*SD* = 1.04), indicating a general tendency for clients to prefer not to discuss religious issues with their group. The mean of preferences to discuss spiritual issues was 2.83 (*SD* = 1.04), indicating a general tendency for clients to also prefer not to discuss spiritual issues in group counseling. These results do not support the hypothesis that clients would endorse preferences to discuss religious and spiritual issues in group counseling. However, a paired-samples *t* test was conducted to test the hypothesis that clients, on average, would have a greater preference to discuss spiritual concerns as compared to clients' preference to discuss religious concerns. As expected, clients, on average, have a greater preference to discuss spiritual concerns (*M* = 2.83, *SD* = 1.04) as compared to religious concerns (*M* = 2.43, *SD* = 1.04); $t(45) = -3.83$, $p < .001$.

Table 5 presents descriptive statistics for the individual items on the CAST. Of note is that the majority of clients endorsed a belief that their group co-leaders are willing to discuss both religious (72%) and spiritual issues (74%). However, the clients were less certain about their fellow group members' willingness to discuss these issues, with only 39

Table 5

Frequencies, Means, and Standard Deviations for the Client Attitudes toward Spirituality in Therapy (CAST) Measure

Item	*M* (*SD*)	% Selecting Each Rating 1	2	3	4	5
(1) In general, how important do you believe discussion of ***religious*** issues is to group counseling?	3.04 (1.01)	6.5	26.1	26.1	39.1	2.2
(2) In general, how important do you believe discussion of ***spiritual*** issues is to group counseling?	3.54 (.98)	6.5	6.5	21.7	56.5	8.7
(3) In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss ***religious*** issues with your group?	2.83 (1.54)	32.6	13.0	8.7	30.4	15.2
(4) In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss ***spiritual*** issues with your group?	3.22 (1.3)	10.9	26.1	8.7	39.1	15.2
(5) How much would you like to discuss ***religious*** issues with your group?	2.52 (1.05)	10.9	54.3	8.7	23.9	2.2
(6) How much would you like to discuss ***spiritual*** issues with your group?	3.07 (1.14)	6.5	34.8	10.9	41.3	6.5
(7) How much is the most important problem that brought you to counseling related to ***religion***?	1.96 (1.07)	43.5	32.6	8.7	15.2	0
(8) How much is the most important problem that brought you to counseling related to ***spirituality***?	2.22 (1.19)	32.6	37.0	10.9	15.2	4.3
(9) How willing do you believe your group co-leaders are to discuss ***religious*** issues with you?	4.15 (1.07)	4.3	0	23.9	19.6	52.2
(10) How willing do you believe your group co-leaders are to discuss ***spiritual*** issues with you?	4.22 (.89)	0	2.2	23.9	23.9	50.0
(11) In general, how willing do you believe group counselors are to discuss ***religious*** issues?	4.09 (1.03)	2.2	4.3	21.7	26.1	45.7
(12) In general, how willing do you believe group counselors are to discuss ***spiritual*** issues?	4.17 (.88)	0	4.3	17.4	34.8	43.5
(13) How willing do you believe the other members of your group are to discuss ***religious*** issues?	3.28 (.86)	2.2	13.0	45.7	32.6	6.5
(14) How willing do you believe the other members of your group are to discuss ***spiritual*** issues?	3.59 (.72)	0	6.5	34.8	52.2	6.5

Note: *N* = 46. Items 1-4 utilized the following anchors: 1 = *not at all important*, 2 = *not very important*, 3 = *uncertain*, 4 = *somewhat important*, 5 = *extremely important*. Items 5-14 utilized the following anchors: 1 = *not at all*, 2 = *not much*, 3 = *uncertain*, 4 = *somewhat*, 5 = *very much*.

percent reporting that other members would be willing to discuss religious issues and 59 percent reporting that other members would be willing to discuss spiritual issues.

Open-ended Responses. In order to arrive at a preliminary understanding as to why clients may or may not want to discuss religious and spiritual issues with their group, participants were asked to complete three open-ended questions. First, "If you would like to discuss religious and/or spiritual issues with your current group please explain why." Second, "If you would not like to discuss religious and/or spiritual issues with your current group please explain why." Third, "Would your responses to the two preceding questions change if your group was designed to specifically address religious and spiritual issues? If so, please explain why." Individual responses to these questions are included in the appendix. Additionally, the responses to the first two questions have been coded into themes. In the first step of the coding process 10 themes emerged in response to the question pertaining to why clients may want to discuss religious and/or spiritual issues with their group, 8 themes emerged to explain why clients would not want to discuss these issues with their group. These themes were examined for commonalities and condensed into 4 themes for each question. An examination of responses to the third question revealed no obvious overarching themes. Tables 6 and 7 present the overarching themes that emerged from the client responses to the first two questions.

Predicting Ratings of Appropriateness. The third goal was to identify predictors of client beliefs regarding the appropriateness of discussing religious concerns in group therapy and the appropriateness of religious and spiritual interventions. It was expected that the belief that it is appropriate to discuss religious concerns in group therapy would be positively associated with spiritual transcendence, perception of group climate, and client bond to co-

Table 6

Themes Regarding Reasons Why Clients Would Want to Discuss Religious and/or Spiritual Issues with Their Group

Theme/Category	*% of Comments (frequency)*
1. These issues are an important part of life.	48%
2. Issues are related to presenting concerns.	30%
3. Altruistic desire to help others for whom these issues are relevant.	13%
4. Personal lack of religion creates tension with religious family members.	9%

Note: N = 23 comments. Percentages were calculated by dividing the frequency of comments in each theme by the total number of comments.

Table 7

Themes Regarding Reasons Why Clients Would Not Want to Discuss Religious and/or Spiritual Issues with Their Group

Theme/Category	*% of Comments (frequency)*
1. Worried about disrupting group cohesion.	37%
2. Irrelevant to presenting concerns.	27%
3. Issues are not important part of my life.	23%
4. Religion and spirituality are a private part of my life.	13%

Note: N = 30 comments. Percentages were calculated by dividing the frequency of comments in each theme by the total number of comments.

leaders. It was also expected that the same variables would be positively associated with client ratings of the appropriateness of religious and spiritual interventions. Because of the exploratory nature of this study, simultaneous multiple regression was chosen over hierarchal multiple regression. Independent *t* tests were conducted on each demographic variable (age, sex, ethnicity, religion or spiritual worldview of family while growing up, current religion or spiritual worldview, previous experience with individual counseling, previous experience with group counseling) in order to determine whether any of them should be entered into the regression analysis. No significant differences were found for any of the demographic variables on appropriateness as a dependent variable and, therefore, they were not entered into the regression.

In order to determine which variables predict client beliefs about the appropriateness of discussing religious concerns in group therapy (CACL-R) the following variables were entered into the regression analysis as predictor variables: Counselor Willingness, Group Willingness, General Counselor Willingness, Spiritual Transcendence, Bond, and Group Climate. As presented in Table 8, the simultaneous multiple regression analysis indicated that the model with these predictor variables was not significant ($R^2 = .18$, F (6, 39) = 1.46, p = .22). The results of this analysis did not support the expectation that the predictor variables of Spiritual Transcendence, Bond, and Group Climate would be positively associated with client beliefs about the appropriateness of discussing religious concerns in group therapy.

In order to determine which variables predict client perceived appropriateness of religious and spiritual interventions the following variables were entered into the regression analysis as predictor variables: Counselor Willingness, Group Willingness, General Counselor Willingness, Spiritual Transcendence, Bond, and Group Climate. As presented

Table 8

Summary of Simultaneous Regression Analysis for Variables Predicting Client Beliefs About the Appropriateness of Discussing Religious Concerns in Group Therapy (CACL-R)

Predictor	*R*	R^2	*B (SE)*	*β*	*t*
Couns. willingness			-.65 (.43)	-.33	-1.5
Group willingness			.22 (.43)	.08	.51
General couns. willing.			1.02 (.39)	.50	2.59
Spiritual transcendence			-.02 (.05)	-.053	-.35
Bond			.32 (.30)	.21	1.09
Group climate			.03 (.17)	.03	.14
Constant			15.45 (6.88)		6.88
Overall	.43	.18			

Note: $N = 46$. * $p < .05$, ** $p < .01$

in Table 9, the simultaneous multiple regression analysis indicated that the model with these predictor variables was not significant (R^2 = .15, F (6, 39) = 1.13, p = .36). Therefore, the results of this analysis did not support the expectation that the predictor variables of Spiritual Transcendence, Bond, and Group Climate would be positively associated with client perceptions of the appropriateness of religious and spiritual interventions.

Predicting Preferences to Discuss Religion and Spirituality. The fourth goal was to identify predictors of client preferences to discuss religious and spiritual issues. It was expected that both the preference to discuss religious issues and the preference to discuss spiritual issues would be positively associated with spiritual transcendence, group climate, client bond to co-leaders, and belief regarding the appropriateness of discussing religious concerns in group counseling. To examine these expectations two separate simultaneous multiple regression analyses were run using the criterion variables of preference to discuss religious issues and preference to discuss spiritual issues. The following predictor variables were entered for both analyses: Appropriateness, Interventions, Counselor Willingness, Group Willingness, General Counselor Willingness, Spiritual Transcendence, Bond, and Group Climate. Although Appropriateness was used previously as a criterion variable, it is entered as a predictor variable in this analysis in order to see if preference can be predicted beyond ratings of appropriateness.

Prior to running the two analyses, independent *t* tests were conducted on each demographic variable (age, sex, ethnicity, religion or spiritual worldview of family while growing up, current religion or spiritual worldview, previous experience with individual counseling, previous experience with group counseling) in order to determine whether any of them should be entered into the regression analysis as covariates. No significant differences

Table 9

Summary of Simultaneous Regression Analysis for Variables Predicting Perceived Appropriateness of Religious and Spiritual Interventions

Predictor	*R*	R^2	*B (SE)*	*β*	*t*
Couns. willingness			-1.94 (1.36)	-.32	-1.43
Group willingness			1.37 (1.34)	.17	1.02
General couns. willing.			1.94 (1.23)	.31	1.58
Spiritual transcendence			.10 (.15)	.10	.67
Bond			-.39 (.93)	-.08	-.42
Group climate			.34 (.54)	.12	.63
Constant			35.90 (21.59)		1.66
Overall	.39	.15			

Note: $N = 46$. * $p < .05$, ** $p < .01$

were found for any of the demographic variable with either preference to discuss religious concerns or preference to discuss spiritual concerns as criterion variables, and so they were not entered into the regression. As presented in Table 10, the simultaneous multiple regression analysis indicated that these predictor variables account for 56 percent of the variance in preferences to discuss religious issues in group counseling (R^2 = .56, F (8, 37) = 5.94, p < .001, 95% CI [.41, .71]). Higher scores on Religious Discussion were tied to greater scores on Spiritual Transcendence (β = .72, SE = .03), t(37) = 6.18, p < .001).

In the second simultaneous multiple regression analysis, Preference to Discuss Spirituality was entered as the criterion variable. As presented in Table 11, the simultaneous multiple regression analysis indicated that the predictor variables account for 55 percent of the variance in preferences to discuss spirituality (R^2 = .55, F (8, 37) = 5.56, p < .001, 95% CI [.39, .71]). Higher scores on Spiritual Discussion were related to greater scores on Spiritual Transcendence (β = .67, SE = .03), t(37) = 5.69, p < .001). The results of these analyses support the expectation that Spiritual Transcendence is positively associated with both the Religious Discussion and Spiritual Discussion. However, these results did not support the expectation that Group Climate, Bond, and Appropriateness would be positively associated with Religious Discussion and Spiritual Discussion.

Table 10

Summary of Simultaneous Regression Analysis for Variables Predicting Client's Preferences Regarding the Discussion of Religious Issues in Group Counseling (CAST Items 3, 5, 7)

Predictor	*R*	R^2	*B (SE)*	*β*	*t*
Appropriateness			.17 (.10)	.20	1.62
Interventions			.03 (.03)	.12	1.01
Couns. willingness			.13 (.28)	.08	.44
Group willingness			.29 (.27)	.13	1.08
General couns. willing.			-.11 (.27)	-.06	-.39
Spiritual transcendence			.19 (.03)	.72	6.18**
Bond			.01 (.19)	.01	.06
Group climate			-.16 (.11)	-.20	-1.48
Constant			-2.68 (4.67)		-.57
Overall	.75	.56**			

Note: $N = 46$. * $p < .05$, ** $p < .01$
Appropriateness = The Counseling Appropriateness Check List – Religious Concerns; Interventions = Perceived Appropriateness of Religious and Spiritual Interventions Measure.

Table 11

Summary of Simultaneous Regression Analysis for Variables Predicting Client's Preferences Regarding the Discussion of Spiritual Issues in Group Counseling (CAST Items 4, 6, 8)

Predictor	*R*	R^2	*B (SE)*	*β*	*t*
Appropriateness			.21 (.12)	.25	1.98
Interventions			.05 (.03)	.17	1.32
Couns. willingness			.20 (.29)	.12	.68
Group willingness			-.20 (.28)	-.09	-.73
General couns. willing.			-.23 (.28)	-.14	-.84
Spiritual transcendence			.18 (.03)	.67	5.69**
Bond			-.04 (.20)	-.03	-.21
Group climate			-.12 (.11)	-.15	-1.08
Constant			1.19 (4.77)		2.5
Overall	.74	.55**			

Note: *N* = 46. * p < .05, ** p < .01
Appropriateness = The Counseling Appropriateness Check List – Religious Concerns; Interventions = Perceived Appropriateness of Religious and Spiritual Interventions Measure.

CHAPTER 5

DISCUSSION

The purpose of this study was to examine four sets of research questions. First, what are client beliefs regarding the appropriateness of religious concerns for discussion in group counseling as well as the appropriateness of specific religious and spiritual interventions? Second, what are client preferences regarding the discussion of religious and spiritual issues, respectively, in group counseling? Third, which variables will best predict client beliefs regarding the appropriateness of discussing religious concerns as well as the appropriateness of religious and spiritual interventions? Fourth, which variables will best predict client preferences for discussing religious and spiritual issues.

On average, clients in the present study appeared to believe that religious concerns are an appropriate topic for discussion in group counseling. However, despite the belief that such topics are appropriate, they also appeared to personally prefer not to discuss religious and spiritual issues with their group members. In terms of interventions that group counselors might use to address such concerns, the results suggest that the clients in this study, on average, considered spiritual interventions to be appropriate and religious interventions to be inappropriate. In other words, they endorsed spiritual interventions as appropriate; whereas, they endorsed interventions that are tied to a specific religion (i.e. reading from a particular religious text, such as the Bible) as inappropriate. In terms of predicting client beliefs regarding the appropriateness of discussing religious concerns in group counseling, none of the six predictor variables entered into the regression model were found to be significant. Similarly, the regression model used to predict client perceptions of the appropriateness of religious and spiritual interventions did not identify any of the six

predictor variables as significant. However, spiritual transcendence was positively associated with client preferences to discuss both religious issues and spiritual issues.

Appropriateness of Discussing Religious Concerns

The finding of the present study, that participating clients, on average, believe that religious concerns are an appropriate topic for discussion in group counseling is consistent with the results found by Rose et al. (2001). The study by Rose and colleagues suggested that clients believe that religious concerns are an appropriate topic of discussion for individual counseling. The results of the present study combined with the results of the study by Rose et al., suggest that in general, clients believe that religious concerns are appropriate for counseling, regardless of whether treatment takes place in an individual or group setting. This is an interesting finding considering that group counseling involves other clients, and thus, often brings individuals from diverse religious and spiritual worldviews together. To say that discussion of religious concerns are appropriate for individual counseling in no way impacts the individual endorsing appropriateness. In other words, an individual is not impacted by the content of others' individual counseling sessions. However, this is not the case for group counseling, wherein an individual who endorses the appropriateness of discussing religious concerns is aware that his or her experience in group counseling will be impacted by the concerns that group members decide to share with the group.

Predicting Appropriateness of Discussing Religious Concerns

None of the variables tested as potential predictors—beliefs regarding co-leaders' willingness to discuss, group members' willingness to discuss, group counselors' willingness to discuss (in general), spiritual transcendence, bond to co-leaders, and perception of group climate—were identified as significant. One explanation for the failure to reject the null

hypothesis is that the sample size was too small. Perhaps some or all of these variables are predictors of client beliefs regarding appropriateness, but the effect is a small one. A post-hoc power analysis (Power = .80, $\alpha = .05$) suggested that 62 participants would be necessary for the effect size found with this model ($R^2 = .18$) to be significant. Furthermore, to find a significant medium effect ($f^2 = .15$), should it exist, the current study would need 97 participants (Cohen, 1988).

On the other hand, the variables examined in this experiment may not be predictors of group members' ratings of appropriateness of religious and spiritual discussions. Perhaps there are predictor variables that were not tested in this study. For example, group composition could play an important role in group members' ratings of appropriateness of religious and spiritual discussion. Perhaps individuals who hold the belief that women are more spiritual than men would be more likely to view such discussion as appropriate when the majority of group members are female. Another possible predictor might be the degree to which a client is aware of religious and spiritual diversity in their group. If a client believes that their group contains a great amount of religious and spiritual diversity they may endorse discussion of religious concerns as inappropriate out of a desire to be sensitive to the varied religious worldviews within the group.

Finally, finding predictors of appropriateness of religious and spiritual discussions might be difficult because the variation in this criterion variable was limited. Finding predictors of specific outcomes is based on the assumption that the variables truly vary. However, for this sample the mean score of 3.98 ($SD = .53$) indicates that most clients endorsed discussion of religious concerns as an appropriate topic for group counseling. None of the 46 group clients endorsed "inappropriate" on three of the seven items that comprise

this criterion variable. "Science conflicting with my religion" was rated as the most inappropriate religious concern with only 22% of the participants rating it as inappropriate.

Appropriateness of Religious and Spiritual Interventions

The finding of this study that clients, on average, tended to endorse spiritual interventions as appropriate and endorse religious interventions as inappropriate for group counseling is less surprising than the finding that clients, on average, endorsed religious concerns as an appropriate topic of discussion for group counseling. One explanation for this finding is that the clients that participated were sensitive to the diverse religious orientations represented within their groups. As students at a large public university, perhaps they were concerned that a religious intervention would offend or alienate particular group members. For example, a group counselor that uses a Christian parable to illustrate the importance of forgiveness may alienate non-Christian group members.

Predicting Appropriateness of Religious and Spiritual Interventions

In terms of predictor variables that explain the variance in clients' beliefs regarding the appropriateness of religious and spiritual interventions, again, the regression model utilized by this study failed to identify any significant predictors. The same six variables used in the model discussed above were used in this model (beliefs regarding co-leaders' willingness to discuss, group members' willingness to discuss, group counselors' willingness to discuss (in general), spiritual transcendence, bond to co-leaders, and perception of group climate). As discussed previously, one possible explanation for this model's failure to reject the null hypothesis is that the sample size was too small. A post-hoc power analysis (Power = .80, $\alpha = .05$) suggested that 76 participants would be necessary for the effect size found with

this model (R^2 = .15) to be significant. Furthermore, to find a significant medium effect (f^2 = .15), should it exist, the current study would need 97 participants (Cohen, 1988).

Conversely, perhaps the variance in the appropriateness of religious and spiritual interventions is accounted for by an unknown variable. For instance, perhaps the extent of an individual's religious commitment is associated with their perception of the appropriateness of religious and spiritual interventions. The construct of religious commitment was not included in this study, and although it overlaps with the construct of spiritual transcendence, perhaps religious commitment would relate to perceptions of appropriateness of religious and spiritual interventions in a way that spiritual transcendence does not. For instance, a spiritual person may not need or desire an explicitly religious intervention to feel that counseling is addressing their religious concerns. On the other hand, an individual with a high level of religious commitment may feel that counseling is not truly addressing their needs unless there is an explicitly religious component to the interventions that are used by the group counselors.

Preferences for Discussing Religion and Spirituality

The finding that clients that participated in this study, on average, reported that their personal preference is to not discuss religious or spiritual issues with their group members is not consistent with the results found by Rose et al. (2001) that suggested that clients attending individual counseling sessions, on average, prefer to discuss such issues. Although this inconsistency was not expected, it is not all that surprising. Clients may believe that individual counseling is a safer setting to discuss religious and spiritual issues. Clients attending individual sessions may believe that counselors will listen to religious and spiritual concerns and respond in a nonjudgmental, empathic manner. However, even if clients

attending group counseling sessions believe the same thing about their group co-leaders, they may not trust that group members will respond in a similar manner. In the present study the majority of clients (72%) reported a belief that their group co-leaders would be willing to discuss religious issues; whereas only 39 percent reported a belief that their group members were willing to discuss religious issues. Fifteen percent of the clients reported a belief that their group members were not willing to discuss these issues, and 46 percent reported that they were uncertain as to whether their group members would be willing to discuss these issues.

Despite the finding that the clients participating in this study, on average, prefer not to discuss religious and spiritual issues, it is worth mentioning that the preference to discuss religious issues was significantly lower than the preference to discuss spiritual issues. This finding, along with the finding that clients tended to rate spiritual interventions as more appropriate than religious interventions suggests that clients make a real distinction between religion and spirituality. It is also notable that clients participating in this study preferred not to discuss religious and spiritual issues with their group members, despite their endorsement that such topics are appropriate for group counseling. As reported by the clients in the present study, there are numerous reasons why clients might prefer to not discuss religious and spiritual issues with group members. Reasons range from not being religious to fearing that they will be judged for their religious beliefs.

Predicting Preferences for Discussing Religion and Spirituality

Of the eight variables selected as potential predictors of client preferences for discussing religion and spirituality, only spirituality was a significant predictor. It had been expected that in addition to spiritual transcendence, client bond to group co-leaders,

perception of group climate, and belief regarding the appropriateness of discussing religious concerns in group counseling would also be identified as significant predictors. It is possible that these variables are not associated with client preference to discuss religious and spiritual concerns. However, the open-ended client responses explaining why one would or would not want to discuss such topics suggest otherwise (see Appendix). For example, in response to the open-ended statement, "If you do not want to discuss religious and/or spiritual issues with your current group please explain why," one client stated, "Afraid of offending people." Another client wrote, "I do not want to discuss them because I would feel judged and not understood. Even though the counselors would try to make it feel like I would be understood, they wouldn't agree or have a true understanding." It seems that the first response in some way deals with the client's perception of group climate. The second statement seems to be associated with both group climate and client bond to co-leaders.

Perhaps, as suggested above, another explanation for the failure of the present study to identify these variables as significant is that the study's sample size was not large enough to detect a small effect, should it exist. Perhaps spirituality is the only potent predictor variable and thus, it was identified as significant because the sample size in this study is large enough to detect medium to large effects; whereas, the sample size is not large enough to detect small effect sizes. Therefore, if any of the predictor variables, besides spirituality, are associated with preference to discuss religion and spirituality in group counseling, their effect is too small to be detected by this study's sample size. If this is the case, it is debatable whether predictor variables with small effect sizes are clinically significant. The open-ended responses (see Appendix) explaining why clients would like to discuss religious and spiritual

issues with their group members certainly seems to suggest that the number one reason group clients would like to discuss such topics is because of their religious/spiritual orientation.

Implications for Group Counseling

The results of this study have several implications for group counseling, particularly in university counseling centers. First, the results suggest that clients, regardless of religious orientation, believe that discussing religious concerns is an appropriate topic for group counseling. Therefore, group counselors can address a religious concern when a group member brings it up with the assurance that most group members will view this as an appropriate topic for discussion. For the benefit of the group, counselors may want to facilitate a discussion regarding group member's views of the appropriateness of discussing religious concerns when it comes up for the first time. In addition, therapists might point out in early meetings that some topics that are typically sensitive in everyday conversation may be very appropriate or even necessary in a group counseling setting. They could then add religion and spirituality to the typical list of such topics (e.g., sex, family secrets, here-and-now experiences).

Second, the results suggest that clients tend to rate spiritual interventions as more appropriate as compared to religious interventions. Therefore, group counselors are advised to choose their interventions carefully. Clients are likely to view interventions that are tied to specific religious traditions as inappropriate. Conversely, interventions addressing spirituality are likely to be viewed as appropriate. Thus, the ability to discern the difference between religion and spirituality is important. This ability requires a certain level of competence. Research has shown that despite ethical and professional standards that require counselors to gain competency in addressing religious and spiritual diversity, many

counselors do not receive training in this area while in graduate school (Brawer et al., 2002; Hage et al., 2006). Therefore, counselors who lack competency in this area, but want to effectively utilize spiritual interventions in group counseling will need to seek out continuing education opportunities and/or engage in self-directed study. Counselors who lack competency in this area may need to refer clients elsewhere if they desire attention to their religious or spiritual concerns in group counseling.

A third counseling implication relates to the finding that most clients prefer not to discuss religious and spiritual concerns with their group members. Therefore, counselors are advised to address religious and spiritual concerns with caution. When group members bring up or make reference to a religious concern, counselors might consider asking the individual whether this is a topic that they would like to discuss with the group. Counselors might also consider addressing any concerns an individual may have related to talking openly about religious and spiritual concerns. It is possible that addressing such concerns may decrease any concerns a client may have related to discussing such topics (e.g., fear of judgment, fear of offending others), and therefore, increase their desire to share their religious and spiritual concerns with the group. It is also possible that even after addressing such concerns that many clients will maintain their preference to leave such discussion out of group counseling. For instance, some clients may simply feel that religious and spiritual concerns are a private matter; whereas, others may prefer to discuss such concerns with religious leaders or other members of their religious community.

A fourth implication relates to the finding that spiritual transcendence was the most potent predictor of clients' preferences to discuss religious and spiritual concerns. Counselors may consider assessing for levels of religious commitment and spirituality in the

screening process in order to identify those clients who may have a preference to discuss religious and spiritual concerns in group counseling. Once these individuals have been identified, counselors may also consider openly communicating to these clients that religious and spiritual concerns are appropriate for group counseling.

Limitations

One potential limitation of the present study was that the sample came from one public university located in the Midwest. This makes it difficult to generalize the results to university counseling centers located outside of the Midwest. However, the fact that the participants of the present study were a religiously diverse group is a strength. Nonetheless, university counseling centers located in large urban areas are likely to serve populations that include an even greater amount of religious and spiritual diversity. More research is needed to examine these research questions on a national level.

As mentioned above, another potential limitation of the present study is its sample size of 46 participants. The regression models utilized for two of four regression analyses that were conducted for this study were unable to reject the null hypothesis. It is possible that Type II error has been committed, and that increasing the sample size would create the power necessary to identify what may be a small effect for predicting clients' beliefs regarding the appropriateness of discussing religious concerns in counseling as well as client perceptions regarding the appropriateness of religious and spiritual interventions. On the other hand, this is an exploratory study. It is also possible that there are unknown variables at work that account for a significant amount of the variance in regards to appropriateness of discussing religious concerns as well as perceptions of the appropriateness of religious and spiritual interventions.

As for unknown variables that may have acted as potent predictor variables in the present study, one important variable that was left out was religious commitment. Spiritual transcendence was included as a broad measure of spirituality. However, any measures of religious commitment or religiosity were left out in an attempt to avoid participant burden. However, in retrospect, after observing the manner in which participants differentiated between religion and spirituality, it seems plausible that religious commitment could account for a significant portion of the variance in clients' beliefs and preferences regarding religion and spirituality in group counseling, even when controlling for spiritual transcendence. Future research in this area should include measures of both religious commitment and spiritual transcendence.

One final potential limitation of the present study was the utilization of the CAST measure. It was chosen as a measure of client preferences to discuss religious and spiritual issues in group counseling primarily because it had been designed and used by Rose et al. (2001), and they had reported good internal consistency. However, as discussed previously, the content validity of this measure is somewhat questionable. Future research in this area should consider using a more valid measure.

Future Research Directions

As highlighted in the literature review, research in the area of religion and spirituality in counseling is still in the early stages. This is particularly true in the area religion and spirituality and group counseling. The present study is the only known empirical study of clients' beliefs and preferences regarding the discussion of religion and spirituality in group counseling. More research is needed in this area. Future studies could elaborate on the present study by empirically examining why clients prefer not to discuss religion and

spirituality in group counseling, or illuminating group counseling contexts within which clients would prefer to talk about these issues.

Future research could also expand the present study by utilizing a more generalizable sample. This could be done by surveying clients at university and college counseling centers around the United States. Perhaps certain areas of the nation will be more or less likely to prefer to discuss religion and spirituality in group counseling. For example, perhaps participants attending universities in large metropolitan areas with more diversity will have a great preference to not discuss religion and spirituality in group counseling. Furthermore, future studies could also compare differences in beliefs and preferences between public universities and religiously-based private schools. It would be interesting to see if the religious culture at a religiously-based school influences clients' beliefs and preferences.

Studies have shown that religious and spiritual interventions are effective in individual counseling (Smith et al., 2007); however, no studies have empirically tested the effectiveness of religious and spiritual interventions in group counseling. The present study identified a tendency for clients to endorse spiritual interventions as more appropriate for group counseling as compared to religious interventions. However, the present study does not elaborate on what constitutes the specific differences between religious and spiritual interventions. Researchers will need to operationalize these differences and then empirically test both religious and spiritual interventions to examine their effectiveness.

Finally, future research in this area should address problems with instrumentation. There is still much work to do in terms of operationalizing the constructs of religion and spirituality. The present study utilized a measure of spiritual transcendence, but did not measure religious commitment. Future studies in this area will want to measure both

spirituality and religious commitment in order to examine whether a possible interaction effect exists. Furthermore, future research should examine whether religious commitment is a potent predictor of clients' beliefs and preferences regarding the discussion of religion and spirituality in group counseling.

CHAPTER 6

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APPENDIX A

POINTS FOR COUNSELORS TO PRESENT TO GROUPS

Group Counseling Study: Beliefs & Preferences

Thank you for agreeing to present this study to your group clients. To aid you in your presentation of the study I have provided you with a list of key points that you will want to be sure to highlight. You need not read directly from this form. Please feel free to present the information in your natural style.

1. This study is interested in group clients' beliefs and preferences regarding discussion of particular topics in group counseling.

2. Procedurally, clients who volunteer to participate will complete a one-time survey that will take 10-15 minutes of their time.

3. To volunteer for the study they simply need to write their email address down. They should be careful that their writing be legible. [At this point you will circulate a sign-up sheet].

4. Volunteers will be contacted via email by the researcher and directed to an online version of the survey.

5. For participating in the study clients' names will be entered in a drawing with the opportunity to win one of three $20 gift cards to Best Buy. The exact odds of receiving a gift certificate will be based on the number of individuals who participate. The odds could be as low as one in 10 or as high as one in 30. Participants whose names are drawn for a gift certificate will be contacted by e-mail. The drawing will occur within one week after data collection is complete.

6. Finally, the researcher is very interested in their perspectives as group clients and their participation in the study will provide group counselors with information that benefit future group clients.

Thank you, again, for your willingness to help me with this project. Your efforts are very much appreciated!

Brian Post, M.C.S.

APPENDIX B

E-MAIL INVITATION FOR STUDY VOLUNTEERS

Subject: Group Counseling Survey

Hello!

Thank you for volunteering to participate in our study. This study focuses on group counseling and we are interested in your perspectives. You must be 18 years of age or older to be eligible for participation in this study.

If you agree to participate, you name will be entered in a drawing to receive one of three $20 Best Buy gift certificates. The exact odds of receiving a gift certificate will be based on the number of individuals who participate. The odds could be as low as one in 10 or as high as one in 30. If your name is randomly selected we will contact you by email.

Procedure:

In this study, you complete an online survey which will ask you questions about your beliefs and preferences regarding discussion of particular topics in group counseling. The survey will take you appropriately 10-15 minutes to complete.

If you would like to participate, click on the following link:

https://www.surveymonkey.com/s.aspx?sm=N4L_2fkx3Zxt4E7VU17dmPZw_3d_3d

Thanks for your interest!
Brian Post, M.C.S.

If you have any questions about participating in this study, you are encouraged to contact Dr. Nathaniel Wade [groups@iastate.edu or (515) 294-1898] or Brian Post, [bcpost@iastate.edu]. If you have questions about the rights of research participants, please contact the Office of Research Assurances, 1138 Pearson Hall, Iowa State University, Ames, IA, 50011, (515) 294-4566; or the Director of Research Assurances, Office of Research Assurances, 1138 Pearson Hall, Iowa State University, Ames, IA, 50011, (515) 294-3115.

APPENDIX C

INFORMED CONSENT DOCUMENT

Title of Study: Group Counseling Beliefs and Preferences

Investigators: Nathaniel Wade, Ph.D., Brian Post (PI), M.C.S., Annie Foster, Analisa Ortiz, Kaitlin Budnik, Ryan Day, Jeritt Tucker, Margaret Lyon, Melissa Knight.

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to contact the researcher if you have any questions. Contact information is listed below.

INTRODUCTION

The purpose of this study is to examine group client beliefs and preferences regarding discussions and counselor interventions related to religion and spirituality that may occur in group counseling. You are being invited to participate in this study because you are currently participating in group counseling at Iowa State University's Student Counseling Service.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for 10-15 minutes. During the study you can expect the following study procedures to be followed: You will be asked to complete a survey about your beliefs and preferences regarding discussion of religious and spiritual concerns in group counseling. You may skip any question that you do not wish to answer or that makes you feel uncomfortable.

RISKS

While participating in this study you may experience the following risks: Although unlikely, you may experience slight psychological and emotional discomfort answering questions of a personal nature.

BENEFITS

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gained in this study will benefit society by helping group counseling practitioners understand whether group clients find discussion of religious and spiritual concerns appropriate for group, which type of clients may have a personal desire to discuss religious and spiritual concerns in group counseling, and which type of interventions are considered appropriate by clients. This will benefit future group counseling clients.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. For participating in the study your name will be entered in a drawing with the opportunity to win one of three $20 gift cards to Best Buy. The exact odds of receiving a gift certificate will be based on the number of individuals who participate. The odds could be as low as one in 10 or as high as one in 30. Participants whose names are drawn for a gift certificate will be contacted by e-mail. The drawing will occur within one week after data collection is complete.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

In terms of anonymity, as a participant your identity will remain completely anonymous. If you chose to enter your email address at the end of the survey to enter the drawing, your contact information will not be attached to your survey information. Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken: Email addresses provided by participants wishing to have their name in the drawing will not be connected with survey responses at any time. However, even any record of email addresses will be destroyed after the study has been completed. In addition, all data will be secured in password protected computers in locked offices. Access to the data will be limited to those research assistants who are being directly supervised by the PI. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study. For further information about the study contact Brian Post, M.C.S. at 515-294-1898, bcpost@iastate.edu.

If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office of Research Assurances, Ames, Iowa, 50011.

If you would like a copy of this consent form for your records, please print the current page before advancing to the survey. If you do not currently have access to a printer, please e-mail bcpost@iastate.edu to request a paper copy of the consent form.

****

INSTRUCTIONS

A progress bar at the bottom of each page will indicate how much of the survey you have completed.

If you would like to participate in this study, please click the 'next' button at the bottom of this page. By clicking the 'next' button and answering the survey questions, this indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. If you decide at any point that you would not like to continue in the study, you can use the 'exit survey' button at the top of each page of the survey to end your participation.

APPENDIX D

DEBRIEFING FORM

Group Counseling Beliefs and Preferences

Thank you very much for your participation in this study. The purpose of this research is to help us explore client beliefs and preferences regarding the discussion of religious and spiritual concerns in group counseling. The main factors that we were examining were level of spirituality, perception of group climate, perception of bond to group co-leaders, and demographic variables as they relate to beliefs and preferences regarding discussion of such concerns.

We ask that you not share with other potential research participants the nature of the study until after our research is complete, which should be at the end of the Spring Semester 2010. You may unintentionally bias their responses if they should choose to participate.

If completing this survey has brought up feelings or concerns that are difficult and uncomfortable, we encourage you to speak with your group counselors at Student Counseling Service (294-5056).

Again, thank you very much for your participation.

Questions or Problems

You are encouraged to ask questions at any time during this study. For further information about the study contact Brian Post (515-294-1898 or bcpost@iastate.edu). If you have any questions about the rights of research subjects, please contact the Human Subjects Research Office, IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office of Research Assurances, Iowa State University, Ames, Iowa 50011.

APPENDIX E

CLIENT PRESENTING CONCERNS

1. I want to get on with my life (I'm 27, still undergrad) but I'm stuck in school. I'm so close to finishing, but the longer I stay, the less I want to work.

2. anxiety/depression/loneliness

3. my wife suddenly coming forth and declaring that she wanted a divorce.

4. Social anxiety

5. Depression and anxiety, difficulty keeping up with school and severe loneliness

6. Behavior addiction Depression/anxiety

7. My oldest brother died unexpectedly in June this year.

8. depression/anxiety

9. Anxiety before oral qualifying exam.

10. Suicidal tendencies

11. Emotional abuse from childhood/ skewed family dynamic

12. I think some of the most important topics have been my sexual orientation and gender identity which is also partly connected to my self worth/depression issues.

13. Depression

14. I've had problems with cycling from extreme highs and lows in mood (depression) and it's been affecting my life negatively. Most of this, I think, was due to relationship issues, but I'm in a good place now and I'm trying to learn about where I've been so I don't go back to those low places.

15. Seasonal Affective Disorder

16. Social anxiety and awkwardness

17. I have had a lot of issues with depression and anxiety in the past and I started having anxiety attacks on a daily basis after someone from my high school class that I used to see a lot committed suicide at the beginning of the semester.

18. Social Anxiety

19. Depression stemming from lack of emotional connection with people.

20. Stress, anxiety, panic, and depression Not being able to cope with everyday stressors...need better coping skills and to see a light at the end of the tunnel for me

21. Chronic Depression

22. Getting over a divorce and moving to Ames alone for the first time and needed help adjusting to my new lifestyle

23. I had recently broken up with my girlfriend and I needed someone to talk to and sort things out with.

24. Difficulty to manage motherhood for the first time and PhD work load. In other words, academic stress, and feeling of incapacity and lack of confidence.

25. Finding balance in my life among family, relationship, and work.

26. my relationship with my family

27. eating disorder

28. depression and anxiety issues. Needing direction in my career and feeling worthless and helpless in the work/school situation I was in at the time. Then continued on as I was accepted and now coping with the stress of graduate school.

29. Graduate studies and writing

30. eating disorder

31. I was having troubles dealing with stress and also I had a lot of tension in my relationship with my dad. My issues with my dad contributes to my low self-esteem, my people-pleasing tendencies and my inclination towards perfectionism.

32. Feelings of low self-esteem and self-worth. Low confidence in social situations.

33. having an affair

34. Feeling attached to my family but at the same time wanting to pull away from them and extablish myself as my own person.

35. social anxiety

36. Being angry too often about little things

37. romantic relationships

38. being able to assert my needs as an individual

39. Conflicts with my advisor, losing my sense of identity, overall depression issues

40. Blank

41. social anxiety depression

42. Social anxiety. I am very anxious when making connections with others.

43. The long, deep sadness I've felt throughout my life--my sense of loneliness.

44. I have struggled with an eating disorder for a few years, and after receiving treatment for it I decided maintaining group membership during a big transition would be a good idea.

45. Eating disorder

46. Disordered Eating.

APPENDIX F

OPEN-ENDED RESPONSES

If you would like to discuss religious and/or spiritual issues with your current group please explain why:

1. Blank

2. I'm willing to discuss either or both if it is involved in the concerns that brought someone to group, but I wouldn't go out of my way to discuss either.

3. no

4. If it is something that would help someone else I am willing to discuss it to help them.

5. My spiritual and religious "quest" has in large part made me feel isolated from my peers and from any structured system. I believe discussing this journey would help me understand and gain perspective on it.

6. Religious/spiritual things are an important part of who I am and my daily life. Without the ability to share about these things, I might feel like I have to filter myself, which is not a helpful feeling in group.

7. Blank

8. Religious and spiritual issues are part of the human experience, and discussing them can have a positive impact on counseling.

9. Blank

10. Issues with my religious and spiritual views cause a lot of subconcious stress for me.

11. Christianity is the foundation of my life. There is no other way to talk about experiences in my life without including it, it would be like trying to counsel someone who won't tell you about their childhood.

12. Spiritual issues is something I haven't focused on much since I've been in college. However, it once was a intergal part of my life and has not been since returning to college. This might be something that I have overlooked that may be the "piece" that I am missing that would help with my overall well-being.

13. Blank

14. Blank

15. because religion is such a big part of my life, it explains why I do what I do and why I react the way I react to different things.

16. Blank

17. Blank

18. Blank

19. Blank

20. Can be an effective means of coping. The scripture says that God will never give us more than we can handle, but oftentimes I feel that I am at the point where I am having trouble handling things. Past trauma, guilt and shame I experience and I sometimes need assurance that God forgives me for those things and that some of those things were not my fault or within my control. Forgiving yourself is hard to do...so it is hard for me to accept that God really does forgive me and love me. Even when I don't love myself and feel really down. Again scripture can be a very positive coping skill. I really think a lot of problems could be solved if we relied on God more. I don't think my problems would be as bad if I let go and let God have some control. But I am just so caught up with myself and dealing with different things and my issues day to day that I forget that I don't have to do it on my own. Talking about God and religion would really, really, help me.

21. Blank

22. Some issues that arise are based on these two topics and being able to discuss them may help in the counseling process

23. I would be willing to discuss spirituality in group because I believe that everyone is spiritual, regardless of religious orientation. Personally I consider the code of morals that I live by to be my spirituality, and this code is very important to my group discussions.

24. I would like to discuss spiritual issues because I believe I am an spiritual person. By talking about my spiritual experience and listening to others' I think I understand myself better because my spiritual side is related to all other aspects of my life.

25. Blank

26. Blank

27. Because it is also a part of what I am struggling with right now.

28. Spirituality has been an important part of my background and has been entrenched into my core since I was a young girl. Therefore, it is an essential part of my identity. The concept of identity often comes up in group, so for me, it comes with ideas of spirituality.

29. Blank

30. Blank

31. I would like to discuss my religion because it is an integral part of my identity and is something that affects a lot of things that I do.

32. Though it is not particularly important to me to discuss religious or spiritual issues in group, if I did want to it would be because my spiritual beliefs are important to me and they have a great deal to do with how I live my life.

33. Maybe my lack of a religion could be disscussed, but I don't find it an issue in my every day life, since I have never been religious, or fallen out of a religion.

34. Blank

35. Blank

36. Because I am not sure if I believe in God, and it gives me some hard feeling.

37. Blank

38. Many of the problems I face right now relate to discovering my identity through spirituality, and overcoming challenges using faith.

39. Blank

40. Blank

41. Blank

42. My grandmother is very religious, but I am an atheist. This creates some tension between us, and sometimes makes me feel like a bad person.

43. I'm going to a process of self-discovery and feel as though religion and spirituality pertain to that.

44. Either way I'm not offended or opposed to talking about it.

45. Blank

46. My eating disorder problems are probably related to why I feel so far from God right now.

If you do not want to discuss religious and/or spiritual issues with your current group please explain why:

1. Blank

2. Blank

3. For many problems that we face, and most of the ones that we discuss in my group experiance, religious/spiritual issues have very little to do with it.

4. I do not feel religious or spiritual issues have much to do with my reasons for attending group, so I do not think spending time speaking about it helps me much.

5. Blank

6. I am somewhat uncomfortable with bringing up religious/spiritual things myself or when others bring them up, because I know that it's something some people cannot relate to, and I worry about religion or religious people looking bad to others.

7. Blank

8. Blank

9. I think a lot depends on the group of people involved. In the current group I am in, religion is very rarely discussed and I am ok with that.

10. Afraid of offending people.

11. I do not want to discuss them because I would feel judged and not understood. Even though the counselers would try to make it feel like I would be understood, they wouldn't agree or have a true understanding.

12. Blank

13. I am an Atheist.

14. I tend to stay more private about my religion and spirituality.

15. Blank

16. I feel that religious/spiritual issues are not deeply or directly tied to my particular issues which have brought me to group.

17. I went to church somewhat regularly as a young kid (less in high school) so church is like a security blanket--I go when I need comfort. It's a very private thing for me.

18. I don't feel my religious beliefs have anything to do with my reason for group therapy.

19. My main issue that brought me to counseling is depression stemming from lack of emotional connection to people. Religious/spiritual issues do not seem to apply.

20. Blank

21. Religion and spirituality are not very central to my life.

22. n/a

23. I do not actively practice of believe in any particular religion, and I would prefer to not discuss religion in group.

24. I don't want to discuss religious issues because this kind of discussion can become very tense and stressful. people sometimes have a hard time to avoid persuading others to their doctrine. Another thing is that some reactions can become very judgmental too. I don't think this is healthy. In fact, I think it can disrupt the rapport among group members.

25. They do not seem pertinent to the issues at hand. Most of what we discuss is issues dealing with social interaction, anxiety, relationships, and depression. While it is possible religion/spirituality plays a factor in dealing with these issues for people, I don't think that devoting group discussion to these things is the best use of time.

26. It is a very subjective and sensitive issue. It might create tension as it does in real life. Maybe little doses of talk are fine but not too much.

27. It also could be a very uncomfortable subject for some, so I usually hold back.

28. I am hesitant to discuss religious or spiritual issues with other group members for fear of making other group members uncomfortable. I care about my fellow group members and seek not to offend them in any capacity.

29. Each one have different believes and we would not have any benefit in doing that, since most of my group have problems with their studies and relations!

30. currently i do not have any specific religious or spiritual belifs.

31. N/A

32. Blank

33. I don't have a religion, so there is no reason to talk about one. When it comes to spirituallity I think we all talk about it in some since, when talking about ourselves.

34. I would not want to discuss the issues simply because I believe that it could lead to a disagreement and possible debate that would detract form the overall usefullness of the group counseling.

35. I'm not very spiritual

36. Blank

37. Religion and spiritual issues do not have anything to do with my issues I came to group to discuss. I wouldn't bring up those topics myself, but might join in on those topics if someone else wanted to discuss them.

38. Blank

39. While religion/spiritual beliefs are an important component to many people's sense of self, I believe that discussion has the ability to isolate individuals who lack belief and/or have no issues with that subject in their lives.

40. Blank

41. I am an atheist/secular humanist so do not believe in any "spirituality" or religion and therefore have no need to talk about it.

42. Blank

43. Blank

44. Same response as before.

45. The topics are often points of contention and can bias people one way or the other, while masking the real underlying issues. I have been in group one year and not felt it necessary to discuss these issues and I don't feel that it inhibits me in group in the least.

46. Blank

Would your responses to the two preceding questions change if your group was designed to specifically address religious and spiritual issues? If so, please explain why:

1. Not really, I'm having trouble finishing school because my goals don't necessarily line up with a degree anymore. (Or so I think) Bringing religion and spirituality into it would just make it more complicated for me.

2. Blank

3. yes, because if the group was designed to specifically address religious and spiritual issues, I would have to have an interest in discussing those topics to be in that group.

4. No because I think they should only be discussed as needed by members of the group. Specifically addressing them assumes they need to be addressed--which I do not think is true in all cases.

5. Probably not, but it may affect how I would discuss it.

6. Of course I wouldn't have the same concerns because the group is designed from the get-go for religious/spiritual discussion.

7. Blank

8. Yes, because I wouldn't want the conversation to be forced. That would most likely have a negative impact because some people may not feel wish to share.

9. Blank

10. Yes. I would not be as afraid of offending people or making them uncomfortable.

11. Probably, because everyone would know, going into group, that that would be the subject we would be covering.

12. Possibly, but I would not want to be in an exclusive group related to religion/spiritual issues. There are so many other things that are just as important that are covered within the

regular USO groups. Along with that, my religious background is less of a mainstream church (Unity) while open to all religious faiths and paths, does not coincide with the traditional religious faiths.

13. Blank

14. Yes, because I probably wouldn't be in that group if I knew that was the focus. No offense, but I was around that atmosphere a lot growing up and there are a lot of stereotypes that I've seen to be true and it's just not my jam.

15. No, I think that my religion is really important to me no matter what, but it would be nice to feel more comfortable in a group and not feel like I was out of place to mention religion in group.

16. IF I were to participate in a group addressing religious and spiritual issues, I would discuss them partially out of a sense of obligation and also because I presumably would have chosen to become part of the group because I had a desire to discuss those type of issues.

17. I wouldn't be in the group if it was designed specifically to address religion/spirituality...I go because I have such bad anxiety

18. yes because that would be the focus of the group

19. No, and I think it would feel like the group would not be regularly addressing something near my issues.

20. Blank

21. No

22. I don't think that mandating discussion would be a good thing for my group. We always have a good flow of topics and conversation and there may be unecessary pressure in doing this

23. If the group was designed to address these issues in particular then I would be more willing to talk about them; however, I doubt that I would participate in the group if its objectives were to address religion and spirituality.

24. The second answer, for sure. In this case, participants would be more open to this sort of discussion and probably less judgmental. In such case, the participants would be there for the same goal and would expect this type of discussion. In my case, I strongly believe that my faith, my religion, and my spiritual routines (pray very often, for example) help me overcome my problems and most of the times I make my decisions based on the responses I believe I have from God. But I never shared that with the other group members, even though there were moments that I felt like doing it. This was because I was embarrassed and thought they would not understand it. I don't know about their religion and spirituality. So, I just assume that this therapy will help me with different tools apart from my working on spirituality, such as human compassion, human willingness to listen and help, human desire to share and reveal their secrets and burdens. On the other hand, I think that the other members' attitudes and sharings somehow reveal their spirituality. I think I can see that in them, but this is because this is something strong in me.

25. Yes, I would be more willing to discuss these issues if I were in a group dedicated to the topics of religion and spirituality. Obviously in that case it would be relevant discussion, and most likely everyone who attended would be there for the purpose of discussing religion and spirituality (and thus I think everyone would be more open to such a discussion).

26. I would not want to be in such a group.

27. Yes, because I would know everyone would be willing to discuss the issue and I wouldn't be afraid

28. Yes, if the group was designed to address spirituality and religious issues, then it would be likely that I would often talk about them (as it is one of the foci of the group). I would likely be less constrained by my beliefs about question 2 if we were all there to discuss religious and spirituality issues.

29. Maybe?

30. Blank

31. My answer wouldn't change, but I believe it would be easier for people, including myself, to discuss such issues since all participants would come into the group knowing that the group is specifically designed to address those issues and it is a safe space to speak freely about them.

32. No.

33. Yes, it would not be a group I would nessesarly be interested in joining, though once I was there it may have some bennifits.

34. I would be more open and ready for a debate rather than expecting to get help for my issues.

35. no

36. I don't think so.

37. Religion and spirituality are not important to me, so I doubt a group like that would change my preceding answer, and I would not join a group like that in the first place.

38. I believe so, in a group where I could share my beliefs without the possibility of offending someone I would share my problems I have in faith/religion.

39. My response to question two would change because if there was a specialized group, then religious/spiritual discussion would be the expectation.

40. Blank

41. no

42. Yes, I would actually not be interested in such a group at all. Being an atheist would make such an environment kind of scary, where it would likely be the case that everyone in the room was religious while I was not.

43. I feel that would not be the case as it seems doing so would make me objectify those goals further, rather than keep them as they are--personal.

44. If it was specifically addressed to religion and or spiritual issues, I would probably want to talk about it more.

45. Of course-that would be the main point of the group and I wouldn't be in it if I didn't want to discuss those issues. That would be like being in an eating disorders group and not talking about eating disordered behavior.

46. No

APPENDIX G
MEASURES UTILIZED

Please use the following definitions when completing the questionnaire:

Spirituality: the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred (i.e., a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual). *Spirituality may or may not occur within the context of religion.*

Religion: the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred that may also include a search for non-sacred goals (e.g., identity, belongingness, or wellness). The means and methods (e.g., rituals or prescribed behaviors) of the search receive validation and support from within an identifiable group of people.

Client Attitudes Towards Spirituality in Therapy (CAST)

The following questions ask about your beliefs about how important it is to discuss religious and spiritual issues in group counseling and also about your preferences about discussing these issues in group counseling.

For each question, please circle the response that is closest to your own beliefs or preferences.	Not at All Important	Not Very Important	Uncertain	Somewhat Important	Extremely Important
1. In general, how important do you believe discussion of ***religious*** issues is to group counseling?	1	2	3	4	5
2. In general, how important do you believe discussion of ***spiritual*** issues is to group counseling?	1	2	3	4	5
3. In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss ***religious*** issues with your group?	1	2	3	4	5
4. In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss ***spiritual*** issues with your group?	1	2	3	4	5
	Not at All	Not Much	Uncertain	Somewhat	Very Much
5. How much would you like to discuss ***religious*** issues with your group?	1	2	3	4	5
6. How much would you like to discuss ***spiritual*** issues with your group?	1	2	3	4	5
7. How much is the most important problem that brought you to counseling related to ***religion***?	1	2	3	4	5
8. How much is the most important problem that brought you to counseling related to ***spirituality***?	1	2	3	4	5
9. How willing do you believe your group co-leaders are to discuss ***religious*** issues with you?	1	2	3	4	5
10. How willing do you believe your group co-leaders are to discuss ***spiritual*** issues with you?	1	2	3	4	5
11. In general, how willing do you believe group counselors are to discuss ***religious*** issues?	1	2	3	4	5
12. In general, how willing do you believe group counselors are to discuss ***spiritual*** issues?	1	2	3	4	5
13. How willing do you believe the other members of your group are to discuss ***religious*** issues?	1	2	3	4	5
14. How willing do you believe the other members of your group are to discuss ***spiritual*** issues?	1	2	3	4	5

Client Attitudes Towards Spirituality in Therapy (CAST) Open Ended-Questions

(1) If you would like to discuss religious and/or spiritual issues with your current group please explain why: _____

(2) If you do not want to discuss religious and/or spiritual issues with your current group please explain why: _____

(3) Would your responses to the two preceding questions change if your group was designed to specifically address religious and spiritual issues? If so, please explain why: _____

The Counseling Appropriateness Check List – Religious Concerns (CACL-R)

Everyone faces problems throughout his or her life. Sometimes it is helpful to talk over these problems with someone else. Read over the following list of problems. For each problem, decide how appropriate you think it would be for a person to discuss the problem in group counseling. Circle the number that indicates the level of appropriateness you most agree with. Please respond to each item.

	Definitely Inappropriate	Inappropriate	Uncertain	Appropriate	Most Appropriate
1. Troubled by moral values of others	1	2	3	4	5
2. Science conflicting with my religion	1	2	3	4	5
3. Having beliefs that differ from my church	1	2	3	4	5
4. Don't know what to believe about God	1	2	3	4	5
5. Have conflicts about religion	1	2	3	4	5
6. Confused on some moral questions	1	2	3	4	5
7. Differing from my family in religious beliefs	1	2	3	4	5

Appropriateness of Religious and Spiritual Interventions in Group Counseling Measure

In general, how appropriate do you feel the following behaviors are for group counselors?	*1 = completely inappropriate* *2 = mostly inappropriate* *3 = somewhat inappropriate* *4 = somewhat appropriate* *5 = mostly appropriate* *6 = completely appropriate*					
(1) Bringing up the topic of spirituality.	1	2	3	4	5	6
(2) Bringing up the topic of religion.	1	2	3	4	5	6
(3) Asking group members about their spiritual beliefs.	1	2	3	4	5	6
(4) Asking group members about their religious beliefs.	1	2	3	4	5	6
(5) Self-disclosing one's own spiritual beliefs.	1	2	3	4	5	6
(6) Self-disclosing one's own religious beliefs.	1	2	3	4	5	6
(7) Using spiritual language or concepts.	1	2	3	4	5	6
(8) Using religious language or concepts.	1	2	3	4	5	6
(9) Reading/reciting religious scripture.	1	2	3	4	5	6
(10) Having a moment of silence for personal prayer.	1	2	3	4	5	6
(11) Allowing a group member to lead in-session vocal prayer.	1	2	3	4	5	6
(12) Leading in-session vocal prayer.	1	2	3	4	5	6

Spiritual Transcendence Index (STI)

Please respond to each of the items below by circling the *one* number that *most closely* describes the extent to which you agree or disagree with the statement.	1 = *strongly disagree* 2 = *disagree* 3 = *slightly disagree* 4 = *slightly agree* 5 = *agree* 6 = *strongly agree*					
1. My spirituality gives me a feeling of fulfillment.	1	2	3	4	5	6
2. I maintain an inner awareness of God's presence in my life.	1	2	3	4	5	6
3. Even when I experience problems, I can find a spiritual peace within.	1	2	3	4	5	6
4. I try to strengthen my relationship with God.	1	2	3	4	5	6
5. Maintaining my spirituality is a priority for me.	1	2	3	4	5	6
6. God helps me to rise above my immediate circumstances.	1	2	3	4	5	6
7. My spirituality helps me to understand my life's purpose.	1	2	3	4	5	6
8. I experience a deep communion with God.	1	2	3	4	5	6

Working Alliance Inventory-Short Form-Bond (WAI-S-B)

The following statements are about your experience with your group co-leaders. Although you may feel differently towards each leader, try to think in terms of your general experience with the counselors as a leadership pair. Please rate the degree to which you agree or disagree with these statements using the following scale:

1	2	3	4	5	6	7
Strongly Disagree	**Disagree**	**Mildly Disagree**	**Agree and Disagree Equally**	**Mildly Agree**	**Agree**	**Strongly Agree**

_____ 1. I believe the counselors liked me.

_____ 2. I am confident in the counselors' ability to help me.

_____ 3. I feel that the counselors appreciated me.

_____ 4. The counselors and I trusted one another.

Group Climate Questionnaire

These items are about your perspective of your group since you joined it.	*0 = Not at all*			*3 = Moderately*			*6 = Extensively*
The group members like and care about each other.	0	1	2	3	4	5	6
The members try to understand why they do the things they do, try to reason it out.	0	1	2	3	4	5	6
The members feel what is happening is important and there is a sense of participation.	0	1	2	3	4	5	6
Members challenge & confront each other in their efforts to sort things out.	0	1	2	3	4	5	6
The members reveal sensitive personal information or feelings.	0	1	2	3	4	5	6

Demographic Information

Please check/circle the appropriate blank or fill in the information asked for.

1. Age_____ 2. Sex (check one): Male ____ Female____

3. Ethnic Origin (check one):

A. Native American/ Native Alaskan____ C. Black/African American____ E. White/Caucasian____

B. Asian/Pacific Islander____ D. Latino/a____ G. Other: ____

4. Religion or spiritual worldview of your family while growing up:

a) Atheist	b) Agnostic	c) Baha'i	d) Buddhism
e) Catholicism	f) Hinduism	g) Islam	h) Jainism
i) Judaism	j) Mormonism	k) Protestant Christianity	l) Shinto
m) Sikhism	n) Taoism	m) Unitarianism/Universalism	n) Wicca
p) Other			

5. Religion or spiritual worldview that you currently identify with:

a) Atheist	b) Agnostic	c) Baha'i	d) Buddhism
e) Catholicism	f) Hinduism	g) Islam	h) Jainism
i) Judaism	j) Mormonism	k) Protestant Christianity	l) Shinto
m) Sikhism	n) Taoism	m) Unitarianism/Universalism	n) Wicca
p) Other			

6. Have you ever been in individual counseling? Yes ____ No____

If "Yes," about how many sessions? _____

7. Have you ever been in group counseling *before joining your current group*? Yes ____ No____

If "Yes," how many sessions? _____

8. How many sessions have you had with your current group? (If necessary, please estimate) _____

9. What is the most important problem that brought you in for counseling? (Please describe)

_____

_____

10. What day and time does your counseling group meet? (A drop-down menu on the on-line survey provided a list of the participating groups for participants to choose from.)