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Religious and spiritual issues in group counseling: Beliefs and preferences of university counseling center clients and therapists

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**Religious and spiritual issues in group counseling: Beliefs and preferences of
university counseling center clients and therapists**

by

Brian Christopher Post

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

Major: Psychology (Counseling Psychology)

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ABSTRACT

Over the past three decades research on addressing religious and spiritual issues in individual counseling has blossomed, but group counseling has been virtually ignored. The main purpose of the present study was to examine the beliefs and preferences of group counseling clients and therapists regarding the discussion of religious and spiritual concerns, and the appropriateness of religious and spiritual interventions. Participants were 164 clients and 54 therapists participating in counseling groups at nine university counseling centers nationwide. The majority of clients and therapists indicated that religious concerns are an appropriate topic for group counseling, and the majority of clients reported a preference to discuss religious or spiritual concerns. Both clients and therapists rated spiritual interventions as more appropriate, overall, than religious interventions. However, most clients and therapists rated exploration of both religious and spiritual struggles as an appropriate intervention. Regression models predicting client preferences to discuss religious and spiritual issues identified religious commitment and religious struggle as significant predictors. Finally, implications for practice, limitations, and future research directions are discussed.

Keywords: Religion, Spirituality, Group Counseling, Group Therapy

CHAPTER 1

OVERVIEW

Over the past two decades psychologists have become increasingly interested in the religious and spiritual dimensions of their clients. Several factors have influenced this trend. First, the multicultural movement has increased therapist sensitivity to cultural differences, including those of a religious and spiritual nature (Hage, Hopson, Siefel, Payton, & DeFanti, 2006). Second, ethical guidelines have been created that highlight the importance of respecting all worldviews and addressing religious and spiritual issues that are relevant to a client's presenting concerns (APA, 2002; 2003; 2008). Finally, psychological theory has emerged that suggests that a client's religious or spiritual beliefs can be either part of the solution or part of the problem (Pargament, 2007).

The empirical study of addressing religious and spiritual issues in counseling is still in the early stages (see Post & Wade, 2009 for a review). Over a decade ago, Worthington, Kurusu, McCullough, and Sandage (1996) reviewed the literature and concluded that researchers needed to abandon analogue studies and make it a priority to survey actual therapy clients. They also highlighted the tendency for researchers to focus on individual therapy and called for research on group therapy.

A study by Rose, Westefeld, and Ansley (2001) was one of the first to respond to the call for surveys of actual therapy clients. They found that the majority of 74 clients receiving individual psychotherapy believed that religious and spiritual concerns are appropriate topics for therapy and they indicated a preference to discuss them in session. Researchers have also found that some clients prefer or expect that their therapist will utilize religious interventions during the course of treatment (Belaire & Young, 2002; Martinez, Smith, & Barlow, 2007;

Wade, Worthington, & Vogel, 2007). Apart from the study by Rose et al. (2001), a major shortcoming of these studies is that the majority of the clients surveyed were Christians; thus, they do not generalize to clients from a variety of religious and spiritual backgrounds.

Researchers have also found that many mental health professionals consider religion and spirituality to be relevant clinical issues to be addressed in individual counseling (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Delaney, Miller, and Bisonó, 2007; Shafranske & Maloney, 1990 Weinstein, Parker, & Archer, 2002).

Based on this research, it is becoming clear that clients and therapists view individual counseling as an appropriate context for addressing religious and spiritual issues. However, very little research has examined the beliefs and preferences of clients and therapists regarding this issue within the context of group counseling. The minimal scholarship that does exist in this area mainly consists of descriptive articles that detail the structure and content of psychoeducational groups and spiritually-themed counseling groups (Cornish & Wade, 2010). This scholarship is certainly valuable; however, from an empirical perspective it seems necessary to take a step back and examine client and therapist beliefs and preferences regarding this topic. Only after these fundamental issues have been examined can therapists design effective interventions that will address the concerns clients have regarding the appropriateness of discussing religious and spiritual issues within the context of group counseling.

This gap in the literature is particularly unfortunate within the context of a university counseling center (UCC) for a number of reasons. First, more so than most mental health providers, UCCs frequently utilize group counseling because it enables them to serve more clients with fewer resources (Golden, Corazzini, & Grady, 1993; Kincade & Kalodner,

2004). Second, young adulthood, particularly for college students, is often a time of spiritual struggle, an experience involving questions, doubts, and uncertainties regarding one's worldview (Gear, Krumrei, Pargament, 2009). In a landmark study of over 100,000 first-year students attending over 200 colleges and universities across the United States, Astin et al. (2005) found that many of these students selected the terms "seeking" (23%), "conflicted" (15%), or "doubting" (10%) to describe their view on religious and spiritual matters. Such struggles have the potential to lead to clinical-levels of distress. In a study of over 5,000 students at 39 colleges and universities across the country, Johnson & Hayes (2003) found that one in four students (26%) experience clinically relevant distress related to such concerns.

Finally, group counseling meets many of the developmental needs of traditional-aged college students (Genia, 1990; Johnson, 2009). Specifically in regards to religious and spiritual development, process-oriented group counseling provides college students opportunities for growth by exposing them to students with different worldviews, and promoting understanding and connection. For those students struggling spiritually, group counseling has the potential to create a sense of normalcy, which is an important step in working with such struggles (Pargament, 2008). Furthermore, it can instill hope by providing exposure to others who may be further along in the process of development or recovery (Yalom & Leszcz, 2005).

The current study aims to explore fundamental questions regarding client and therapist beliefs and preferences pertaining to religious and spiritual issues within the context of UCC counseling groups. Perhaps the findings from individual counseling research do not translate well to group counseling. Clients may fear that talking about such issues will offend

someone in the group or they may fear being judged for their beliefs. For similar reasons, therapists may be hesitant to address religious and spiritual issues in group counseling. A further understanding of these issues will create a foundation that will facilitate therapists as they strive to be sensitive to the religious and spiritual identities of their group clients. It will also help therapists develop interventions that effectively address religious and spiritual issues that may arise in group counseling.

CHAPTER 2

LITERATURE REVIEW

Over the last two decades research has begun to examine the appropriateness and preferences of clients and therapists regarding religious and spiritual issues in individual counseling. However, virtually no empirical research on the role of religion and spirituality in general group counseling exists. Ethical guidelines (APA 2002; 2003; 2008) have made it clear that therapists should strive to address religious and spiritual issues when they are relevant to a client's presenting concerns, but this is difficult to do in a religiously diverse therapy group, especially because research has not yet examined client and therapist beliefs and preferences regarding this topic.

The university counseling center serves as an excellent arena to begin the examination of this topic for several reasons. Not only do UCCs frequently utilize group counseling as a primary treatment for a wide range of presenting concerns, but also for many individuals the college years are a time of religious transition (Fowler, 1981). At times, these transitions can be unsettling and chaotic for students (Johnson & Hayes, 2003), leading to many negative psychological and physical health outcomes (Bryant & Astin, 2008). Before group therapists can effectively help individuals suffering from spiritual struggle, exploratory research is needed to examine basic questions regarding client and therapist beliefs and preferences regarding the place of religion and spirituality in group counseling.

Definitions

Defining and differentiating between the terms *religion* and *spirituality* is a complex task because not only are both constructs multidimensional, but they also tend to function as distinct constructs with considerable overlap in meaning (Hill et al., 2000). In fact, one major

critique of the psychology of religion is that a lack of consensus regarding the operationalization of these two constructs stifles the advancement of research in this field (Zinnbauer et al., 1997). In an effort to correct this problem Hill et al. (2000) extensively reviewed the literature and then developed criteria for the definitions of both terms. Based on their criteria *spirituality* is defined as “the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred...the term ‘sacred’ refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual” (p. 66). Furthermore, the authors clarify that spirituality can occur within or outside of the context of religion. Their definition of religion is more complex. According to their definitional criteria, *religion* is similar to spirituality in that it is again based on “the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred...the term ‘sacred’ refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual” (p. 66). However, within the context of the search for the sacred it may also include non-sacred goals (e.g., identity, belongingness, meaning, health, or wellness). Furthermore, both of these criteria take place within an identifiable community that validates and supports the means and methods of the search (Hill et al., 2000).

A notable aspect of the above definitions is that spirituality is often, but not necessarily, found to co-occur alongside religion. Accordingly, four possible combinations exist. An individual could be religious but not spiritual, spiritual but not religious, religious and spiritual, or neither religious nor spiritual (Worthington, 1986). Pargament (1999) argues that when differentiating between these two terms we must be careful to avoid polarization or the temptation to think of spirituality merely as an individual pursuit and religion as an

institution-based pursuit devoid of spirituality. He asserts that spirituality, like religion, takes place within a social context. Also, most religions have an interest in spirituality at their core.

Religion and Spirituality in Young Adulthood

Theoretical Perspectives

Religious and spiritual issues are an integral part of human development across the lifespan (Fowler, 1981). However, until recent decades theory has overlooked the religious and spiritual dimensions of young adult development (Parks, 2000). This section of the literature review will briefly consider potential religious and spiritual implications of young adulthood as they pertain to traditional developmental theory. It will also introduce more recent theories that explicitly address the religious and spiritual issues intertwined in the developmental process.

Traditional developmental theories. Erikson (1963), known as the father of psychosocial developmental models, was the first to formulate a model of human development that accounted for the entire lifespan from birth to death. He theorized that there are eight stages of development, and in order to make the transition between stages one must resolve a “crisis” or conflict particular to that stage. Across the lifespan the crises are as follows: trust versus mistrust (infancy), autonomy versus shame and doubt (early childhood), initiative versus guilt (preschool), industry versus inferiority (school age), identity versus role confusion (adolescence), intimacy versus isolation (young adulthood), generativity versus stagnation (middle adulthood), and ego integrity versus despair (old age). Erikson argued that these crises are never entirely resolved; however, they are most salient during the period in which they first arise (Erikson, 1968). For example, individuals wrestle with identity concerns across the lifespan, but identity crisis takes center stage during adolescence.

Two of the conflicts described by Erikson are found among the traditional-aged college student: identity versus role confusion and intimacy versus isolation. In the former crisis, it is the task of individuals to take responsibility for the construction of their identity, which includes values, beliefs, and goals. In general, individuals in this stage are attempting to answer some challenging questions: “Who am I?” “How do I fit in to my community?” “What will I do when I become an adult?” Once satisfactory answers are obtained to these questions (i.e., a personal identity is formed), individuals progress to the next stage where they are challenged with the task of either forming intimate relationships or becoming isolated. This includes finding a romantic partner, developing close friendships, and becoming involved in interpersonal relationships at work and the community (Erikson, 1959/1980).

Although Erikson (1963) did not directly address religious development in his original developmental theory, he did later acknowledge the significance of religion in the process of forming a personal identity (Erikson, 1964). Furthermore, his original stage model is ripe with religious developmental implications. For example, a part of the task of developing a secure identity includes the question, “Can I be unique and find my true religious self?” Also, part of the intimacy versus isolation crisis involves finding a community one can connect with in terms of sharing a similar religious/spiritual worldview as well as figuring out how to navigate interpersonal relationships with those who hold different views (N. Wade, personal communication, February 9, 2010).

Building on Erikson’s theory of identity development, Marcia (1966, 1976, 1980) theorized that the process of identity development involves the variables of exploration of (crisis) and commitment to an identity in a variety of domains, including religion. He argued

that these variables combine to form one of four identity statuses: foreclosure (no crisis – commitment), diffusion (no crisis – no commitment), moratorium (crisis – no commitment), and identity achievement (crisis – commitment). Therefore, various elements of an individual's identity could simultaneously rest in different statuses depending on the amount of exploration and commitment achieved in each context. Furthermore, traditional-aged college students arrive on campus with different identity statuses, and for many students the college environment, itself, sparks the process of exploration (Lee, 2002).

Religious and spiritual development. Fowler (1978, 1981) was among the first to create a theory of spiritual development, which he presented as a stage model of “faith” development. As he defined it, faith is “both broader and more personal” than religion (Fowler, 1978, p. 18). Also, in his model a spiral most accurately represents stage advancement. In other words, each stage represents a more complex understanding of one's faith (Fowler, 1981, 2000). Fowler (1981) theorized that individuals move through six stages of faith development: intuitive-projective faith (early childhood), mythic-literal faith (childhood and beyond), synthetic-conventional faith (adolescence and beyond), intuitive-reflective faith (young adulthood and beyond), conjunctive faith (midlife and beyond), and universalizing faith (midlife and beyond).

Similar to the notion of “crisis” in Erikson's (1963) theory of psychosocial development, Fowler (1981, 2000) theorized that the opportunity for stage advancement occurs when dissonance arises due to our inability to use our current worldview to make sense of our experience. Also, through his research Fowler (1981) found that stages correlated with age, especially in the earlier periods of life. However, he found that beyond childhood there was greater variation. The faith of an older adult could best be categorized by

any stage, ranging from mythic-literal faith to universalizing faith. Along these lines, Love (2002) argued that traditional-aged college students are most likely to exhibit one of three stages of faith: mythic-literal, synthetic-conventional, and individuative-reflective.

Fowler (1981) theorized that the mythic-literal stage of faith emerges in middle childhood and is characterized by a love for narrative, such as the myths and symbols embedded within a religious tradition. However, as the stage name denotes, individuals in this stage interpret these narratives with a sense of literalism. He described the synthetic-conventional stage of faith as a period of time, usually emerging in adolescence, when an individual begins to think more abstractly about their faith and integrate their beliefs into their identity. However, individuals in this stage do not yet critically examine their beliefs. Rather, they continue to conform to those beliefs passed onto them by authority figures. It is in the individuative-reflective stage that individuals stop looking to authority and take personal responsibility for defining their beliefs, values, and goals. Individuals who progress to this stage are able to critically reflect upon those elements that constitute the self. Fowler (1981) originally theorized that the individuative-reflective stage usually emerged in young adulthood, but later wrote that those individuals who progress to this stage often arrive sometime in their thirties (Fowler, 2000).

Lee (2002) highlighted the similarities between Fowler's (1981) synthetic-conventional and individuative-reflective stages and Erikson's (1964) identity development theory in terms of the movement away from authority and towards personal responsibility. Based on this similarity she asserts that faith and identity development are intertwined. In her qualitative study of four Catholic college students attending a large secular university, she found that as a group they were progressing towards individuative-reflective faith.

Considering the progression between stages, Fowler (1996) warned that the transition process must not be rushed. Individuals need time to move through three phases: endings, the neutral zone, and new beginnings. He suggested that individuals moving through this process often benefit from “holding environments” that allow them to safely explore new ways of thinking about the world (Fowler, 1996, p. 74). Such spaces could be found within a religious community or could be provided by someone, like a psychotherapist, outside of one’s faith tradition.

Fowler’s (2000) acknowledgement that individuative-reflective faith usually occurs between the ages of thirty and forty left a gap in his theory. Parks (1986, 2000) noticed this gap and extended Fowler’s theory by adding a stage, which she termed “probing commitment,” between synthetic-conventional faith and individuative-reflective faith. She argued that this stage typically occurs during young adulthood. Although her spiritual development theory has four stages—adolescent/conventional, young adult, tested adult, and mature adult—she focused primarily on the period of young adulthood because most developmental theories skip straight from adolescence to adulthood (Parks, 2000). She describes this stage of probing commitment as a period when young adults try out tentative commitments in an attempt to answer questions related to meaning, purpose and faith (Parks, 2000).

Similar to other developmental theories reviewed above, Parks (2000) theorized that in order for young adults to progress to a more mature stage of spirituality they must experience a kind of faith crisis. She called these experiences “shipwrecks.”

Metaphorical shipwreck may occur with the loss of a relationship, violence to one’s property, collapse of a career venture, physical illness or injury, defeat of a cause, a fateful choice that irrevocably reorders one’s life, betrayal by a community or

government, or the discovery that an intellectual construct is inadequate. Sometimes we simply encounter someone, or some new experience or idea, that calls into question things as we have perceived them, or as they were taught to us, or as we had read, heard, or assumed. This kind of experience can suddenly rip into the fabric of life, or it may slowly yet just as surely unravel the meanings that have served as the home of the soul (Parks, 2000, p. 28).

In order to aid students who are recovering from shipwreck, Parks (2000) focused her model on community and called for universities and colleges to work on developing mentoring communities that could provide “challenge and support” (p. 95). She argued that developing critical self-awareness needed to happen within the context of community in order for young adults to satisfactorily progress to the next stage of spiritual development. She explained that within mentoring communities three practices were particularly important in terms of helping young adults who are searching for meaning, purpose, and faith: hearth, table and commons (Parks, 2000). A description of all three practices is outside the scope of this review; however, hearth is particularly relevant insofar as counseling, and group counseling in particular, has potential to offer such hearthside conversations for college students recovering from shipwreck. Examples of counseling groups functioning as hearth places (Genia, 1990; Gear et al., 2009) will be reviewed later in this chapter.

Pargament (2007) developed a model of spirituality that is specifically intended for application to counseling. He labeled the spiritual crisis that Parks (2000) called shipwreck, “spiritual struggle” (Pargament, 2007, p. 112; see Pargament, Murray-Swank, Magyar, & Ano, 2005, for review). Pargament et al. (2005) defined spiritual struggle as an effort to either conserve or transform a spirituality that has been challenged either intrapersonally, interpersonally, or between an individual and the Divine. Pargament theorized that spiritual struggle is a normal part of spiritual development, and conceptualized such struggle as “a

fork in the road” that can lead to either growth or decline (Pargament, 2007, p. 115; Pargament, 2008, Pargament et al., 2005). The empirical evidence for these outcomes will be reviewed later in this review. Here it is worth noting that Pargament’s (2007) understanding of spiritual struggle is similar to Erikson’s conceptualization of crisis. As Erikson understood it, crisis was not just emotional distress, rather it was also an opportunity for personal growth (Muuss, 2006).

Levels of Religious Commitment and Spirituality Among College Students

The prevalence and importance of religion and spirituality among the American public has been well documented. For example, according to a Gallup poll conducted in 2011, 92% of Americans believe in God; furthermore, 80% of Americans polled in 2010 indicated that their religion is either “very important” (54%) or “fairly important” (26%) to them (Gallup, 2011). However, it is commonly assumed that universities and colleges are secular islands where the adolescent faith of students is lost (Cherry, DeBerg, & Porterfield, 2001). Contrary to this assumption, recent surveys of college students suggest this is not necessarily the case (e.g., Astin, et al., 2005).

In an early study on this topic it was found that 7 out of 10 college students indicated that they needed religion in their lives (Allport, Gillespie, & Young, 1948). However, studies during the 1990s indicated that the religiousness of students, measured by participation in religious activities, declined during their time in college (Astin, 1993; Bowen, 1996; Pascarella & Terenzini, 1991). More recently, Astin et al. (2005) surveyed 112,232 students as they entered their freshman year at 236 diverse universities and colleges across the United States. Overall, they found that although students are less religious compared to previous generations, a large percentage of entering first-year students remains religious and an even

larger proportion is spiritual. For example, in terms of religiousness, 79% believe in God, 81% attend religious services at least “occasionally”, 69% pray, 69% gain “strength, guidance, and support” from their religious beliefs, and 40% consider it “very important” that they “follow religious teachings in their everyday life.” In regards to spirituality, 83% believe in “the sacredness of life”, 80% have an interest in spirituality, 76% are “searching for meaning/purpose in life”, 64% report that “spirituality is a source of joy,” and 47% consider it “essential” or “very important” to seek out opportunities to help them grow spiritually. Furthermore, only 17% of the students do not consider themselves to be on a spiritual quest, and 48% indicated that it is “essential” or “very important” that their school encourages their personal expression of spirituality (Astin et al., 2005).

Astin et al. (2007) followed up with this same cohort of students three years later in the spring of their junior year. They surveyed 14,527 of the original group of 112,232 students, and then statistically adjusted this sample to represent the population that was surveyed in fall of 2004. They found that over the course of three years of college, religious engagement and charitable involvement decrease, but spiritual quest, equanimity, spirituality, an ethic of caring, and an ecumenical worldview increase. In other words, many of the behaviors associated with religious commitment decreased over the three years (although religious belief remains approximately the same); however, the importance of spirituality increased for some students. For example, the proportion of students indicating that integrating spirituality into their lives was either “very important” or “essential” increased from 41.8% to 50.4%. Using a subset of 3,680 students from this sample, Bryant (2007) reported that after three years the gender gap that was present during the first year had widened. Specifically, females became more likely than males to indicate that spirituality

was “very important” in their lives; whereas, males became more likely than females to indicate that spirituality was “not important.” Bryant’s results are important inasmuch as her study is one of the first to examine religious and spiritual differences among college students.

Similar to Astin and colleagues (2007), Bryant, Choi, and Yasuno (2003) conducted a longitudinal and nationally-based study to examine the impact of the first year of college on the religious and spiritual dimension of 16,570 students’ lives during the 2000-2001 academic year. They found that after one year the religious activity of students had decreased. For example, the number of first year students reporting frequent religious service attendance decreased from 46% to 27%, and the number reporting no attendance at all increased from 16% to 43%. However, they also found that after one year of college the importance of spirituality to students had increased. For example, the percentage of first year students indicating that spirituality was “essential” to their lives increased from 24% to 30%.

Cherry et al. (2001) found similar trends in their qualitative analysis of four institutions of higher education that served as case studies: a large state university on the West Coast, a small historically African-American university in the South, a Roman Catholic university on the East Coast, and a Lutheran liberal arts college in the North. After performing interviews and focus groups with students, faculty, and staff at each institution they drew a number of conclusions. After noting that most students identified as spiritual, but not religious, they stated, “Most of the students we encountered on the four campuses could be characterized as spiritual seekers rather than religious dwellers, and many of them were constructing their spirituality without much regard to the boundaries dividing religious denominations, traditions, or organizations” (pp. 276-277). This assessment aligns closely

with Parks's (2000) theory that traditional-aged college students are in a stage of probing commitment.

Spiritual Struggle Among College Students

Empirical data also validate Parks's (2000) theory that many young adult college students experience probing commitment as well as shipwreck. In their large nationally-based study of over 112,000 students attending four-year institutions, Astin et al. (2005) found that less than half of students feel "secure" in their religious and spiritual views (42%). Others selected the following labels to describe their current views on religious and spiritual matters: "seeking" (23%), "conflicted" (15%), "doubting" (10%), and "not interested" (15%). Based on these figures, close to half seem to be struggling spiritually. Furthermore, many of the first year students reported that they have at least occasionally "felt distant from God" (65%), "questioned their religious beliefs" (57%), "felt angry with God" (48%), and "disagreed with their families about religious matters" (52%).

Similarly, Johnson & Hayes (2003) surveyed 5,472 students from universities and colleges across America and found that 26% of them reported clinically relevant distress related to religious and spiritual concerns (6% reported extreme distress). Nearly half of the students (44%) reported at least "a little bit" of distress related to such concerns. Among the proportion of the sample that was receiving help at their institution's counseling service (50%), approximately 20% reported clinically relevant distress related to these concerns.

Correlates of spiritual struggle. Pargament et al. (2005) asserted that psychological research points to several variables as links to spiritual struggle: major life stressors; particular personal traits, such as neuroticism and trait anger; lack of social support, especially family-related problems; and a weak spiritual orientation (Ano & Pargament,

2003; Brenner, 1980; Exline, Yali, & Lobel, 1999; Exline & Kampani, 2001; Kooistra & Pargament, 1999; Pargament, 1997). They hypothesized that a weak spiritual orientation is the result of a tendency to ignore the dark side of life, difficulty integrating one's religious or spiritual beliefs into everyday life, and an insecure attachment to God (Kirkpatrick, 1992; Belavich & Pargament, 2002).

A number of studies have examined causes of spiritual struggle specifically among college students. In the study reviewed above by Johnson and Hayes (2003), the authors found that religious and spiritual problems were correlated with distress related to the following concerns: confusion about beliefs and values, loss of a relationship, sexual assault, homesickness, and suicidal thought and feelings. They also identified the following concerns as significant predictors of religious and spiritual concerns: confusion about beliefs and values, sexual concerns, problematic relationships with peers, and thoughts about being punished for one's sins. Among these predictor variables life stressors, lack of social support, and a weak spiritual orientation are represented. Other studies have provided examples of lack of social support related to discrimination due to gender and sexual orientation. For example, a qualitative study by Love, Bock, Jannarone, & Richardson (2005) that included seven lesbian and five gay male college students found that those from conservative religious communities had greater difficulty reconciling their spiritual and sexual identities.

As for examples of studies that have linked personality traits to spiritual struggle among college students, Ano and Pargament (2005) found that neuroticism was a significant predictor of spiritual struggle among students with a variety of life stressors. This finding fits with the results from a study by Schneider, Rench, Lyons, Riffle (2012) that identified that neuroticism alone was a significant predictor of higher threat, meaning that individuals with a

high level of neuroticism tend to assign a higher threat level to perceived stressors. This could translate into those with higher neuroticism seeing their own spiritual struggles or the conflict over religious or spiritual perspectives in a group as a greater threat than those with lower neuroticism. Researchers have also found that neuroticism is inversely related to favorable outcomes for various types of group psychotherapy (Ogrodniczuk, Piper, Joyce, McCallum, & Rosie, 2003; Spek, Nyklíček, Cuijpers, & Pop, 2008). These findings have particular relevance when considering group counseling as a treatment for spiritual struggle.

At the time of this review, Bryant and Astin (2008) have completed the most comprehensive study of correlates of spiritual struggle among college students. They surveyed 3,493 college students from universities and colleges across the country and found the following significant predictors of spiritual struggle: minority religious preferences (e.g., Eastern religions and Unitarian Universalism); gender (i.e., being female); attendance at a religiously-affiliated college or university; majoring in psychology; and destabilizing experiences (e.g., converting to a new religion, being on a spiritual quest, discussing religion or spirituality with friends).

Outcomes of spiritual struggle. The majority of studies consistently link spiritual struggle to poor outcomes in psychological and physical domains (see Pargament et al., 2005, for review). Bryant and Astin (2008) found that spiritual struggle among college students relates to declines in psychological well-being, physical health, and self-esteem. More specifically, students struggling spiritually reported lower levels of physical health and indicated higher levels of psychological distress, such as feeling overwhelmed, depressed, and stressed or anxious. Other studies have reported similar results. For example, Astin et al. (2005) found that compared to other first-year students, those with high levels of spiritual

struggle are more likely to engage in unhealthy behaviors such as drinking alcohol, smoking cigarettes, and staying up all night. They are also more likely to miss classes due to an illness, maintain an unhealthy diet, and rate their health as “below average.” In addition to declines in psychological and physical health, spiritual struggles are also at risk for negative outcomes in the domain of spiritual well-being. Genia (1996) found that high scores on the “Quest” dimension (i.e., individuals who tend to critically evaluate their faith, much like those in the individuative-reflective stage of faith) were more likely to experience both lower levels of psychological health and spiritual well-being.

In line with Pargament’s (2007) theory that spiritual struggle is a fork in the road, a few studies have identified positive outcomes associated with spiritual struggle (Batson, Eidelman, Higley, & Russel, 2001; Bryant & Astin, 2008; Hill & Pargament, 2003). Hill and Pargament (2003) found that spiritual struggle was associated with greater open-mindedness. Similarly, Batson et al. (2001) found that it led to more tolerant views and higher levels of helping behavior. Among college students, Bryant and Astin (2008) discovered that although spiritual struggle correlated positively with acceptance of others with different belief systems, it was not associated with self-perceived religious or spiritual growth. This finding is interesting because it differs from spiritual development theory, which asserts that crisis and struggle is a sign of maturation. Perhaps the students surveyed by Bryant and Astin were not yet far enough removed from their struggle to become aware of their growth.

Whether spiritual struggles result in positive or negative outcomes may depend on the length of time they persist. In others words, negative outcomes may be a result of “getting stuck” in their struggles (Pargament et al., 2005, p. 258). The outcome may also greatly depend on the type of religious coping methods utilized (Pargament et al., 2005). For

example, Magyar, Pargament, and Mahoney (2000) examined the outcomes of college students who had experienced the desecration of a romantic relationship. Students who responded to the desecration with positive religious coping strategies, such as seeking spiritual support, were more likely to report positive transformation in their lives. This result underscores the important role that helping professionals have in encouraging the positive aspects of an individual's religious commitment or spirituality. However, are religion and spirituality something that clients want to discuss in counseling? Do clients perceive this as a useful part of counseling and appropriate to their main concerns?

Clients and Religion and Spirituality

Client Beliefs about Appropriateness of Discussing Religion and Spirituality

At the conclusion of their review of the literature pertaining to religion and spirituality in psychotherapy, Worthington et al. (1996) highlighted a trend toward reliance on analogue studies and called for researchers to begin concentrating on actual therapy clients. Rose et al. (2001), one of the first to respond to this call, surveyed 74 individuals receiving individual counseling at nine counseling agencies in a mid-sized Midwestern city. Participants were diverse in their religious and spiritual affiliation (including 40% who reported no religious affiliation). One of the major findings from this study was that the majority of clients (63%) believed that religious and spiritual issues were appropriate for psychotherapy. Appropriateness in this study was a broad measure of general beliefs related to this topic. In other words, an indication that religious and spiritual issues were believed to be appropriate did not necessarily mean that the client also desired to have these discussions in their own personal therapy. Likewise, it is also possible that clients might desire to discuss these topics but be unsure about whether or not it is appropriate to do so. On this point, it has

been suggested that conservative Christians may avoid seeing a secular counselor for fear that their religious concerns will be ignored (Keating & Fretz, 1990; King, 1978; Worthington, 1986). It has also been found that clients with high levels of spirituality and low levels of religiousness have similar concerns (Gockel, 2011; Mayers, Leavey, Vallianatou, & Barker, 2007).

Client Preferences for Discussing Religion and Spirituality

The study by Rose et al. (2001) was the only quantitative study located that directly examined religiously and spiritually diverse client preferences regarding the discussion of religion and spirituality in therapy. They reported that of the 74 individual therapy clients surveyed 55% indicated a preference to discuss religious and spiritual concerns in therapy and 21% of the total sample reported that their preference would be determined by other factors (e.g., relevance to presenting problem, qualities of the counselor). A minority of the sample (18%) indicated that their preference was not to address such topics in therapy. Reasons given by these clients ranged from a desire to turn to clergy to discuss these issues to a sense that they were not relevant to the presenting concern.

Walker, Worthington, Gartner, Gorsuch, & Hanshew (2011) conducted the only other empirical study located examining client preferences on this topic; however, they focused on Christian clients receiving individual counseling at Christian or interdenominational outpatient clinics. They surveyed 176 clients from all major regions of the country. The authors asked clients to respond to the question “How likely do you think you will be to bring up religious or spiritual issues in counseling?” using a 9-point Likert-type scale (1 = *not very important* and 9 = *very important*). The most frequent response was “very likely” ($n = 73$; $M = 7.15$). This is not surprising due to the fact that these clients likely selected a

religiously-oriented counseling agency with the expectation that this environment would be an appropriate place to discuss religious and spiritual issues.

Gockel (2011) conducted a qualitative study with 12 clients who self-identified as individuals who draw on their spirituality to cope with mental and physical health problems. She reported that the overarching theme that emerged from her analysis was that these clients viewed spirituality as integral to an effective counseling relationship. Some of these clients reported dropping out of therapy that did not integrate spirituality.

Other relevant studies either examined the issue of client preferences for addressing religion and spirituality in therapy indirectly or sampled a non-clinical population (Hathaway, Scott, & Garver, 2004; McCullough, Worthington, Maxey, & Rachal, 1997; Shafranske & Malony, 1990; Wyatt & Johnson, 1990). Hathaway et al. (2004) studied the topic indirectly by surveying therapist views of client preferences. Of the 34 clinicians they invited to participate in their study, 25 completed the survey. In response to the question, "Have your clients spontaneously mentioned changes in their religious/spiritual functioning from problems associated with their disorders?" 15 clinicians (60%) responded "yes." Although this is an indirect measure involving a small sample size, it may be inferred that some clients are taking the initiative to discuss religious and spiritual concerns in therapy, thus, indicating a preference to do so. Shafranske and Malony (1990) surveyed a national sample of clinical psychologists ($N = 409$), and found that approximately half of them estimated that at least one in six of their clients were struggling with issues that involved religion or spirituality.

Finally, a study by Kellems, Hill, Crook-Lyon, & Freitas (2010) sheds some light on the types of religious and spiritual issues discussed by college students who choose to bring

them up in counseling. The authors sent email invitations to participate in their study to therapists (N = 1,282) listed on the websites of UCCs with internships approved by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and asked them to describe the most recent counseling center client they had seen for at least three sessions in individual counseling during the past 12 months whose issues involved religion and spirituality. Approximately 22 percent of the surveys were returned (N = 220), with 200 of the therapists describing a recent case involving religious and spiritual concerns. Among the 200 therapists who described a case, 58 percent indicated that religious/spiritual issues were discussed by clients in “most” or “almost every session.”

Kellems et al. (2010) also coded the themes discussed and reported that the four most frequently discussed religious and spiritual issues from the therapists’ perspective were as follows: (1) incongruence between beliefs and sexual behavior, (2) abandonment of family of origin’s religious/spiritual tradition, (3) use of religion/spirituality as a source of strength, and (4) exploration and defining of religious/spiritual beliefs. These themes certainly illuminate common religious and spiritual concerns among college students, and they reflect Parks’s (2000) probing commitment stage as well as progression towards Fowler’s (1981) individuative-reflective stage. However, the authors note that the low response rate raises questions about the generalizability of the study. They also warn that client perspectives could potentially be different than those of the UCC therapists surveyed.

Client Preferences for Religious and Spiritual Interventions

A review of the literature revealed one study that examined client preferences for religious and spiritual interventions in a secular counseling setting, although the primary focus of the study was on Christian counseling. Wade et al., (2007) examined levels of

comfort with religious interventions among clients ($N = 220$) receiving therapy from one of seven agencies across the country. Participants came from Christian private practices ($N = 103$), Christian counseling centers ($N = 69$), and a secular counseling center ($N = 48$). The clients were asked to use a 5-point Likert scale (0 = “very uncomfortable,” 5 = “very comfortable”) to rate their comfort level with five religious interventions: praying with or for client, quote/refer to scripture, forgiveness by God, discussion of religious faith, and assigning a religious task. As might be expected, across all five religious interventions clients at the secular counseling center were significantly less comfortable with these interventions compared to the clients receiving Christian counseling.

Regarding Christian clients’ expectations of secular counseling, Belaire and Young (2002) surveyed adults ($N = 100$) who were members of churches or religious student organizations in the mid-South region of the United States. They found that the highly conservative Christians had significantly greater expectations that a secular counselor would use religious interventions (e.g., in-session audible prayer, reference to scripture) compared to moderately conservative Christians. It is also interesting to note that this sample included both Christians who had never attended secular counseling and those who had. Although those individuals who had previously attended counseling reported more favorable expectations for counseling than those with no prior experience, both groups reported a preference for a Christian counselor.

Finally, one study examined college students ($N = 152$) seeking help from their UCC and their preferences regarding religious and spiritual interventions (Martinez et al., 2007). However, the sample came from a large university sponsored by the Church of Jesus Christ of Latter-day Saints (LDS). Therefore, the results of this study cannot be generalized to

public universities and other secular institutions of higher education. Nonetheless, the results may be helpful to any UCC therapist who works with a Mormon student. Clients from this LDS counseling center reported that the following religious interventions were both appropriate and helpful: 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.

Predictors of Client Beliefs and Preferences

Throughout the literature reviewed above, high levels of religiousness and spirituality have emerged as perhaps one of the most potent predictor variables of both client beliefs regarding appropriateness as well as preferences for addressing religious and spiritual issues in counseling and preferences for religious and spiritual interventions (Belaire & Young, 2002; Rose et al., 2001; Wade et al., 2007; Walker et al., 2011). A second potential predictor variable that emerged was sex. Bryant (2007) highlighted the gap between women and men and the higher likelihood among college student females to rate religiousness or spirituality as more important aspects of their lives, especially as they progress through undergraduate degrees. Finally, it is possible that high levels of spiritual struggle could predict client beliefs and preferences. At present, no study was located examining this potential predictor variable. However, because spiritual struggles often lead to poor mental health and high levels of distress (Pargament et al., 2005), many students with spiritual struggles are likely to present for counseling (Johnson & Hayes, 2003). Thus, spiritual struggle may have an impact on a client's desire to discuss religious and spiritual issues in counseling.

Therapists and Religion and Spirituality

Rationale for Addressing Religious and Spiritual Concerns

Before reviewing the literature pertaining to therapists' beliefs and interventions related to religious and spiritual issues, it is important to briefly address the reasons why therapists working at a UCC should consider including religious and spiritual issues in their work with college students. First, as reviewed above many students consider religion and/or spirituality to be integral parts of their lives (Astin et al., 2005). Furthermore, religious and spiritual identity issues are a major developmental task for young adults (Fowler, 1981; Parks, 2000), and a sizable minority of college students report a clinically relevant amount of distress related to religious and spiritual concerns (Johnson & Hayes, 2003). Similarly, many college students experience religious or spiritual struggle (Astin et al., 2005). Therefore, UCC therapists can expect that not only will many of their clients present with such concerns, but many of them will also have a preference to discuss them (Rose et al., 2001).

Second, spiritual struggle is a clinically relevant variable among a college student population because it often leads to negative mental health and physical outcomes (Astin et al., 2005; Bryant & Astin, 2008; Pargament, Koenig, & Perez, 2000; Pargament et al., 2005). Conversely, it is also important to consider the positive outcomes associated with helping young adults achieve a secure religious or spiritual identity. It is beyond the scope of this review to summarize the research, however, studies since the 1980s have suggested a positive correlation between religious commitment and mental health and physical health (Hill & Pargament, 2003; Koenig, McCullough, & Larson, 2001; Larson, Sherrill, Lyons, & Craigie, 1992; Pargament, 1997; Powell, Shahabit, & Thoresen, 2003; Salsman & Carson, 2005; Sawatzky, Ratner, & Chiu, 2005). Furthermore, from a theoretical standpoint

Pargament (2007) argues that therapists should attend to religion and spirituality even when they are not the primary presenting concern because they can be part of the problem and/or part of the solution.

Third, psychologists are admonished not to ignore religiousness or spirituality as a component of client diversity. For example, the Ethics Code of the American Psychological Association (APA, 2002) emphasizes the principle of respect and reads: “Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups” (Principle E: Respect for people’s rights and dignity, p. 1063). It is clear from this ethical principle that psychologists are expected to be sensitive towards the various religious and spiritual orientations of their clients. The same ethical expectation is reinforced by the APA in their multicultural guidelines (2003) and the recently adopted *Resolution on Religious, Religion-Based and/or Religion-Derived Prejudice* (2008).

Appropriateness of Addressing Religious and Spiritual Concerns

Therapist beliefs regarding relevance. Despite the rationale presented above, there is, of course, variation among psychologists in terms of their beliefs regarding the appropriateness of approaching religiousness and spirituality in therapy. Shafranske and Maloney (1990) found that in a sample of 409 clinical psychologists (response rate 41%) religion and spiritually were considered relevant clinical issues by the majority of therapists. For example, 74 percent disagreed with the statement that “religious or spiritual issues are outside the scope of psychology.” Furthermore, 52 percent indicated that spirituality is a relevant part of their professional life. Similar results were found by Carlson et al. (2002) in a

survey of 153 marriage and family therapists (response rate 38%). In general, the majority of respondents indicated a belief in the clinical relevance of spirituality. For example, 68 percent of the therapists endorsed the belief that “every person has a spiritual dimension that should be considered in clinical practice” and 48 percent endorsed the statement that “it is usually necessary to work with a client’s spirituality if you expect to help them.” In the most recent survey of psychologists’ beliefs on this subject located for this review, Delaney et al. (2007) surveyed members of the APA ($N = 258$, response rate 53%), and learned that 82 percent of the respondents believed that religion is beneficial for the mental health of individuals. Conversely, only 7 percent of the respondents indicated a belief that it is harmful. Certainly, benefit and appropriateness are not synonymous; however, they do seem to overlap.

A study conducted by Weinsten et al. (2002) is particularly relevant to this review as it surveyed the beliefs of 86 UCC therapists regarding the appropriateness of particular religious and spiritual interventions (response rate = 44%). The therapists were asked about their views regarding four categories: (1) Discussion of spiritual issues/topics in counseling, (2) Discussion of religious issues/topics in counseling, (3) Usage of spiritual activities in counseling, and (4) Usage of religious activities in counseling. Approximately half of the respondents indicated that they were open to both spiritual ($n = 46$) and religious discussions ($n = 44$). However, approximately three-fourths of the sample reported that “it depends on the client,” and only a minority endorsed the helpfulness of spiritual ($n = 23$) and religious ($n = 12$) discussions. Additionally, a small number of therapists indicated that spiritual ($n = 3$) and religious ($n = 4$) discussions are not relevant to the work that they do, and seven of them (8%) also reported that they are “not open” to religious discussions. Compared to therapist

perceptions of spiritual and religious discussions in counseling, the pattern of results for spiritual and religious activities revealed lower levels of perceived appropriateness. For example, 21 percent of the therapists ($n = 18$) reported that they are “not open” to using spiritual activities in counseling, and 43 percent ($n = 37$) indicated the same for religious activities.

Therapist beliefs and usage of religious and spiritual interventions. Researchers have surveyed the perceptions of therapists regarding the appropriateness of many different religious and spiritual interventions (Richards & Worthington, 2010; Shafranske & Malony, 1990; Shafranske, 2000; Wade et al., 2007; Weinstein et al., 2002). Based on her review of the literature, Cornish (2010) identified the following examples of interventions that have been used by therapists with religious and spiritual clients: praying silently for clients, teaching religious or spiritual concepts, encouraging forgiveness, referencing scripture, religious relaxation and imagery, spiritual meditation, in-session prayer, blessings (e.g., laying on of hands), asking clients to memorize scripture, and praying for direct divine healing.

Richards and Worthington (2010) in their review of the literature on this topic found that depending on the group surveyed the percentage of members of the APA that incorporate religious and spiritual interventions into their practice ranges from 30% to 90%. As expected, religious therapists used such interventions most frequently; however, some nonreligious therapists were also found to use them (Raphel, 2001; Shafranske, 2000). Shafranske and Malony (1990) found that their sample of clinical psychologists rated interventions less favorably as they became more explicitly religious and participatory in nature. For example, the use of religious language, metaphors and concepts was endorsed as an appropriate

intervention by 59% of the therapists. Conversely, only 32% of the sample indicated that it is appropriate to pray in session with a client. This pattern of results has been found in other studies as well (Carlson et al., 2002; Hathaway et al., 2004; Jones, Watson, & Wolfram, 1992; Shafranske, 2000; Weinstein et al., 2002). For example, Wade et al. (2007) asked therapists in both a secular setting and Christian settings to rate the appropriateness of religious interventions. In the secular setting, “know client’s religious background” was rated as most appropriate (89%). However, it could be argued that this intervention is more accurately categorized as assessment. “Pray privately for a client” was rated as the second most appropriate intervention (56%). Again, categorizing this behavior as an intervention is debatable. “Use religious language or concepts” was endorsed as appropriate by 50 percent of the secular therapists, “recommend religious or spiritual books” by 39 percent, and “recommend participation in religion” by 17 percent. Expectedly, the vast majority of therapists practicing in a Christian setting rated all of the interventions as appropriate.

In their study of marriage and family therapists, Carlson et al. (2002) found that the respondents rated the appropriateness of spiritual interventions significantly higher than religious ones in four out of five cases: (1) therapist self-disclosure of spirituality or religiousness, (2) recommendation of spiritual or religious reading material, (3) usage of spiritual or religious language, and (4) recommendation of a spiritual or religious program. Asking clients about their religious or spiritual background was the only case in which a religious intervention was perceived as more appropriate.

Weinstein et al. (2002) asked therapists at UCCs to rate the appropriateness of 30 interventions that they categorized as religious or spiritual discussions and religious or spiritual practices. Ratings were based on a 5-point Likert-scale (1 = “very unlikely,” 5 =

“very likely”). The two interventions rated as most appropriate were discussion of “meaning/purpose in life” ($M = 4.29$) and “forgiveness” ($M = 3.93$). The two interventions rated as least appropriate were encouraging the religious practices of “fasting” ($M = 1.34$) and attending “religious services/rituals” ($M = 1.79$). The authors noted that, similar to the studies reviewed above, therapists believed that the less active discussions of religion and spirituality were more appropriate than the direct encouragement to engage in religious and spiritual practices.

A number of studies have examined the frequency with which therapists use religious and spiritual interventions (Frazier & Hansen, 2009; Jones et al., 1992; Kellems et al., 2010; Shafranske & Malony, 1990). The behaviors of the psychologists in the Shafranske & Malony (1990) study approximately matched their attitudes regarding the appropriateness of such interventions. For instance, 59 percent of the sample supported the use of religious language, metaphors, and concepts in-session, and 57 percent reported that they had performed this behavior. Frazier and Hansen (2009) did not find a similar match between religious intervention beliefs and usage. They asked 96 psychologists to rate 29 religious and spiritual interventions in terms of “importance” and “utilization” using a 5-point Likert scale. They found an overall significant difference between mean importance ($M = 3.31$) and use ratings ($M = 2.67$), $t(95) = 13.5$, $p < .001$. However, it is important to note that the overall importance rating among this group of psychologists was not particularly high, with even the top five most highly rated interventions being rated as “somewhat important” to competent practice. The authors conclude that this is concerning because these items (e.g., “actively communicate respect for clients’ religious/spiritual beliefs”) represent good clinical practice,

and the results of the study suggest that psychologists are undervaluing the religious/spiritual domain of the human experience.

Interestingly, even therapists who highly value religiousness and spirituality do not seem to frequently utilize religious and spiritual interventions. Jones et al. (1992) sent out surveys to 1,548 graduates of three doctoral- and four master's-level Christian graduate training programs in professional psychology. A total of 640 alumni returned useable surveys (response rate = 41.3%). The majority of the sample described themselves as evangelical Christians and indicated that they fairly frequently engage in religious behaviors, such as prayer and Bible study. Surprisingly, however, the authors discovered that this highly religious sample of psychologists infrequently used 11 specifically religious interventions (e.g., "instructing in forgiveness," "explicitly teaching biblical concepts," and "praying with clients in sessions"). The sample was asked to rate the percentage of cases for which they utilize each of the 11 interventions. Combining the percentages of utilization, the authors found low percentages of usage for both master's-level (31%) and doctoral-level (23%) Christian therapists. Also, similar to research reviewed above, this sample favored implicit over explicit religious interventions.

Kellems et al. (2010) found similar results among therapists at UCCs ($N = 220$). However, the authors caution that due to potential self-selection bias the results of their study may only be generalizable to UCC therapists who believe that the study of religion and spirituality in counseling is important. Using a list of 13 interventions compiled from studies by Shafranske and Malony (1990) and Richards and Potts (1995), the authors asked therapists to think of a recent client who presented with religious/spiritual concerns and then indicate how frequently they used each intervention with this particular client. Frequency of

use was assessed using a 5-point Likert scale (1 = *never* and 5 = *always*). The authors used an a priori criteria to label the frequency of intervention usage (3.5 to 7 = *high frequency*, 2.5 to 3.49 = *moderate frequency*, and 0 to 2.5 = *low frequency*). Based on these labels, collectively the 15 interventions were used with low frequency ($M = 1.82$, $SD = 0.49$). Additionally, none of the interventions were used with high frequency, two were used with moderate frequency (i.e., assessing the client's religious/spiritual background and using religious language or concepts), and the remaining interventions were used with low frequency. This finding, along with others reviewed above, suggests that secular and religious therapists alike may endorse the appropriateness of religious and spiritual interventions; however, they are often either unwilling or reluctant to use them.

Predictors and Barriers to Usage of Religious and Spiritual Interventions

Therapists' personal religiousness and spirituality have been identified as one of the strongest predictors of both therapist beliefs and usage regarding religious and spiritual interventions (Frazier & Hansen, 2009; Jones et al., 1992; Kellems et al., 2010; Raphel, 2001; Shafranske, 2000; Shafranske & Malony, 1990; van Asselt & Senstock, 2009; Wade et al., 2007; Walker, Gorsuch, & Tan, 2004). In the frequently cited study by Shafranske & Malony (1990), the therapists' religious attitudes and behaviors significantly correlated with usage of religious interventions ($r = .27$). More recently, Walker et al. (2004) performed a meta-analysis of three studies addressing this topic ($N = 216$). The relationship between therapist's personal religiousness and openness to discussing religious issues in counseling was also significant ($r = .37$). In their sample of alumni of Christian graduate training programs in professional psychology, Jones et al. (1992) found a similar relationship ($r = .40$). Interestingly, Sorenson and Hales (2002) found that religious therapists trained in an

explicitly religious graduate program were significantly less likely to utilize religious and spiritual interventions compared to religious therapists trained in a secular program. Finally, a study by van Asselt & Senstock (2009) suggested that therapists' personal experience with spirituality also predicts perceived competence in the usage of religious and spiritual interventions. This finding is troubling as a number of authors have pointed out that personal religiousness and/or spirituality do not make a therapist competent to help others with religious and spiritual concerns (Gonsiorek, Richards, Pargament, & McMinn, 2009; Pargament, 2007; Plante, 2007).

It is troubling that the utilization of religious and spiritual interventions is often predicted by the personal beliefs of therapists, especially because research has documented that psychologists tend to have lower levels of religiousness compared to the general public, other mental health professionals, and academics in other disciplines (Bergin & Jensen, 1990; Bilgrave & Deluty, 1998; Delaney et al., 2007; Leuba, 1934; Marx & Spray, 1969; Ragan, Malony, & Beit-Hallahmi, 1980; Shafranske, 2000; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990; Smith & Orlinsky, 2004). In the most recent study located on this topic, Delaney et al. (2007) surveyed 258 members of the APA and found that psychologists continue to be less religious compared to the general population in the United States. 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." Psychologists were also more likely than the general public to indicate that religion was not very important in their life (48% and 15%, respectively). Psychologists were also five times more likely to deny belief in God. However, 80 percent of psychologists indicated that spirituality is either "very important" or "fairly important" to them. Thus, many psychologists likely describe

themselves as spiritual, but not religious. From these statistics it can be inferred that therapists are often less religious than their clients, and in many cases it seems that clients that could benefit from religious and/or spiritual interventions are not receiving them because their therapist does not share their worldview (Richards & Bergin, 2005; Miller, 1999; Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002).

Education and training in competent approaches to religious and spiritual issues in therapy is a second predictor that has been identified by researchers. Frazier & Hansen (2009) identified hours of relevant continuing education as a predictor of religious and spiritual intervention usage. In their study of UCC therapists, Kellems et al. (2010) discovered more nuances regarding the impact of various types of education and training. Overall, they found a significant correlation between level of training regarding religious and spiritual issues and general therapist self-efficacy in working with such issues ($r = .45, p < .001$). However, no significant differences in self-efficacy were found between those therapists who had the following types of education and training regarding religious and spiritual issues and those who had not: graduate course work, continuing education, and clinical supervision. The only training activity that resulted in a significantly higher self-efficacy for working with religious and spiritual issues in counseling was self-initiated reading on the subject matter. The authors speculated that perhaps it was intrinsic motivation that led to the difference. One possible explanation is that formal training activities such as course work and supervision are relatively new and underdeveloped. Related to this notion is the reality that many instructors and supervisors received their formal education at a time when religion and spirituality were not addressed in counseling (Gingrich & Worthington, 2007; Polanski, 2003). Another important point is that although these training activities did

not correlate with self-efficacy for working with religious and spiritual issues, the therapists likely increased their awareness, knowledge, and skills related to working with religious and spiritual clients. It could be that the education and training diminished the false confidence that some had based on their personal religiousness or spirituality.

Based on the rationale presented at the beginning of this section, it is important that therapists receive education and training in working with religious and spiritual issues in therapy. However, the reality is that many graduate programs in clinical and counseling psychology are not providing the necessary training components in order to graduate psychologists who are competent in this area (Brawer et al., 2002; Gingrich & Worthington, 2007; Hage et al., 2006; Kelly, 1994; Lannert, 1991; Magaldi-Dopman, 2009; Russell & Yarhouse, 2006; Shafranske & Malony, 1990; Schulte, Skinner, & Claiborn, 2002; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Schulte et al. (2002) surveyed training directors of counseling psychology programs and received responses from 40 individuals (response rate = 58%). The authors found that 65% of the training directors in this sample indicated that in their program religion and spirituality are not viewed as equal components of diversity when compared to gender and ethnicity, and 87% reported that students in their program do not learn about religious and spiritual development. Neglect of these issues continues after coursework is completed as few students receive training in religious and spiritual issues in therapy while on internship (Russell & Yarhouse, 2006), and few seek out post-graduation training in this area (Bartoli, 2007).

In addition to the lack of formal training opportunities, another barrier that therapists encounter in regards to addressing religion and spirituality in therapy is the ethical dilemma that this work presents. As reviewed above, therapists have been given the ethical

responsibility of gaining competency in this area so that they are able to sensitively work with religious and spiritual issues (APA, 2002, 2003, 2008). However, following the principle is a complex matter. In their qualitative study of 11 therapists, Jackson and Coyle (2009) discovered that the largest ethical dilemma faced by these clinicians presented itself when they believed that a client's religious or spiritual beliefs were psychologically unhelpful to them. In these situations, the therapists felt a conflict between wanting to respect the client's religious and/or spiritual belief and their desire to alleviate the client's psychological distress. In other words, they experienced a tension between the ethical imperatives of respect for autonomy and beneficence. This is a complex issue, and as the review will highlight below, its complexity is only multiplied when addressing the dilemma within the context of group counseling.

Effectiveness of Religious and Spiritual Interventions

In addition to the rationale given at the start of this section, it is unfortunate that training in working with religious and spiritual issues is lacking because outcome studies comparing the effectiveness of religious and spiritual interventions to secular interventions suggest that they are at least as effective and in some cases more effective (Hook et al., 2010; McCullough, 1999; Richards & Worthington, 2010; Smith, Bartz, Richards, 2007; Worthington, Hook, Davis, & McDaniel, 2011; Worthington & Sandage, 2001; Worthington et al., 1996).

In the most recent meta-analysis Worthington et al. (2011) compared 51 samples from 46 studies ($N = 3,290$). Some of these samples compared religious/spiritual psychotherapy with a no treatment control condition ($N = 22$) and others made the comparison to an alternative secular treatment ($N = 29$). Of the 29 studies that compared

religious/spiritual psychotherapies with an alternative treatment, 11 used a dismantling design in which the two forms of treatment were identical in theoretical orientation and duration of treatment. Compared to no treatment control conditions, patients receiving the religious/spiritual psychotherapy showed greater improvements in both psychological ($d = .45$) and spiritual ($d = .51$) outcomes. Compared to alternative psychotherapies patients also showed greater psychological ($d = .26$) and spiritual ($d = .41$) improvements. For studies that implemented a dismantling design greater improvements were found for spiritual outcomes ($d = .33$); however, there were no significant differences between conditions for psychological outcomes ($d = .13$).

Worthington et al. (2011) concluded their meta-analysis by acknowledging that there seems to be clear evidence for the general effectiveness of religious/spiritual interventions; however, they suggest that the effects found from comparisons between samples that did not utilize a dismantling design should be interpreted with caution because the alternative treatments varied in quality. Another limitation acknowledged is that some of the studies examined did not include random assignment. Based on the limited number of studies that implemented a rigorous design, the authors concluded that at present there is no empirical basis for using religious/spiritual interventions instead of established secular psychotherapies when the primary goal is reduction of psychological symptoms. However, for clients who highly value spiritual outcomes “[religious/spiritual] psychotherapy should be considered the treatment of choice” (Worthington et al., 2011, p. 212).

Group Counseling and Religion and Spirituality

As evidenced by the literature reviewed above, a substantial number of empirical studies have been published on the topic of religion and spirituality as it applies to individual

counseling; however, applications of this topic to group psychotherapy are scarce (Cornish & Wade, 2010). This gap 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, numerous descriptive articles and a small number of empirical articles have focused almost exclusively on psychoeducational groups (Avants, Beitel, Margolin, 2005; Gear et al., 2009; Lindgren & Coursey, 1995; Phillips, Lakin, & Pargament, 2002; McCorkle, 2005; Revheim, Greenberg, & Citrome, 2010; Richards, Owen, Stein, 1993; Rye & Pargament, 2002; Tarakeshwar, Pearce, Sikkema, 2005; Worthington, 2004). A search of the literature located seven articles that described psychotherapy groups that specifically addressed religious and spiritual concerns (Cole & Pargament, 1998; Genia, 1990; Hook & Hook, 2010; Kehoe, 1998; O'Rourke, 1997; Richards, Berrett, Hardman, & Eggett, 2006; Zinnbauer & Camerota, 2004).

Group Counseling in the Context of University Counseling Centers

A search of the literature pertaining to group psychotherapy and psychoeducational groups as treatments for college students struggling spiritually located only two articles (Gear et al., 2009; Genia, 1990). This is unfortunate for a number of reasons. First, group psychotherapy and psychoeducational groups are frequently used by the majority of UCCs across the country (Golden et al., 1993; Kincade & Kalodner, 2004). In fact, it has been estimated that groups are offered by 81 percent of UCCs nationwide (Colbs, 2003). One reason for the common utilization of groups at these centers is that over the last two decades there has been an increase in the number of students they serve (Gallagher, 2009; Kitzrow, 2003). One possible explanation for this increase in demand is that in each decade since the

1960s there has been an increase in the number of college students with diagnosable psychological problems (Benton, Robertson, Tseng, Newton, & Benton, 2003). In a recent survey of UCC directors, 93 percent reported an increase in the number of clients being served at their center who meet criteria for diagnosable mental disorders (Gallagher, 2009). With the influx of clients, resources are stretched thin, and UCCs are better able to meet the demand for clinical service, using fewer resources than individual counseling, by treating many of their clients in a group format (Golden et al., 1993).

Second, contrary to the clinical opinions of many therapists, individual counseling is not a superior treatment compared to group counseling. In fact, group counseling and individual counseling have been found to have comparable effectiveness for a wide array of psychological problems, such as relationship problems, anxiety, depression, and psychotic disorders (Burlingame, Fuhriman & Mosier, 2003; Cuijpers, van Straten, & Warmerdam, 2008; Gulmón, 2004; Halfhill, Sundstrom, Lahner, Calderone, & Nielsen, 2005; Kösters, Burlingame, Nachtigall, & Strauss, 2006; McDermut, Miller, & Brown, 2001; McRoberts et al., 1998; Payne & Marcus, 2008). McRoberts et al. (1998) conducted a meta-analysis of 23 outcome studies that directly compared group and individual counseling and found no significant differences between the two formats. However, a trend was found that group was significantly more effective in cases where a client attends ten sessions or less. The authors stated that this finding is difficult to interpret, but it does support similar findings of other studies (Budman, Simeone, Reilly, & Demby, 1994; Burlingame & Fuhriman, 1990). If there is credence to this finding, it has serious implications for UCCs because they primarily use a brief counseling model that often limits treatment to less than 10 sessions (Uffelman & Hardin, 2002). Furthermore, from a theoretical perspective, group also provides curative

factors (e.g., altruism) that are not achieved in individual counseling (Yalom & Leszcz, 2005).

Finally, it is unfortunate that this topic has been overlooked because group counseling meets many of the developmental needs of traditional-aged undergraduate and graduate students, including those related to religious and spiritual development (Genia, 1990; Johnson, 2009). As reviewed above, identity formation is an integral part of young adult development, and part of this process involves encountering others different from one's self (Chickering and Reisser, 1993). Such encounters with diversity provide opportunities for growth in the areas of interpersonal development, such as establishing intimate connections and learning to appreciate differences among people (Bishop, 1992; Lindholm, Millora, Schwartz, Spinoso, 2011). Taking these developmental needs into consideration, process-oriented group counseling is an effective form of treatment for traditional-aged college students (Johnson, 2009). It provides a safe space, or a "hearth" using Parks's (2000) terminology, for students to give and receive interpersonal feedback; it allows students to encounter diversity while simultaneously gaining an experience of universality (i.e., "I am not alone"); and it can instill hope by providing exposure to others who may be further along in the process of development or recovery (Yalom & Leszcz, 2005). Specifically in regards to religious and spiritual development, process-oriented group counseling provides college students opportunities for growth by exposing them to students with different worldviews, and promoting understanding and connection. Also for those students struggling spiritually, group counseling has the potential to create a sense of normalcy, which is an important step in working with such struggles (Pargament, 2008).

Group Formats for Addressing Religious and Spiritual Concerns

Most attempts to incorporate discussion of religious and spiritual issues into counseling groups have occurred within the contexts of treatment centers for the mentally ill (Kehoe, 1998; Lindgren & Coursey, 1995; O'Rourke, 1997; Phillips et al., 2002; Revheim et al., 2010). Other articles provided descriptions of psychoeducational groups designed for homogenous populations, such as adults coping with addiction, HIV, cancer, disordered eating, social anxiety, and romantic partner betrayal (Avants et al., 2005; McCorkle et al., 2005; Richards et al., 2006, Rye & Pargament, 2002, Rye et al., 2005; Tarakeshwar et al., 2005). This section of the review will focus primarily on process-oriented groups that have been designed to address religious and spiritual concerns because process groups are used more than any other type of counseling group in the UCC setting (Golden et al., 1993; Colbs, 2003). Process-oriented groups help clients gain insight into how others experience them and provide opportunities to practice new ways of relating to others with the aim of changing one's problematic relationship patterns outside of the context of group counseling (Yalom & Leszcz, 2005).

A prime example of an effort to address these issues in group therapy with a severe mental illness population is found in a descriptive article by Kehoe (1998), who has been leading a religious-issues therapy group since the early 1980s. She emphasized that this group is 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 explained 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 all of her experience leading religious-issues groups, none of her clients have ever become more delusional because of their involvement in the group. Instead, for most clients the group is a safe place to learn spiritual tolerance and examine beliefs. Furthermore, others have used her religious-issues group model with equal success. 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) provided another example of a therapy group designed to address religious and spiritual issues in their description of a spiritually oriented group treatment for veterans struggling with substance dependence. Their spirituality group takes a pluralistic approach and has much in common with process-oriented groups; the difference being that the focus is on spirituality. They explained that:

For 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).

Reflecting on their experiences of running this group for over six years, the authors stated 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. At the end of their description they concluded that a spirituality group is not for everyone, but they argue that it is a necessary adjunct to other substance abuse programs that do not provide a safe place for discussion of spiritual issues.

In terms of a college student population, Genia (1990) provided a description of an “interreligious/spiritual exploration group” that she formed at the University of Pennsylvania Counseling Service in response to the religious and spiritual developmental tasks of traditional-aged students. Like the treatments reviewed above, the group described here 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 concluded her descriptive article with a call for UCCs to add a similar spirituality group to their services to meet the needs of their students.

Unfortunately, Genia’s (1990) call for UCCs to offer psychotherapeutic spirituality groups does not seem to have been answered. The first response appears to have come nearly two decades later when Gear and colleagues (2008) published a description of “Winding Road,” a nine-week psychoeducational group designed to help college students address their spiritual struggles. It is based on Pargament’s (2007) model of spirituality that assumes that spiritual struggle is a normal part of the spiritual developmental process. Therefore, the aim of the group is to help students articulate and normalize their spiritual struggles. 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 (Gear et al., 2009).

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 developmental theories and research that highlight how commonplace spiritual struggles are among traditionally-aged college students (Astin et al., 2005; Parks, 2000).

Rationale for the Current Study

As evidenced by the review above, the small body of literature on group counseling as it pertains to the religious and spiritual struggles of clients mostly consists of descriptive articles. Certainly, efforts to design psychoeducational and therapy groups to address the spiritual concerns of clients are to be commended. However, they seem to be premature considering the absence of empirical studies regarding the beliefs and preferences of group clients on this subject matter. It is dangerous to assume that the clinical implications from research on religion and spirituality in individual simply translate to group counseling. Discussion of religious and spiritual issues could easily diminish the cohesion of a group or create tensions between certain individuals. Non-religious clients may be offended by such discussion, and religious clients may feel judged or misunderstood. These are only a few of the fears and concerns group clients may have about bringing up religious or spiritual concerns in group counseling.

Exploratory research is needed to understand such fears and concerns. Psychological theory and ethical guidelines have already established the need for addressing rather than avoiding religious and spiritual issues in counseling. However, an examination of group

client beliefs and preference regarding this issue is necessary. Once such an understanding is established therapists can then begin to develop interventions to effectively alleviate potential fears and concerns that hold many clients back from discussing important concerns.

Post, Wade, and Cornish (2012) conducted a pilot study at the Iowa State University Student Counseling Service to examine this gap in the literature. It was the only study located that has examined this topic. The purpose of the study was to extend the questions asked by Rose et al. (2001) of clients receiving individual counseling to the context of group counseling. The authors found that the majority (81%) of group counseling clients ($N = 68$) reported that religious concerns are an appropriate topic for group counseling discussion. However, only 26 percent of their sample reported that they prefer to discuss religious issues with their group (64% = no, 10% = unsure). In response to short-answer questions, the clients provided various reasons for this preference (e.g., concern about disrupting group cohesion, not a part of their presenting concerns, not an important part of their life, and religion is a private part of their life). Among the minority of group clients who indicated that they prefer to discuss religious issues the following reasons were given: these issues are an important part of life, issues are related to my presenting concerns, altruistic desire to help others for whom these issues are relevant, and personal lack of religion creates tension with religious family members.

Differences between ratings of religion and spirituality emerged. For example, whereas only 26 percent of the clients reported that they prefer to discuss *religious* issues, 47 percent of the clients indicated that they prefer to discuss *spiritual* issues with their group (43% = no, 10% = unsure). In other words, a majority of the clients in this sample preferred to discuss *spiritual* issues, but a majority also preferred not to discuss *religious* issues.

Similar to studies reviewed above, participants also tended to endorse spiritual interventions as more appropriate as compared to religious interventions. Of the 12 interventions rated by clients, the two interventions most frequently endorsed as appropriate for therapists to use in group counseling were “bringing up the topic or spirituality” (71%) and “using spiritual language or concepts” (68%). The two interventions most frequently endorsed as inappropriate were “leading in-session vocal prayer” (87%) and “allowing a group member to lead in-session vocal prayer” (85%).

Post et al. (2012) also conducted regression analyses to predict client-rated appropriateness of and preferences for discussing religion and spirituality in group. Several important predictors of these variables emerged. For example, religious affiliation significantly predicted appropriateness of religious and spiritual interventions. Specifically, Protestants ($M = 4.0, SD = .78$) on average rated the interventions as more appropriate than atheists/agnostics ($M = 3.2, SD = .87$) and those with other religious traditions (e.g., Hindu, Muslim; $M = 3.3, SD = .62$), p 's $< .05$. In addition, client spirituality significantly predicted the preference to discuss both religious and spiritual issues. Furthermore, client-rated perceptions of their group therapists' willingness to discuss religious and spiritual issues predicted the preference to discuss spiritual, but not religious, issues.

The pilot study conducted by Post and colleagues (2012) provides preliminary evidence that suggests that the majority of UCC clients, despite their belief that group counseling is an appropriate venue, prefer not to discuss religious concerns with their group. However, nearly half of group counseling clients hold the personal preference to discuss spiritual concerns. In the wake of this initial foray into the empirical study of client preferences and beliefs regarding the discussion of spiritual struggles many questions remain.

For instance, how representative is this sample of clients compared to clients attending group counseling at UCCs across the country? Perhaps samples with more ethnic or religious diversity will differ significantly? Perhaps client beliefs and preferences differ significantly based on geographic regions. The studies conducted by both Rose et al. (2001) and Post et al. (2012) sampled from a Midwestern population located in the state of Iowa.

Also unknown at this time is how UCC clients and therapists differ along the lines of beliefs and preferences regarding this topic. It is important that therapists also be surveyed because clients and therapists often perceive clinical issues differently (Hill & Lambert, 2004). In general, research has documented that therapists believe that religious and spiritual struggles are appropriate topics to address in individual counseling (Carlson et al., 2002; Delaney et al., 2007; Shafranske & Malony, 1990; Weinstein et al., 2002). However, Jackson and Coyle (2009) have highlighted the ethical dilemma that may arise for therapists when they perceive that religious and/or spiritual beliefs are contributing to a client's presenting problem. It would seem that this tension between respecting client autonomy and wanting to do what is best for the client would only be multiplied in the setting of group counseling.

In light of developmental theories and empirical evidence regarding spiritual struggle among the college student population (Astin et al., 2005; Bryant and Astin, 2008; Fowler, 1981; Johnson & Hayes, 2003 Parks, 2000), another important question left unexamined is whether or not clients experiencing religious or spiritual struggle perceive group as an appropriate or desirable place to discuss their concerns. As the study by Post et al. (2012) found, clients may refrain from discussing their religious and spiritual concerns in order to maintain group cohesion and avoid judgment from others. If this is the case, what can therapists do to address these concerns? Are there particular therapist interventions that

would encourage a client struggling with religious or spiritual issues to utilize group counseling as a space to discuss their concerns?

Purpose of the Current Study

The current study hopes to make a significant contribution to the field by extending the work of Rose, Westefeld, and Ansley (2001) to the area of group counseling. More specifically, by exploring client beliefs and preferences this study aims to create a foundation that will help therapists effectively address religious and spiritual issues within the context of religiously diverse general counseling groups. Furthermore, this study will address the questions that arose in the pilot study conducted by Post et al. (2012). It will do this by surveying a nationwide sample of UCC group clients as well as group therapists, including measures of spiritual struggle and religious commitment, and adding an experimental component to the study that will examine the effects of a particular intervention designed to encourage group discussion of religious and spiritual concerns.

Client variables to be explored. First, the current study will examine whether or not clients believe that religious concerns are appropriate topics of discussion for group counseling (i.e., client beliefs), as well as whether they would personally desire to discuss religious and/or spiritual concerns with their group members (i.e., client preferences). In terms of appropriateness, it will also examine client beliefs regards religious and spiritual interventions. Second, the study will examine the association between client beliefs/preferences and religious commitment, spirituality, religious struggle, neuroticism, and client demographics (particularly sex and religious affiliation). Third, it will examine whether a simulated therapist intervention designed to encourage group clients to address

religious and spiritual concerns causes clients reading a vignette of a group interaction to rate the therapist, session, or hypothetical behavioral responses differently.

Therapist variables to be explored. First, therapist ratings regarding the appropriateness of group discussion of religious concerns as well as religious and spiritual interventions will be examined. Second, the study will examine therapist rated frequency of usage of such interventions. Third, the study will examine the association between therapist beliefs/frequency of usage and religious commitment, spirituality, neuroticism, and therapist demographics (particularly sex, religious affiliation, and training in religious/spiritual issues). Fourth, the study will use a group counseling vignette including a client-initiated discussion of either religious or spiritual concerns to examine if the type of concern causes therapists to rate behavioral responses differently.

Research Hypotheses

As the literature review revealed, research on the beliefs and preferences of clients and therapists regarding the intersection of religious and spiritual concerns and group counseling is in the embryonic stage. Therefore, the current study was primarily exploratory and descriptive in nature. However, based on research addressing this topic within the context of individual therapy and the results of a pilot test (Post et al., 2012) several sets of hypotheses were tested.

Client hypothesis 1. It was expected that the majority of group clients at UCCs would indicate a belief that religious concerns are appropriate for discussion in group counseling. The rationale for this hypothesis was based on the results of previous studies that have found clients to rate these concerns as appropriate for both individual and group counseling (Post et al., 2012; Rose et al., 2001).

Client hypothesis 2. It was expected, based on the results of the study by Post et al. (2012) that on average clients would rate religious interventions as less appropriate compared to spiritual interventions.

Client hypothesis 3. It was expected that group clients would report a greater preference to discuss spiritual concerns than religious concerns. This hypothesis was based not only on the results of the pilot study by Post et al. (2012), but also studies that have shown spirituality to be more prevalent among college students (Astin et al., 2005; Astin et al., 2007; Bryant & Astin, 2008; Bryant et al., 2003; Cherry et al., 2001).

Client hypothesis 4. It was expected that client ratings of the appropriateness of religious and spiritual interventions and client preference regarding the discussion of religious and spiritual issues would be positively associated with religious commitment, religious struggle, religious majority affiliation, ethnic minority affiliation, and being female. It was expected that neuroticism would be negatively associated with client preference. This hypothesis is based on previous research that has shown that women tend to display higher levels of religiousness and spirituality compared to men, and individuals high in religious commitment tend to rate religion and spirituality as more appropriate topics for counseling as well as indicate stronger preferences to discuss these topics (Belaire & Young, 2002; Bryant, 2007; Post et al., 2012; Rose et al., 2001; Wade et al., 2007; Walker et al., 2011). Religious struggle was included as a predictor variable due to speculation that the distress that often accompanies such a struggle would increase a client's desire to address religious and spiritual issues in counseling. Majority religious affiliation was included as part of this hypothesis because Post et al. (2012) found that it significantly predicted client preferences to discuss religious and spiritual issues in group counseling. Minority ethnic affiliation was included

because for many of these individuals religion and spirituality are an important part of their cultural identity, and, more often than members of the ethnic majority, they wish to include these elements in the counseling process (Sue & Sue, 2003). Neuroticism was expected to be negatively associated with client beliefs and preferences because researchers have found that neurotic individuals assign higher threat levels to perceived stressors (Schneider et al., 2012). It was expected that neurotic clients would perceive group discussion of religious and spiritual issues as a stressor; thus, they would consider it a threat and intentionally avoid such discussions.

Client hypothesis 5. Lastly, it was expected that in the experimental portion of the study, clients reading the description of the spiritual concern would evaluate the session and the therapist in the vignette as more favorable than those reading the religious concern. In addition, it was expected that clients reading the therapists approach condition would evaluate the session and the therapist in the vignette as more favorable than those reading the therapists avoidance condition. Finally, it was expected that an interaction between the factors would occur such that clients reading the therapists approach condition for the spiritual concern will rate the session and therapist as more favorable than clients in the other conditions. This hypothesis was based on the study by Post et al. (2012) that suggested that clients are more willing to discuss spiritual issues compared to religious ones.

Therapist hypothesis 1. It was expected that the majority of group therapists at UCCs would indicate a belief that religious concerns are appropriate for discussion in group counseling. The rationale for this hypothesis was based on the results of previous studies that have found therapists to rate such concerns as appropriate for individual counseling (Shafranske & Malony, 1990; Weinstein et al., 2002).

Therapist hypothesis 2. It was expected, based on previous research, that the majority of therapists would rate spiritual interventions as more appropriate than religious interventions (Carlson et al., 2002; Hathaway et al., 2004; Jones et al., 1992; Shafranske, 2000; Shafranske & Malony, 1990; Weinstein et al., 2002).

Therapist hypothesis 3. It was expected, based on previous research, that therapist usage of religious interventions in group counseling would be significantly lower than their usage of spiritual interventions (Carlson et al., 2002; Hathaway et al., 2004; Jones et al. 1992; Shafranske, 2000; Shafranske & Malony, 1990; Wade et al., 2007; Weinstein et al., 2002).

Therapist hypothesis 4. It was expected, based on previous research, that therapist ratings of religious and spiritual interventions appropriateness and usage would be positively associated with religious commitment, being female, and level of interest in the topic of religious and spiritual issues in counseling (Bryant, 2007; Frazier & Hansen, 2009; Jones et al., 1992; Kellems et al., 2010; Raphel, 2001; Shafranske, 2000; Shafranske & Malony, 1990; van Asselt & Senstock, 2009; Wade et al., 2007; Walker, Gorsuch, & Tan, 2004). It was also expected that therapist age and neuroticism would be negatively associated with beliefs and intervention usage. This part of the hypothesis was based on theory that has indicated that therapists are often hesitant to address religious and spiritual concerns, especially within the context of group counseling (Cornish & Wade, 2010; Frazier & Hansen, 2009; Jackson & Coyle, 2009), and speculation that older therapists are less likely to address religious and spiritual issues because they were trained during an era when such issues were ignored by therapists. It was expected that therapists high in neuroticism would perceive religious and spiritual discussions as a threat (Schneider et al., 2012); and thus would indicate low appropriateness and usage for religious and spiritual interventions in group counseling.

Therapist hypothesis 5. Finally, it was expected that in the experimental portion of the study where therapists read a vignette depicting an exchange between a client with either a religious or spiritual concern, there would be a main effect for type of concern, wherein, therapists in the spiritual concern condition would indicate that they would respond by engaging in approaching behaviors significantly more than those therapists reading a vignette containing a religious concern. This hypothesis was based on previous research that has indicated that therapists tend to be more spiritual than religious (Bergin & Jensen, 1990; Bilgrave & Deluty, 1998; Delaney et al., 2007; Ragan et al., 1980; Shafranske, 2000; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990; Smith & Orlinsky, 2004); therefore it would seem that they would be more comfortable approaching spiritual over religious topics in counseling with their clients.

CHAPTER 3

METHOD

Participants

Clients. Participants included 164 clients. Clients were predominantly Caucasian/European American ($n = 131, 79.9\%$) with 12 Blacks/African Americans (7.3%), 10 Asians/Pacific Islanders (6.1%), six Latino/as (4.3%), one Native American/Native Alaskan (.6%), and four “other” (2.4%). There were 126 females (76.8%) and 35 males (21.3%) with three reporting other (1.8%). The most frequently endorsed religious affiliations were “other” ($n = 31, 18.9\%$), agnostic ($n = 28, 17.1\%$), Protestant Christianity ($n = 28, 17.1\%$), atheist ($n = 26, 15.9\%$), and Catholicism ($n = 19, 11.6\%$) with 10 endorsing Mormonism (6.1%), six Buddhism (3.7%), four Judaism (2.4%), four Unitarianism/Universalism (2.4%), three Hinduism (1.8%), three Islam (1.8%), one Baha’i (.6%), and one Taoism (.6%). The average age of the clients was 23.2 years ($SD = 5.2$, range = 18 – 49). All clients were full-time undergraduate or graduate students. The majority attended a large public university ($n = 153, 93.3\%$), with 10 clients who attended a small public liberal arts college (6.1%); one client did not respond. The institutions they attended represent various regions of the United States—Virginia ($n = 52, 31.7\%$), Iowa ($n = 47, 28.7\%$), Utah ($n = 18, 11\%$), Illinois ($n = 14, 8.5\%$), Delaware ($n = 12, 7.3\%$), Oregon ($n = 9, 5.5\%$), Tennessee ($n = 6, 3.7\%$), and North Dakota ($n = 5, 3\%$).

The majority of clients reported that they had attended individual counseling sessions in the past ($n = 152, 92.7\%$), and 63 clients (38.4%) reported that they had attended group counseling sessions prior to joining their current counseling group. The majority of clients reported that they had attended between 6 and 10 sessions with their current group ($n = 88,$

55.4%), 39 attended more than 10 sessions with their current group (24.5%), and 30 had attended between three and five sessions (20.1%). Clients were members of one of 50 counseling groups at one of nine UCC's. The majority of the clients belonged to an interpersonal process group ($n = 95$, 57.9%), which many centers referred to as an "understanding self & others" group. Some clients belonged to process-oriented groups designed to address particular concerns or interests: disordered eating ($n = 19$, 11.7%), women's issues ($n = 11$, 6.7%), trauma recovery ($n = 8$, 4.9%), LGBTQ issues ($n = 6$, 3.7%), family of origin issues ($n = 6$, 3.7%), mindfulness ($n = 5$, 3.0%), substance abuse recovery ($n = 4$, 2.4%), men's issues ($n = 3$, 1.8%), solution-focused group ($n = 2$, 1.2%), relationship enhancement ($n = 2$, 1.2%), and relational building ($n = 1$, .6%); two clients did not respond. Clients reported a wide range of presenting concerns (see Appendix J).

Therapists. Participants included 54 therapists. Therapists were also predominantly Caucasian ($n = 39$, 72.2%) with seven Asians/Pacific Islanders (13%), three Blacks/African Americans (5.6%), three Latino/as (5.6%), and one other (1.9%); one therapist did not respond. There were 40 females (74.1%) and 13 males (24.1%); one therapist did not respond. The most frequently endorsed religious affiliations were Protestant Christianity ($n = 10$, 18.5%), agnostic ($n = 9$, 16.7%), and "other" ($n = 9$, 16.7%) with four endorsing atheism (7.4%), five Buddhism (9.3%), six Catholicism (11.1%), four Judaism (7.4%), four Unitarianism/Universalism (7.4%), and one Wicca (1.9%); two therapists did not respond. The average age of the therapists was 37.2 years ($SD = 10.7$, range = 26 – 66). The majority worked at a UCC located on a large public university campus ($n = 52$, 96.3%), and two therapists (6.1%) worked at a small public liberal arts college. The institutions for which they led groups represent the same regions of the United States as the ones represented by the

client sample—Virginia ($n = 16$, 29.6%), Iowa ($n = 11$, 20.4%), Utah ($n = 2$, 3.7%), Illinois ($n = 2$, 3.7%), Delaware ($n = 9$, 16.7%), Oregon ($n = 7$, 13%), Tennessee ($n = 4$, 7.4%), and North Dakota ($n = 2$, 3.7%); one therapist did not respond.

Thirty (55.6%) of the therapists held a doctorate degree, and 22 held a master's degree (40.7%); two therapists did not respond. The majority full-time staff positions ($n = 31$, 57.4%) with two part-time staff (5.6%), 13 psychology interns (24.1%), and four practicum students (7.4%); three therapists did not respond. The majority of therapists were (or were being) trained in counseling psychology ($n = 39$, 72.2%) or clinical psychology ($n = 9$, 16.7%). The other therapists represented the fields of social work ($n = 3$, 5.6%) and counselor education ($n = 1$, 1.9%); two therapists did not respond. The average full-time therapist ($n = 31$) had been working as a mental health professional for nine years ($SD = 8.9$, range = 1 – 33). Therapists conducted process-oriented groups ($n = 52$, 96.3%), psychoeducational groups ($n = 17$, 31.5%), and support groups ($n = 11$, 20.4%).

Measures

Religious commitment. Clients and therapists completed the Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2003), a scale that measures commitment to one's religion, with higher scores indicating a higher level of commitment to one's religion. The 10-item scale utilizes a 5-point Likert scale ranging from 1 to 5 (1 = “not at all true of me” and “5 = totally true of me”) and includes items such as “My religious beliefs lie behind my whole approach to life” and “I spend time trying to grow in understanding of my faith.” Total scores for all 10-items on the measure range from 10 to 50. Worthington et al. (2003) tested the reliability and validity of the RCI-10 on three separate samples ($Ns = 155$, 132, and 468)

of university students. Normative means were 23.6 ($SD = 10.8$), 25.7 ($SD = 11.9$), and 22.8 ($SD = 10.5$), respectively. When tested on adults from the community and therapists, normative data for the RCI-10 were similar to the means and standard deviations for the three university student samples. The RCI-10 appears to have an acceptable estimated internal reliability as six studies conducted by Worthington et al. (2003) have reported Cronbach's α s no less than .92. Test-retest reliability over a three-week period was also found to be adequate (.87). The RCI-10 has also demonstrated construct validity as it strongly correlates with other measures of religious commitment, belief, and spirituality (Worthington et al., 2003). The RCI-10, along with all other measured used, can be found in Appendix E and H. In the current study Cronbach's alpha was .95 for both the client sample and the therapist sample, indicating excellent internal consistency.

Spirituality. The Spiritual Transcendence Index (STI; Seidlitz, Abernethy, Duberstein, Evinger, Chang, & Lewis, 2002) was used to measure client and therapist 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 ($\alpha = .97$) as well as a non-theistic element of spirituality ($\alpha = .96$). 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 for the client sample and .95 for the therapist sample, indicating excellent internal consistency.

Religious struggle. A seven-item measure developed by Astin, Astin, & Lindholm, (2011) was used to measure clients' level of religious struggle, which "reflects the extent to which [a college student] feels unsettled about religious matters, feels distant from God, or has questioned her/his religious beliefs" (p. 52). All seven items ask students to respond to a 3-point Likert-type scale (1 = *not at all*, 2 = *to some extent*, and 3 = *to a great extent*). Total scores range from 7 to 21. The authors tested the reliability of this measure on a large sample of over 100,000 first-year students at the start of the Fall 2004 semester (Cronbach's $\alpha = .75$) and again on a smaller subset of juniors at the end of the Spring 2007 semester (Cronbach's $\alpha = .77$) and found that it featured adequate internal consistency. For the Fall 2004 sample, the total score mean was 11.6 ($SD = 2.9$). The authors also used arbitrary cut-off scores in order to identify students who score "low" and "high" in terms of religious struggle. Scores ranging from 7-10 are considered low, and scores ranging from 16-21 are considered high. In the current study Cronbach's alpha was .78, indicating acceptable internal consistency.

Neuroticism. A 10-item neuroticism scale compiled from the International Personality Item Pool (IPIP; Goldberg et al., 2006) was used to measure the neuroticism of client and therapist participants. Participants were asked to rate how accurately each item describes them using a 5-point Likert-type scale (1 = *Very Inaccurate*, 3 = *Neither Accurate or Inaccurate*, 5 = *Very Accurate*). Five of the items are keyed in the positive direction and five in the negative direction (e.g., "Often feel blue" and "Seldom feel blue"). The scale has an internal consistency of .86 (Goldberg et al., 2006) and correlates highly ($r = .83$) with the NEO-Five Factor Inventory neuroticism subscale (Gow, Whiteman, Pattie, & Deary, 2005).

In the current study Cronbach's alpha was .86 for both the client sample and the therapist sample, indicating good internal consistency.

Perceived appropriateness of religious discussion in group. The Religious Sub-Scale of the Counseling Appropriateness Check List (CALC-R; Warman, 1960) was used to survey client beliefs regarding the appropriateness of discussing religious concerns in group counseling. 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; Wilcove & 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 a group counseling, rather than individual, setting. In the current study Cronbach's alpha was .88 for the client sample and .83 for the therapist sample, indicating good internal consistency.

Preference to discuss religion/spirituality in group counseling. The Client Attitudes toward Spirituality in Therapy (CAST; Rose et al., 2001) was used to survey client beliefs and preferences regarding discussion of religious and spiritual concerns in group counseling. The original version of the CAST constructed by Rose et al. (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 our study some minor changes have been made to the wording of the items to make it relevant to group counseling. Also, in addition to the original instrument's question pertaining to the willingness of counselors to discuss religious and spiritual issues in therapy, we added a new question that asks how willing one perceives group members to be in regards to these topics. Furthermore, one pair of questions from the original CAST (items 11-12: "In general, how willing do you believe group counselors are to discuss religious/spiritual issues?") was removed because Post et al. (2012) found that the items correlated too highly ($r = .63$) with one other pair ("How willing do you believe your group co-leaders are to discuss religious/spiritual issues with you?"). Changes were also made to the measure's anchors. The original CAST utilized one set of anchors (1 = *not at all* and 5 = *extremely important*) for items 1-4 and a different set for items 5-12 (1 = *not at all* and 5 = *very much*). For the sake of continuity this study used the same set of anchors for all 12 items (1 = *not at all*, 2 = *somewhat*, 3 = *moderately*, 4 = *very much*, and 5 = *extremely*). Finally, the open-ended question was split into two separate questions 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 counseling.

Post et al. (2012) raised concerns about the content validity of the CAST in regards to the way the measure was used by Rose et al. (2001). Their primary concern was that Rose

and colleagues had used CAST items 1-8 as a measure of client preferences regarding the discussion of religion and spirituality in therapy. 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.

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 ($M = 1.77, SD = .94$) and spiritual concerns ($M = 2.08, SD = .93$); $t(162) = -6.22, p < .001$. 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 .85, and for Spiritual Discussion it was .83, indicating good internal consistency for both measures.

Perceived appropriateness of religious and spiritual interventions. Client and therapist participants were asked to rate the appropriateness of 22 interventions that therapists could use when religious and spiritual issues arise in group, using a 6-point Likert scale (1 = *completely inappropriate* and 6 = *completely appropriate*). Twelve of the items were developed by Cornish (2010) based on her review of previous studies that have examined the appropriateness of religious and spiritual interventions (e.g., Shafranske & Malony, 1990; Wade et al., 2007). These 12 interventions are comprised of four pairs of identical interventions that differ only in their usage of the terms *religion/religious* and *spiritual/spirituality* (e.g., “Bringing up religion in group” versus “Bringing up spirituality in

group”), and four religious interventions that do not have a spiritual counterpart. The original scale included a pair of items assessing the appropriateness of “facilitating discussion about religion/spirituality after a group member brings it up.” This pair was removed from the current study based on the recommendation of Cornish. Also based on recommendations by Cornish and a group psychotherapy expert, Nathaniel Wade, an additional ten items have been added to the scale for this study. These items are five religious/spiritual pairs that represent types of interventions that have been recommended by Cornish and Wade (2010) as helpful ways to facilitate therapeutic discussions of religion and spirituality in group counseling. Examples include “facilitating a group activity where group members’ share their religious/spiritual backgrounds” and “conducting a guided meditation that includes religious imagery, language, and symbols.” Cornish (2010) reported that the 14-item scale had a Cronbach’s alpha of .91. The total score of the revised scale ranges from 22 to 136.

For the current study the 22 items were sorted into two groups: 13 religious interventions (items: 2, 4, 6, 8, 9, 10, 11, 12, 13, 15, 17, 19, 21) and 9 spiritual interventions (items: 1, 3, 5, 7, 14, 16, 18, 20, 22). A paired samples *t* test was used to determine whether the two groups significantly differed from one another in terms of client and therapist ratings of appropriateness. Clients differed in their perception of the appropriateness of religious interventions ($M = 3.22, SD = .88$) and spiritual interventions ($M = 4.03, SD = .88$), $t(160) = -19.02, p < .000$. Therapists also differed in their perception of the appropriateness of religious interventions ($M = 3.35, SD = .58$) and spiritual interventions ($M = 4.43, SD = .58$), $t(53) = -20.12, p < .000$. Thus, it was decided that perceived appropriateness of religious interventions and spiritual interventions would be used as separate outcome measures. In the client sample Cronbach’s alpha for Religious Interventions was .89, and for Spiritual

Interventions it was .85, indicating good internal consistency for both measures. In the therapist sample Cronbach's alpha for Religious Interventions was .82, and for Spiritual Interventions it was .78, indicating adequate internal consistency for both measures.

Therapist use of religious and spiritual interventions. Therapist participants were asked to “select the number that most closely describes how frequently you use the following interventions in group therapy,” again using a 6-point Likert-type scale (1 = *never* and 6 = *almost always*). This scale, also developed in consultation with Cornish and Wade, is based on the same 22 interventions described in the previous measure. As described above, the interventions were divided into two groups: religious interventions and spiritual interventions. A paired samples *t* test was used to determine whether the two groups significantly differed from one another in terms of therapist ratings of intervention usage. Therapists differed in their usage of religious interventions ($M = 2.12, SD = .48$) and spiritual interventions ($M = 2.84, SD = .57$); $t(52) = -16.76, p < .000$. Cronbach's alpha for Religious Interventions was .85, and for Spiritual Interventions it was .81, indicating good internal consistency for both measures.

Reactions to religious or spiritual discussion in group. After reading a vignette, client participants were presented with 18 responses and asked to use a 7-point Likert-type scale (1 = *definitely would not* and 7 = *definitely would*) to describe how likely they would be to “think, feel, or do” each of the responses following the portrayed group counseling scenario. The responses range from negative reactions (e.g., “Decide to stop attending the group.”) to positive reactions (e.g., “Feel closer to the other group members.”). After reading a similar vignette, therapist participants were asked to rate a nearly identical set of 20 responses. Some of the responses presented to the clients were not included in the therapist

set because they did not translate well to realistic therapist reactions (e.g., “Leave the room.”), and a number of items were added from the measure being used to measure therapist ratings of religious and spiritual intervention appropriateness and usage. Therapist participants were also given the option of writing in a response they would likely have if it was not included in the set of 20 items.

Session Evaluation. Client participant ratings of the group counseling session depicted in the vignette used for the experimental portion of the study were measured by the Session Evaluation Questionnaire (SEQ; Form 3; Stiles & Snow, 1984). The scale has four subscales; however, for this study only the Depth and Smoothness subscales were used. Both subscales contain six items, each item consisting of bipolar adjectives (e.g., shallow versus deep, valuable versus worthless). After reading the group session vignette client participants were provided with 12 separate lines to indicate how they felt about the group session they just read about. The lines represent a 7-point Likert-type scale that allows participants to evaluate the session based on the 12 bipolar adjectives. Both subscales have adequate internal consistency (alphas ranging from 0.87 to 0.93 for Depth and Smoothness, respectively) and adequate construct validity (Stiles & Snow, 1984). In the current study the combined subscale Cronbach’s alpha was .88, indicating good internal consistency.

Counselor Rating. After reading a vignette, client participants rated the counselor depicted in the group counseling session using the Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983), which has three subscales: Attraction, Trustworthiness, and Expertness. The CRF-S is a short version of the original Counselor Rating Form (CRF; Barak & LaCrosse, 1975), which consists of 36 pairs of bipolar adjectives, with each of the pairs anchoring the ends of a 7-point scale. Corrigan & Schmidt (1983), based on high factor

loadings, choose 12 of the 36 adjectives to comprise the CRF-S. The scales within the CRF-S were found to have construct validity as well as similar reliabilities as the longer CRF (Corrigan & Schmidt, 1983). Internal consistency of the CRF-S scales has been found to range from 0.63 to 0.94, with a median of 0.87 (Corrigan & Schmidt, 1983; Epperson & Pecnik, 1985). Higher internal consistency estimates were found by Tracey, Glidden, and Kokotovic (1988), who reported a total scale alpha of 0.95. In addition to the three constructs of Attraction, Trustworthiness, and Expertness, the CRF-S has been found to measure an overall “good counselor factor” (Tracey et al., 1988). Consequently, there is precedence for summing the scores for all three subscales to obtain an overall counselor evaluation score. The total score on the CRF-S ranges from 12 to 84. In the current study Cronbach’s alpha was .96, indicating excellent internal consistency.

Demographic information. Client participants were asked to provide general demographic information (i.e., age, sex, ethnicity), religious/spiritual worldview of family growing up, current religious/spiritual worldview, number of previous sessions of individual counseling, number of group counseling sessions prior to joining current group, number of sessions with current group, and primary presenting concern. Clients were also asked to choose from a drop-down menu to indicate where they attend school and the type of counseling group they attend. Therapist participants were asked to provide general demographic information, religious/spiritual background and identity, training level, degree type, training program type, years of experience, group counseling experience, and extent of interest in religion/spirituality in therapy.

Stimulus Materials

Four scripts depicting simulated client-counselor group counseling interactions were developed conjointly by this author and Nathaniel Wade. The scripts correspond to the 2x2 factorial design utilized for the experimental portion of the study (see Figure 1). The two levels of the first independent variable are religious discussion versus spiritual discussion. The second independent variable is based on the way in which a therapist in the simulated group counseling session responds to the religious or spiritual struggle that is brought up by a client. The two levels of this variable are approach/address versus avoid/ignore. Thus, the four conditions of this design are as follows: (1) religious concern – therapist avoidance, (2) spiritual concern – therapist avoidance, (3) religious concern – therapist approach, (4) spiritual concern – therapist approach. The wording and the themes used in the four vignettes are as similar as possible, while making each of the four unique. The specific vignettes are provided in Appendix E.

Figure 1.
Experimental Conditions for the Client Vignettes

Content	Therapist Response	
	Avoidance	Approach
Religious	Religion Ignored	Religion Addressed
Spiritual	Spiritual Ignored	Spiritual Addressed

Procedures

Clients and therapists were recruited from nine UCCs from various regions of the United States. Eight of these centers were located on the campuses of large public universities. One center was located on the campus of a small public liberal arts college. Participating centers were solicited through personal communication and a general

announcement on a listserv for UCC group therapists. During the preliminary stages of the study email invitations went out to group coordinators at 31 sites across the nation. A list of sites to contact was formed in several ways. First, faculty members of the counseling psychology program at Iowa State University were invited to share contact information for colleagues that work at a UCC. The list included ISU graduate students on internship, alumni working at university and college counseling centers, and colleagues of the faculty. Second, staff psychologists at ISU's counseling center provided a list of sites known for the strength of their group counseling program, as well as names of former interns working at counseling centers that may be willing to participate. Third, a request for participation went out on a highly active listserv for UCC group therapists. This resulted both in offers to participate as well as suggestions of centers to contact that would be likely to participate. Finally, sites that had been recommended as strong group programs were directly contacted. Through all these efforts 12 of 31 sites initially agreed to participate in the study. At the time of data collection three sites opted not to participate; thus, a total of nine sites participated. These sites represent the Midwest ($n = 3$), Southern Atlantic ($n = 2$), Southeastern ($n = 1$), Mid-Atlantic ($n = 1$), Pacific Northwest ($n = 1$), and Western ($n = 1$) regions of the United States.

Each site offered a variety of process-oriented, theme-based, and psychoeducational groups. Participants were recruited from groups that included unstructured open-process time, whereas groups with no process component were excluded from the study. This ensured that the clients surveyed in this study were members of groups that were structured in such a way that the topic of religious and spiritual concerns could potentially be discussed. Using this inclusion-requirement, 50 groups participated in the study. The majority of these were process-oriented groups ($n = 28$). All others were themed-based groups ($n = 22$) that

included an open process component.

The study was approved by the Institutional Review Board at Iowa State University (see Appendix A) and each of the participating UCCs. At eight UCCs client data was collected in November 2011, after the majority of group clients had participated in more than five sessions. Therapist data was collected from these centers at the end of the semester. At one center client and therapist data was collected in February 2012, again after most clients had experienced at least 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. Clients then received an email invitation directing them to an online survey hosted by Qualtrics, a confidential and secure website. Two reminder e-mails were sent. Therapists who had led one of these groups also received an email invitation to a separate Qualtrics survey. They also received two reminder emails.

For both client and therapist participants, informed consent was presented on the website before they agreed to complete the online questionnaire. Also, as they completed the survey the top of the screen provided participants with working definitions of *religion* and *spirituality* as defined by Hill et al. (2000). These definitions were intended to help participants approach the questionnaire with working definitions of these terms, which can be difficult to define. Furthermore, after agreeing to take the survey each participant was randomly assigned to a condition. Client participants were randomly assigned to one of four conditions (2 x 2 design), and therapist participants were randomly assigned to one of two conditions (see Stimulus Materials, below). Upon completion of the online survey, participants were presented with debriefing information. Following the debriefing screen,

client participants were given the option to proceed to a second questionnaire to enter their name in a raffle to win one \$50 gift card to Amazon.com. To ensure confidentiality this questionnaire was not attached to their responses.

Group membership for the 50 groups at the nine UCCs consisted of 339 clients at the time of data collection. Initially, 302 of the 339 group clients (89.1%) volunteered to participate in the present study. After receiving the email invitation, 199 (58.7%) of these client volunteers started the survey. Of these client participants, 35 surveys (17.6%) were started but abandoned, and 164 clients completed the survey. The overall response rate for the 339 clients invited to participate in the study was 48.4%.

There were 91 therapists who were involved in leading or co-leading one of the 50 groups at the nine UCCs. All 91 therapists were invited to participate in the study. After receiving the email invitation, 61 (67%) of these therapists started the survey. Of these therapist participants, 7 surveys (11.5%) were started but abandoned, and 54 therapists completed the survey. The overall response rate for the 91 therapists invited to participate in the study was 59.3%.

CHAPTER 4

RESULTS

Preliminary Analyses

Data cleaning. Before conducting the main statistical analyses, both data sets were examined in order to identify missing data. Thirty-five clients and seven therapists were removed from their respective data sets because they completed less than 50 percent of the items. Missing data points were then identified. Of those participants who completed the survey, six clients (3.7%) and three therapists (5.6%) left one or more items blank. Four clients responded to fewer than 80 percent of the items on six measures (RCI, one instance; STI, one instance; SEQ, one instance; CAST, one instance; vignette behavioral reactions, one instance; perceived appropriateness of R/S interventions, three instances). One therapist responded to fewer than 80 percent of the items on the vignette behavioral reactions. In these cases the items were left blank and pairwise deletion was utilized for the analyses. Three clients left one item blank on one measure (STI, CRF, Religious Struggle). In these cases, the mean value was calculated for that measure based on the completed items, and then it was imputed for the single missing item. This procedure was not used in the therapist dataset because it included no instances in which a measure was missing a single value. Finally, missing values for stand-alone items (i.e., single-item measures and assessments) were left blank. This occurred in one case in the client dataset on the CAST (items 10 and 12) and in one case in the therapist data set on the URSIS (items 17 and 18).

Both data sets were also examined for univariate and multivariate outliers. Box plots were used to identify univariate outliers. For the client data set outliers were detected on the CAAL (Appropriateness of Religious Concerns), Appropriateness of Religious Interventions,

CAST (Preference to Discuss Religious Concerns), Neuroticism, and SEQ scales. Each outlier detected in this data set was less than three standard deviations from the mean. An examination of the 5 percent trimmed mean of each of these scales indicated that the outliers had little effect on the mean. More specifically, the scale that was impacted the most by outliers, Preference to Discuss Religious Concerns, had a mean and 5 percent trimmed mean that differed by no more than .10 (i.e. the mean changed from 1.77 to 1.67). Furthermore, according to Tabachnick and Fidell (2001), a case is not considered a potential outlier unless it exceeds a standardized score of 3.29. In addition to this guideline, there was no reason to suspect that the outliers were due to data entry errors or insincere responses; therefore, they were included in the data set (Keppel & Wickens, 2004).

For the therapist dataset outliers were detected on the Appropriateness of Religious Interventions, Appropriateness of Spiritual Interventions, Usage of Religious Interventions, Religious Commitment, and Neuroticism. All but one of the outliers in this data set were less than three standard deviations from the mean. One extreme score was identified on the Usage of Religious Interventions scale. An examination of the 5 percent trimmed mean of this scale, as well as all others, indicated that the outliers had little effect on the mean. Using the rationale cited above, it was decided that all outliers would remain in this data set.

Mahalanobis distance was used to identify potential multivariate outliers (Tabachnick and Fidell, 2001). In both the client and therapist data sets the critical chi-square value for each regression model was not exceeded, indicating that there were no multivariate outliers present. Furthermore, an examination of the residuals for each regression model identified three extreme values in the client data set and one extreme value in the therapist data set. An

examination of Cook's distance indicated that none of these residuals had an undue influence on their respective model.

Tests for normality, linearity, and homoscedasticity. Both data sets were examined in order to determine whether the eight regression models met the regression assumptions of normality, linearity, and homoscedasticity (see Cohen, Cohen, West, & Aiken, 2003, pp. 117-141). No substantial departures from linearity or residual homoscedasticity were observed for any of the regression models. Because it is impractical to test whether the assumptions of multivariate normality are met, both data sets were examined for univariate normality by dividing the skewness and kurtosis statistics for each observed variable by their respective standard error and comparing the resulting standardized scores to a critical value of 1.96 (Field & Miles, 2010).

Within the client data set, results revealed univariate normality for all measured variables except for the Preference to Discuss Religion (skewness: $z = 6.81$; kurtosis: $z = 2.49$), Preference to Discuss Spirituality (skewness: $z = 4.66$; kurtosis: $z = .80$), and RCI (skewness: $z = 5.59$; kurtosis: $z = .44$) scales. Within the therapist data set, results revealed univariate normality for all measured variables except for the Usage of Religious Interventions (skewness: $z = 4.67$; kurtosis: $z = 6.30$) and RCI (skewness: $z = 4.15$; kurtosis: $z = 1.55$) scales. Logarithmic, square root, and inverse transformations were conducted on each of these skewed variables. The logarithmic transformation was the method that resulted in the greatest reduction in skewness for each variable that failed the test of normality. In the client data set the transformation resulted in the following standardized scores: Preference to Discuss Religion (skewness: $z = 3.43$; kurtosis: $z = -2.15$), Preference to Discuss Spirituality (skewness: $z = .49$; kurtosis: $z = -2.40$), and RCI (skewness: $z = 2.45$; kurtosis: $z = -2.85$). In

the therapist data set the transformation resulted in the following standardized scores: Usage of Religious Interventions (skewness: $z = 1.78$; kurtosis: $z = 2.03$) and RCI (skewness: $z = 1.85$; kurtosis: $z = -.93$) scales.

For the client data set, examination of the residual scatterplots for the four regression models found that residuals were not normally distributed about the predicted dependent variable scores for the models predicting Preference to Discuss Religious Concerns and Preference to Discuss Spiritual Concerns. Thus, regression analyses for these two models 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.

For the therapist data set, examination of the residual scatterplots for the four regression models found that residuals were not normally distributed about the predicted dependent variable scores for all four models. Thus, regression analyses for these models were conducted once with the untransformed variables and once with the transformed variables. Again, both methods resulted in the same pattern of results. Therefore, the untransformed variables were utilized.

Group Clients

Descriptive Statistics

Means, possible scale ranges, standard deviations, and Cronbach's alphas for the main client variables (appropriateness of religious concerns, appropriateness of religious interventions, appropriateness of spiritual interventions, preference to discuss religion, preference to discuss spirituality, spirituality, religious commitment, religious struggle and

neuroticism) are presented in Table 1. A paired samples *t*-test indicated that clients were more spiritual ($M = 3.38$, $SD = 1.57$) than religious ($M = 2.00$, $SD = 1.08$), $t(162) = 16.52$, $p < .001$. Table 2 presents descriptive statistics for the individual items on the religious struggle scale. The frequency distributions on the first two items of this scale are particularly noteworthy. Over half of the clients indicated that to some extent or to a great extent they are “feeling unsettled about spiritual and religious matters” (54.3%) and “feeling disillusioned with [their] religious upbringing” (51.2%).

Independent sample *t*-tests were used in order to examine whether the beliefs and preferences of clients differed based on the geographic location of their university. Geographic region was split by placing clients attending universities in Iowa, Illinois, and North Dakota together (Midwest = 0) and grouping clients attending one of the universities located in Virginia and Delaware together (East Coast = 1). The universities located in Oregon, Tennessee, and Utah were left out of the analysis because of their small sample sizes, because they could not be adequately grouped into a single geographic area and because they are not representative of either the Midwest or East Coast. None of the tests showed a significant difference between clients from centers in the Midwest versus the East Coast.

Correlation Matrix

Table 1 also presents a correlation matrix between the main client variables and demographic variables of interest (sex, ethnicity, and religious affiliation). Because only three participants indicated “other” for sex they were excluded from the sex variable (female = 0, male = 1). Ethnicity was dichotimized by placing European Americans in one group (majority ethnicity = 0) and all other participants in a second group (minority ethnicity = 1).

Table 1

Means, Standard Deviations, Ranges, and Correlations Between the Client Variables

Measures	1	2	3	4	5	6	7	8	9	10	11
1 Relig. Concerns Appr.	—										
2 Relig. Interv. Appr.	.44**	—									
3 Spiritual Interv. Appr.	.52**	.81**	—								
4 Prefer Discuss Relig.	.26**	.57**	.39**	—							
5 Prefer Discuss Spirit.	.24**	.55**	.56**	.76**	—						
6 Spirituality	.07	.44**	.34**	.53**	.57**	—					
7 Relig. Commitment	.11	.50**	.35**	.62**	.59**	.74**	—				
8 Religious Struggle	.19*	.14	.20*	.28**	.28**	-.04	.02	—			
9 Neuroticism	.06	.08	.06	.07	.07	-.06	.02	.27**	—		
10 Maj vs Min Religion	-.18*	-.39**	-.21**	-.42**	-.27**	-.57**	-.55**	.03	-.14	—	
11 Maj vs Min Ethnicity	-.18*	.09	.00	.16*	.13	.13	.12	.00	.01	-.06	—
12 Sex	.03	.08	.06	-.07	-.08	-.10	-.05	.05	-.26**	.13	.03
<i>M</i>	4.09	3.22	4.03	1.77	2.08	3.38	2.00	1.76	3.26		
<i>SD</i>	.62	.88	.88	.94	.93	1.57	1.08	.48	.80		
Possible Range	1-5	1-6	1-6	1-5	1-5	1-6	1-5	1-3	1-5		
α	.88	.89	.85	.85	.83	.96	.95	.78	.86		

Note. $N = 160$ to 164 . Relig. Concerns Appr. = The Counseling Appropriateness Check List – Religious Concerns; Relig. Interv. Appr. = Perceived Appropriateness of Religious and Spiritual Interventions, Religious Items; Spiritual Interv. Appr. = Perceived Appropriateness of Religious and Spiritual Interventions Measure, Spiritual Items; Prefer Discuss Relig. = Client Preferences for Discussing Religion in Therapy, CAST Items 3, 5, 7; Prefer Discuss Spirit. = Client Preferences for Discussing Spirituality in Therapy, CAST Items 4, 6, 8; Spirituality = Spiritual Transcendence Inventory; Relig. Commitment = Religious Commitment Inventory–10; Maj vs Min Religion: 0 = majority religious affiliation, 1 = minority religious affiliation; Maj vs Min Ethnicity: 0 = majority ethnic origin, 1 = minority ethnic origin; Sex: 0 = female, 1 = male.

* $p < .05$. ** $p < .01$.

Table 2

Descriptive Statistics for Client Ratings of Religious Struggle Items

Item	M (SD)	% Selecting Each Rating		
		1	2	3
(1) Feeling unsettled about spiritual and religious matters.	1.60 (.59)	45.7	48.8	5.5
(2) Feeling disillusioned with my religious upbringing.	1.64 (.70)	48.8	38.4	12.8
(3) Struggled to understand evil, suffering, and death.	1.80 (.67)	34.1	51.2	14.6
(4) Felt angry with God.	1.56 (.69)	54.9	34.1	11.0
(5) Questioned your religious/spiritual beliefs.	1.98 (.77)	30.5	41.5	28.0
(6) Felt distant from God.	1.98 (.86)	37.8	26.2	36.0
(7) Disagreed with your family about religious matters.	1.76 (.75)	43.3	37.8	18.9

Note. $N = 164$. Items 1-2 (Indicate the extent to which each of the following describes you): 1 = *Not at all*, 2 = *To some extent*, 3 = *To a great extent*. Items 3-7 (Since entering college, please indicate how often you have): 1 = *Not at all*, 2 = *Occasionally*, 3 = *Frequently*.

Religious affiliation was split by grouping Protestants and Catholics together (i.e., majority religious affiliation = 0) and grouping all others together (i.e., minority religious affiliation = 1), except in the case for clients attending the university in Utah. In that sample, those who identified with Mormonism were coded as part of the majority group and all others were coded as part of the minority group.

Strong correlations were found between the following variables: appropriateness of religious interventions and appropriateness of spiritual interventions ($r = .81$), preference to discuss religion and preference to discuss spirituality ($r = .76$), and religious commitment and spirituality ($r = .74$). It was determined that multicollinearity was not a considerable problem with this data set because none of the relationships between independent variables exceeded

a Pearson's correlation of .9 (Tabachnick and Fidell, 2001), and the tolerance statistics for each independent variable entered into one of the four client regression models were within an appropriate range (i.e., greater than .1; Myers, 1990). The lowest tolerance statistic found for any of the models was .67.

Main Analyses

Client hypothesis 1: Group clients will indicate a belief that religious concerns are appropriate for discussion in group counseling. The CACL-R utilizes a Likert-type scale ranging from 1, definitely inappropriate to 5, definitely appropriate. A mean score significantly higher than the neutral score of three was deemed an indication that clients believe that religious concerns are appropriate for discussion in group counseling. As presented in Table 1, the mean score on appropriateness of discussing religious concerns (CACL-R) was 4.09 ($SD = .62$). A one-sample t test with a test value of 3 found that this average score was significantly higher than the neutral value of three, $t(163) = 22.69, p < .001$. Thus, as expected, on average clients indicated a belief 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. Items are ranked from least to most appropriate. Frequencies were tabulated for each item. All seven items were endorsed as appropriate, with "Science conflicting with my religion" receiving the lowest endorsement (59.2%) and "Confused on some moral questions" receiving the highest endorsement (95.8%).

Client hypothesis 2. Group clients will rate the use of spiritual interventions in group counseling as more appropriate than the use of religious interventions. A paired samples t test was used to test this hypothesis. As expected, clients rated the use of spiritual interventions as being more appropriate in group counseling ($M = 4.03, SD = .88$) than the

Table 3

Descriptive Statistics for Client Ratings of the Appropriateness of Discussing Religious Concerns in Counseling (CACL-R)

Item	M (SD)	% 4 +	% Selecting Each Rating				
			1	2	3	4	5
(6) Confused on some moral questions.	4.42 (.60)	95.8	0	.6	3.7	48.8	47.0
(7) Differing from my family in religious beliefs.	4.32 (.71)	90.2	.6	.6	8.5	46.3	43.9
(1) Troubled by moral values of others.	4.14 (.73)	84.7	.6	1.2	13.4	53.0	31.7
(5) Have conflicts about religion.	4.13 (.79)	84.7	.6	3.7	11.0	51.8	32.9
(3) Having beliefs that differ from my church.	4.05 (.82)	79.3	0	4.9	15.9	48.2	31.1
(4) Don't know what to believe about God.	3.98 (.94)	73.1	2.4	3.0	21.3	40.2	32.9
(2) Science conflicting with my religion.	3.62 (.98)	59.2	1.2	13.4	26.2	40.9	18.3

Note. $N = 164$. 1 = *definitely inappropriate*, 2 = *inappropriate*, 3 = *uncertain*, 4 = *appropriate*, 5 = *definitely appropriate*. Items ranked from most to least appropriate. Item numbers refer to the order they were presented to participants. % 4 + refers to the percentage of participants rating each item as 4 or 5 (indicating the item is perceived as appropriate).

use of religious interventions ($M = 3.22$, $SD = .88$), $t(160) = -19.02$, $p < .001$. The mean of 3.22 for religious interventions indicates that on average clients perceived them to be “somewhat inappropriate” in the context of group counseling, and the mean of 4.03 for spiritual interventions indicates that clients perceived them to be “somewhat appropriate” 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 four interventions most frequently endorsed as appropriate for group counseling were “bringing up the topic of spirituality” (84.2%), exploring spiritual struggles (83.5%), “bringing up the

Table 4

Descriptive Statistics for Client Ratings of the Appropriateness of the Use of Religious and Spiritual Interventions.

Item	M (SD)	% 4 +	% Selecting Each Rating					
			1	2	3	4	5	6
(1) Bringing up the topic of spirituality.	4.58 (1.19)	84.2	1.8	3.7	9.8	29.3	29.3	25.6
(22) Exploring spiritual struggles.	4.51 (1.21)	83.5	1.2	6.7	7.9	32.3	26.8	24.4
(2) Bringing up the topic of religion.	4.21 (1.36)	76.2	4.3	9.1	9.8	34.1	22.0	20.1
(14) Facilitating a group activity where group members' share their spiritual backgrounds.	4.05 (1.26)	72.5	3.0	9.8	14.6	38.4	20.1	14.0
(20) Highlighting spirituality as a source of strength.	3.91 (1.41)	65.8	6.7	10.4	16.5	31.7	19.5	14.6
(7) Using spiritual language or concepts.	3.80 (1.24)	65.2	4.3	11.6	18.3	39.0	17.7	8.5
(13) Facilitating a group activity where group members' share their religious backgrounds.	3.85 (1.29)	64.0	4.9	8.5	22.6	37.8	12.8	13.4
(3) Asking group members about their spiritual beliefs.	3.87 (1.35)	61.6	3.0	15.2	19.5	29.9	17.7	14.0
(21) Exploring religious struggles.	4.26 (1.27)	56.1	1.8	8.5	12.8	34.8	21.3	20.1
(19) Highlighting religion as a source of strength.	3.50 (1.51)	55.5	14.0	12.2	17.7	31.7	12.8	11.0
(4) Asking group members about their religious beliefs.	3.58 (1.40)	52.5	7.3	15.9	23.8	28.7	12.2	11.6
(5) Group counselors self-disclosing own spiritual beliefs.	3.52 (1.49)	51.2	11.6	14.0	22.6	25.6	14.0	11.6
(8) Using religious language or concepts.	3.23 (1.31)	45.1	11.0	18.9	24.4	32.3	7.3	5.5
(16) Conducting a guided meditation that included spiritual imagery, language, and symbols.	3.11 (1.47)	44.5	20.1	15.2	20.1	27.4	12.2	4.9
(6) Group counselors self-disclosing one's own religious beliefs.	3.30 (1.50)	43.3	14.0	16.5	25.6	23.2	9.1	11.0
(10) Having a moment of silence for personal prayer.	2.79 (1.57)	31.7	27.4	20.1	20.1	17.7	5.5	8.5
(15) Conducting a guided meditation that included religious imagery, language, and symbols.	2.37 (1.24)	17.6	31.7	24.4	26.2	12.8	3.0	1.8
(9) Reading/reciting religious scripture.	2.12 (1.28)	13.9	44.5	20.1	20.7	9.1	2.4	2.4
(11) Allowing a group member to lead in-session vocal prayer.	2.03 (1.33)	13.4	47.0	25.6	12.8	7.3	1.8	4.3
(17) Ignoring the religious aspect of a concern raised by a client.	2.08 (1.19)	11.0	42.7	23.8	22.6	6.1	3.7	1.2
(12) Leading in-session vocal prayer.	1.88 (1.27)	10.4	53.7	22.6	12.2	4.9	1.8	3.7
(18) Ignoring the spiritual aspect of a concern raised by a client.	1.95 (1.13)	9.1	47.0	24.4	19.5	6.1	1.8	1.2

Note. N = 162 to 164. 1 = *completely inappropriate*, 2 = *mostly inappropriate*, 3 = *somewhat inappropriate*, 4 = *somewhat appropriate*, 5 = *most appropriate*, 6 = *completely appropriate*. Items ranked from most to least appropriate. Item numbers refer to the order they were presented to participants. % 4 + refers to the percentage of participants rating each item as 4, 5, or 6 (indicating the item is perceived as at least somewhat appropriate). Percentages do not add up to 100 on all items due to missing data. Items # 17 and 18 were reversed prior to summing the items for the appropriateness of religious and spiritual intervention measures.

topic of religion” (76.2%), and “facilitating a group activity where group members share their spiritual backgrounds” (72.5%). The four interventions most frequently endorsed as inappropriate were “ignoring the spiritual aspect of a concern raised by a client” (90.9%), “leading in-session vocal prayer” (88.5%), “ignoring the religious aspect of a concern raised by a client” (89.1%) and “allowing a group member to lead in-session vocal prayer” (85.4%).

Client hypothesis 3: Group clients will report a greater preference to discuss spiritual concerns than religious concerns. A paired-samples *t* test was conducted to test this hypothesis. As expected, clients, on average, had a greater preference to discuss spiritual concerns ($M = 2.08, SD = .93$) as compared to religious concerns ($M = 1.77, SD = .94$), $t(162) = -6.22, p < .001$. Additionally, frequencies at the item level of the CAST were also examined (see Table 5). Over half of the clients indicated a preference to discuss both religious (51.7%) and spiritual issues (73.2%) in group counseling. Furthermore, at least half of the clients indicated that discussing religion (48.7%) and spirituality (66.5%) is at least somewhat important to resolving the concerns that brought them into counseling. A smaller percentage of clients indicated that religion (24.4%) and spirituality (41.5%) are at least somewhat related to the most important problem that brought them to counseling. Also, the majority of clients endorsed a belief that their group co-leaders are at least somewhat willing to discuss both religious (91.4%) and spiritual issues (94%). Furthermore, the majority of clients also endorsed a belief that their fellow group members are at least somewhat willing to discuss both religious (90.8%) and spiritual issues (90.8%).

Open-ended Responses. In order to understand why clients may or may not want to discuss religious and spiritual issues with their group, participants were asked to complete

Table 5

Descriptive Statistics for Client Attitudes toward Spirituality in Therapy (CAST)

Item	M (SD)	% Selecting Each Rating				
		1	2	3	4	5
(1) In general, how important do you believe discussion of <i>religious</i> issues is to group counseling?	2.06 (.99)	33.5	37.2	20.1	6.7	1.8
(2) In general, how important do you believe discussion of <i>spiritual</i> issues is to group counseling?	2.61 (1.09)	15.9	32.9	29.9	15.9	4.9
(3) In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss <i>religious</i> issues with your group?	1.99 (1.24)	50.6	19.5	14.6	9.1	5.5
(4) In order to resolve the concerns that bring you into counseling, how important will it be for you to be able to discuss <i>spiritual</i> issues with your group?	2.26 (1.19)	32.9	29.9	20.1	11.0	5.5
(5) To what degree would you like to discuss <i>religious</i> issues with your group?	1.88 (1.05)	47.6	28.0	14.6	6.7	2.4
(6) To what degree would you like to discuss <i>spiritual</i> issues with your group?	2.36 (1.14)	26.2	33.5	22.0	13.4	4.3
(7) To what degree is the most important problem that brought you to counseling related to <i>religion</i> ?	1.45 (.90)	75.0	11.0	7.9	4.3	1.2
(8) To what degree is the most important problem that brought you to counseling related to <i>spirituality</i> ?	1.64 (.88)	57.9	24.4	12.2	4.9	0.0
(9) How willing do you believe your group co-leaders are to discuss <i>religious</i> issues with you?	3.20 (1.15)	7.9	20.7	27.4	30.5	12.8
(10) How willing do you believe your group co-leaders are to discuss <i>spiritual</i> issues with you?	3.37 (1.06)	4.9	15.9	29.3	35.4	13.4
(11) How willing do you believe the other members of your group are to discuss <i>religious</i> issues?	2.71 (.93)	8.5	32.9	39.0	16.5	2.4
(12) How willing do you believe the other members of your group are to discuss <i>spiritual</i> issues?	2.87 (.93)	7.9	23.2	43.9	21.3	2.4

Note. $N = 162$ to 163 . Items 1-4 utilized the following anchors: 1 = *not at all*, 2 = *somewhat*, 3 = *moderately*, 4 = *very much*, 5 = *extremely*. Percentages for all items do not add up to 100 due to missing data.

two 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.”

Participant responses to these questions are included in Appendix K. The responses were coded into themes. In the first step of the coding process 11 themes emerged in response to the question pertaining to why clients may want to discuss religious and/or spiritual issues with their group, eight 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 six themes for the first question and five themes for the second question. Tables 6 and 7 present the overarching themes that emerged from the client responses. The most frequent theme that emerged from the first question was that clients want to discuss religious and spiritual issues with their group because these issues are an important part of their lives and they view religion and spirituality as a source of strength. The most frequent theme that emerged from the second question was that clients do not want to discuss religious and spiritual issues with their group because they are worried about disrupting group cohesion.

Client hypothesis 4: Religious commitment, religious struggle, religious majority affiliation, ethnic minority affiliation, and being female will be positively associated with appropriateness of religious interventions, appropriateness of spiritual interventions, preferences regarding discussion of religious issues, and preferences regarding discussion of spiritual issues. Neuroticism will be negatively associated with these dependent variables. Four separate simultaneous multiple regressions were conducted to test this hypothesis. In order to determine which variables predict client ratings of the

Table 6

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

Theme/Category	Example	% of Comments (frequency)
1. R/S issues are an important part of life/source of strength.	"My religious and spiritual beliefs are the core of who I am. I can't address any issues or fix them without keeping these beliefs central."	43% (31)
2. R/S issues are related to presenting concerns.	"I've been feeling anxiety about death and the meaning of life for a little while now and I am not sure why. I want to bring this up but I am not sure if it is appropriate to talk about, and I don't know how to bring it up into conversation."	19% (14)
3. Confusion about R/S.	"I went through a 'crisis of faith' so to speak and I don't know what it is I believe really."	19% (14)
4. Belief that counseling should be a safe place to discuss R/S issues.	"I think talking through ultimate truths as well as searching for identity is fundamental to therapy. Everyone is going to have a different religious/spiritual perspective but that may give very real answers to why they feel a certain way. Therapy should be a safe environment that people can talk about those feelings without being judged."	19% (14)
5. Altruistic desire to help others for whom R/S issues are relevant.	"I'm an atheist so I don't have religious / spiritual issues. However, if it is important for the group, I am open to discuss the subject, even if the others have different beliefs."	11% (8)
6. R/S differences create tension with others.	"My family is very religious and sometimes I get annoyed with them over that. Also I believe in God but I feel disconnected from him and my family."	7% (5)

Note. $N = 72$ comments. Percentages were calculated by dividing the frequency of comments in each theme by the total number of comments. Percentages for all themes do not add up to 100 because some comments contained more than one reason.

Table 7

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

Theme/Category	Example	% of Comments (frequency)
1. Worried about disrupting group cohesion.	"I think that they can be very touchy subjects and people get offended easily. I think it is easier to discuss these topics in individual counseling."	37% (37)
2. Irrelevant to presenting concerns.	"I am a spiritual person, but it's not something that I have a problem with in my life. I don't think it is something I would like to spend my time in group discussing. There are much more important things to talk about in my opinion."	26% (23)
3. Issues are not important part of my life.	"I hold no real spiritual or religious beliefs so I feel like a discussion about it would not benefit me."	23% (21)
4. Fear of judgment from group members and/or therapists.	"I would rather not because I don't believe that either my group leaders or group members would understand my religious perspective and would tend to be judgmental and condescending of my chosen religion as it is not mainstream."	12% (11)
5. Religion and spirituality are a private part of my life.	"These matters are extremely personal and most don't understand various religious values and to begin to explain these things is very complicated."	11% (10)

Note. $N = 90$ comments. Percentages were calculated by dividing the frequency of comments in each *theme* by the total number of comments. Percentages do not equal 100 because some comments contained more than one reason.

appropriateness of religious and spiritual interventions and client preferences regarding discussion of religious and spiritual issues the following variables were entered into the four regression models as predictor variables: sex, religious affiliation, ethnic affiliation, religious struggle, religious commitment, and neuroticism.

The first two regression analyses predicted client ratings of the appropriateness of religious interventions and spiritual interventions, respectively. As presented in Table 8, the model predicting client ratings of the appropriateness of the use of religious interventions was significant ($R^2 = .30$, $F(6, 151) = 10.81$, $p < .001$, 95% CI [.19, .41]).

Table 8

Summary of Simultaneous Linear Multiple Regression Analysis for Variables Predicting Client Ratings of the Appropriateness of the Use of Religious and Spiritual Interventions

Predictor	<u>Religious Interventions</u>				<u>Spiritual Interventions</u>			
	R^2	B	$SE B$	β	R^2	B	$SE B$	β
	.30**				.16**			
Sex		.28	.15	.13		.15	.17	.07
Maj vs Min Religion		-.34	.15	-.18*		-.10	.17	-.06
Maj vs Min Ethnicity		.06	.15	.03		-.08	.16	-.04
Religious Struggle		.23	.13	.12		.34	.15	.18*
Religious Commitment		.33	.07	.40**		.26	.07	.32**
Neuroticism		.05	.08	.05		.01	.09	.01

Note. $N = 161$ to 164 .

* $p < .05$. ** $p < .01$.

As expected, higher client ratings of the appropriateness of the use of religious interventions were predicted by greater scores on religious commitment ($\beta = .40, p < .001$) and by majority religious affiliation ($\beta = -.18, p = .03$); however, counter to expectations, sex, ethnic affiliation, religious struggle, and neuroticism were not significant predictors.

In the second simultaneous multiple regression analysis, client ratings of the appropriateness of the use of spiritual interventions was entered as the criterion variable. As presented in Table 8, the model was significant ($R^2 = .16, F(6, 151) = 4.89, p < .001, 95\% \text{ CI } [.06, .26]$). As expected, greater religious commitment ($\beta = .32, p < .001$) and greater religious struggle ($\beta = .18, p = .02$) predicted higher client ratings of the appropriateness of the use of spiritual interventions; however, counter to expectations, sex, ethnic affiliation, religious affiliation, and neuroticism were not significant predictors.

The third and fourth regression analyses predicted client preferences to discuss religious and spiritual issues, respectively. First, client preferences regarding discussion of religious issues were examined. As presented in Table 9, the model was significant ($R^2 = .48, F(6, 153) = 23.25, p < .001, 95\% \text{ CI } [.37, .59]$). As expected, greater scores on religious commitment ($\beta = .53, p < .001$) and religious struggle ($\beta = .29, p < .001$) predicted higher client preferences to discuss religious issues; however, counter to expectations, sex, ethnic affiliation, religious affiliation, and neuroticism were not significant predictors.

In the fourth simultaneous multiple regression analysis, client preferences regarding discussion of spiritual issues was entered as the criterion variable. As presented in Table 9, the model was significant ($R^2 = .43, F(6, 153) = 19.17, p < .001, 95\% \text{ CI } [.32, .54]$).

Table 9

Summary of Simultaneous Linear Multiple Regression Analysis for Variables Predicting Client Preferences to Discuss Religious and Spiritual Issues

Predictor	<u>Religious Issues</u>				<u>Spiritual Issues</u>			
	R^2	B	$SE B$	β	R^2	B	$SE B$	β
Predictor	.48**				.43**			
Sex		-.14	.14	-.06		-.18	.14	-.08
Maj vs Min Religion		-.26	.14	-.13		.11	.15	.06
Maj vs Min Ethnicity		.21	.14	.09		.15	.14	.06
Religious Struggle		.58	.12	.29**		.54	.13	.28**
Religious Commitment		.46	.06	.53**		.52	.06	.60**
Neuroticism		-.07	.08	-.06		-.04	.08	-.04

Note. $N = 161$ to 164 .

* $p < .05$. ** $p < .01$.

As expected, greater scores on religious commitment ($\beta = .60, p < .001$) and religious struggle ($\beta = .28, p < .001$) predicted higher client preferences to discuss spiritual issues; however, counter to expectations, sex, ethnic affiliation, religious affiliation, and neuroticism were not significant predictors.

Client hypothesis 5: In the experimental portion of the study, clients reading the description of the spiritual concern will evaluate the session and the therapist in the vignette as more favorable than those reading the religious concern. In addition, clients reading the therapists approach condition will evaluate the session and the therapist in the vignette as more favorable than those reading the therapists avoidance condition.

Finally, an interaction between the factors will occur such that clients reading the therapists approach condition for the spiritual concern will rate the session and therapist as more favorable than clients in the other conditions. To test this hypothesis, two 2 (religious or spiritual concern) x 2 (therapist approach or avoid) analyses of variance were conducted, one for each of the main dependent variables (session evaluation and therapist evaluation). In both cases, neither the main effects nor the interaction effects were significant. In other words, there were no differences in session or therapist evaluation as a result of the different conditions. Finally, in keeping with the exploratory nature of this study, a series of 2 x 2 ANOVAs were conducted on each of 18 specific behavioral responses clients might have had if they had been present in the session they just read (e.g., remain quiet and simply listen to the other members). To control for inflated family-wise error the alpha was set at .003 (.05/18). No main effects or interactions were detected for any of the individual items.

Group Therapists

Descriptive Statistics

Means, possible scale ranges, standard deviations, and Cronbach's alphas for the main therapist variables (i.e., appropriateness of religious concerns, appropriateness of religious interventions, appropriateness of spiritual interventions, usage of religious interventions, usage of spiritual interventions, spirituality, religious commitment, religious struggle and neuroticism) are presented in Table 10. Similar to their group clients, therapists were more spiritual ($M = 3.69$, $SD = 1.33$) than religious ($M = 1.95$, $SD = 1.04$), $t(53) = 9.01$, $p < .001$. To check to see whether therapists completing the study were especially interested in the topic of religion and spirituality in counseling, therapists' self-report was assessed.

Table 10

Means, Standard Deviations, Ranges, and Correlations Between the Therapist Variables

Measures	1	2	3	4	5	6	7	8	9	10
1 Relig. Concerns Appr.	—									
2 Relig. Interv. Appr.	.19	—								
3 Spiritual Interv. Appr.	.19	.77**	—							
4 Relig. Interv. Usage	-.05	.49**	.22	—						
5 Spiritual Interv. Usage	.10	.36**	.26	.84**	—					
6 Spirituality	-.11	.02	.07	.01	.06	—				
7 Relig. Commitment	-.01	.04	.07	.10	.08	.70**	—			
8 Neuroticism	-.12	.10	.35*	.14	.15	.01	-.17	—		
9 Age	.07	-.33*	-.31*	-.13	-.03	.14	.38**	-.22	—	
10 Rel./Spir. Interest	.03	.31*	.39**	.18	.25	.49**	.54**	.09	.30*	—
11 Sex	-.10	.14	-.04	.23	.15	-.14	.03	-.21	.29*	.05
<i>M</i>	4.53	3.35	4.43	2.12	2.84	3.69	1.95	2.03		
<i>SD</i>	.43	.58	.58	.48	.57	1.33	1.04	.62		
Possible Range	1-5	1-6	1-6	1-6	1-6	1-6	1-5	1-5		
α	.83	.82	.78	.85	.81	.95	.95	.86		

Note. $N = 51$ to 54 . Relig. Concerns Appr. = The Counseling Appropriateness Check List – Religious Concerns; Relig. Interv. Appr. = Perceived Appropriateness of Religious and Spiritual Interventions, Religious Items; Spiritual Interv. Appr. = Perceived Appropriateness of Religious and Spiritual Interventions Measure, Spiritual Items; Relig. Interv. Usage = Usage of Religious and Spiritual Interventions, Religious Items; Spiritual Interv. Usage = Usage of Religious and Spiritual Interventions Measure, Spiritual Items; Spirituality = Spiritual Transcendence Inventory; Relig. Commitment = Religious Commitment Inventory–10; Rel./Spir. Interest = Extent to which therapists are interested in religious and spiritual issues in therapy, 5-point Likert-type scale (1 = *not at all interested* and 5 = *extremely interested*); Sex: 0 = female, 1 = male.

* $p < .05$. ** $p < .01$.

Therapist interest in the topic of spirituality/religion and therapy was normally distributed about the average rating for this item (“not at all interested,” $n = 4$ [7.4%]; “a little interested,” $n = 13$ [24.1%]; “moderately interested,” $n = 21$ [38.9%]; “very interested,” $n = 11$ [20.4]; “extremely interested,” $n = 3$; no response, $n = 2$ [3.7%]). This indicates that therapists represented a wide spectrum of interest in this topic and therapists who were not interested participated about as much as those who were interested in this topic.

Correlation Matrix

Table 10 also presents a correlation matrix between the main therapist variables and demographic variables of interest (age, sex, and interest in religion/spirituality in therapy). Strong correlations were found between the following variables: usage of religious interventions and usage of spiritual interventions ($r = .84$), appropriateness of religious interventions and appropriateness of spiritual interventions ($r = .77$), and religious commitment and spirituality ($r = .70$). It was determined that multicollinearity was not a considerable problem with this data set because none of the relationships between independent variables exceeded a Pearson’s correlation of .9 (Tabachnick and Fidell, 2001), and the tolerance statistics for each independent variable entered into one of the five therapist regression models were within an appropriate range (i.e., tolerance greater than .1; Myers, 1990). The lowest tolerance statistic found for any of the models was .58.

Main Analyses

Therapist hypothesis 1: Group therapists will indicate a belief that religious concerns are appropriate for discussion in group counseling. The CACL-R utilizes a Likert-type scale ranging from 1, definitely inappropriate, to 5, definitely appropriate. A

mean score significantly higher than the neutral score of three was deemed an indication that clients believe that religious concerns are appropriate for discussion in group counseling. As presented in Table 10, the mean score on appropriateness of discussing religious concerns (CACL-R) was 4.53 ($SD = .43$). A one-sample t test indicated that this average score was significantly higher than the neutral value of three, $t(53) = 26.27, p < .001$. Thus, as expected, on average therapists believe that religious concerns are an appropriate topic of discussion for group counseling. Table 11 presents descriptive statistics for the individual items on the CACL-R. Items are ranked from least to most appropriate.

Table 11

Descriptive Statistics for Therapist Ratings of the Appropriateness of Discussing Religious Concerns in Counseling (CACL-R)

Item	M (SD)	% 4 +	% Selecting Each Rating				
			1	2	3	4	5
(7) Differing from my family in religious beliefs.	4.85 (.36)	100	0.0	0.0	0.0	14.8	85.2
(3) Having beliefs that differ from my church.	4.74 (.44)	100	0.0	0.0	0.0	25.9	74.1
(6) Confused on some moral questions.	4.67 (.55)	96.3	0.0	0.0	3.7	25.9	70.4
(5) Have conflicts about religion.	4.61 (.56)	96.3	0.0	0.0	3.7	31.5	64.8
(4) Don't know what to believe about God.	4.44 (.63)	92.6	0.0	0.0	7.4	40.7	51.9
(1) Troubled by moral values of others.	4.31 (.72)	88.8	0.0	1.9	9.3	44.4	44.4
(2) Science conflicting with my religion.	4.09 (.85)	75.9	0.0	3.7	20.4	38.9	37.0

Note. $N = 54$. 1 = definitely inappropriate, 2 = inappropriate, 3 = uncertain, 4 = appropriate, 5 = definitely appropriate. Items ranked from most to least appropriate. Item numbers refer to the order they were presented to participants. % 4 + refers to the percentage of participants rating each item as 4 or 5 (indicating the item is perceived as appropriate).

Frequencies were tabulated for each item. All seven items were endorsed as appropriate, with “Science conflicting with my religion” receiving the lowest endorsement (75.9%) and “Differing from my family in religious beliefs” receiving the highest endorsement (100%).

Therapist hypothesis 2. Group therapists will rate spiritual interventions as more appropriate than religious interventions. As expected, a paired samples *t* test indicated that therapists rated the appropriateness of spiritual interventions ($M = 4.43$, $SD = .58$) significantly higher than the appropriateness of religious interventions ($M = 3.35$, $SD = .58$) $t(53) = -20.12$, $p < .001$. Table 12 presents descriptive statistics for each item on the measure of appropriateness of religious and spiritual interventions. Frequencies were tabulated for each item. The four interventions most frequently endorsed as appropriate for group counseling were “exploring spiritual struggles” (100%), “exploring religious struggles” (98.1%), “highlighting spirituality as a source of strength” (94.4%), and “bringing up the topic of spirituality” (92.6%). The four interventions most frequently endorsed as inappropriate were “ignoring the spiritual aspect of a concern raised by a client” (100%), “ignoring the religious aspect of a concern raised by a client” (100%), “leading in-session vocal prayer” (96.4%), and “reading/reciting religious scripture” (92.6%).

Therapist hypothesis 3: Group therapist rated usage of spiritual interventions will be higher than their rated usage of religious interventions. A paired-samples *t* test was conducted to test this hypothesis. As expected, therapist usage of spiritual interventions, on average, was significantly higher ($M = 2.84$, $SD = .57$) than their usage of religious interventions ($M = 2.12$, $SD = .48$); $t(52) = 16.76$, $p < .001$.

Table 13 presents descriptive statistics for each item on the measure of usage of religious and spiritual interventions. Frequencies were tabulated for each item. The four

Table 12

Descriptive Statistics for Therapist Ratings of the Appropriateness of the Use of Religious and Spiritual Interventions

Item	M (SD)	% 4 +	% Selecting Each Rating					
			1	2	3	4	5	6
(22) Exploring spiritual struggles.	5.31 (.72)	100.0	0.0	0.0	0.0	14.8	38.9	46.3
(21) Exploring religious struggles.	5.20 (.81)	98.1	0.0	0.0	1.9	18.5	37.0	42.6
(20) Highlighting spirituality as a source of strength.	4.96 (1.03)	94.4	0.0	3.7	1.9	25.9	31.5	37.0
(1) Bringing up the topic of spirituality.	5.06 (1.04)	92.6	0.0	3.7	3.7	16.7	35.2	40.7
(19) Highlighting religion as a source of strength.	4.70 (1.30)	88.9	3.7	3.7	3.7	31.5	22.2	35.2
(2) Bringing up the topic of religion.	4.56 (1.13)	85.1	1.9	0.0	13.0	37.0	22.2	25.9
(14) Facilitating a group activity where group members' share their spiritual backgrounds.	4.30 (.94)	85.1	0.0	3.7	11.1	48.1	25.9	11.1
(7) Using spiritual language or concepts.	4.09 (.78)	83.4	0.0	3.7	13.0	55.6	25.9	1.9
(3) Asking group members about their spiritual beliefs.	4.26 (1.2)	79.7	1.9	7.4	11.1	38.9	24.1	16.7
(13) Facilitating a group activity where group members' share their religious backgrounds.	3.98 (1.19)	74.0	3.7	9.3	13.0	40.7	25.9	7.4
(4) Asking group members about their religious beliefs.	3.91 (1.19)	63.0	1.9	7.4	27.8	37.0	13.0	13.0
(5) Group counselors self-disclosing own spiritual beliefs.	3.19 (1.07)	51.8	7.4	22.2	18.5	48.1	3.7	0.0
(16) Conducting a guided meditation that included spiritual imagery, language, and symbols.	3.31 (1.03)	48.2	5.6	14.8	31.5	38.9	9.3	0.0
(6) Group counselors self-disclosing one's own religious beliefs.	2.96 (1.05)	38.9	9.3	25.9	25.9	37.0	1.9	0.0
(8) Using religious language or concepts.	3.11 (1.09)	33.4	5.6	24.1	37.0	20.4	13.0	0.0
(10) Having a moment of silence for personal prayer.	2.31 (1.13)	18.5	25.9	38.9	16.7	14.8	3.7	0.0
(15) Conducting a guided meditation that included religious imagery, language, and symbols.	2.35 (1.01)	11.2	24.1	29.6	35.2	9.3	1.9	0.0
(11) Allowing a group member to lead in-session vocal prayer.	1.80 (.96)	9.3	48.1	33.3	9.3	9.3	0.0	0.0
(9) Reading/reciting religious scripture.	1.94 (.89)	7.4	35.2	44.4	13.0	7.4	0.0	0.0
(12) Leading in-session vocal prayer.	1.39 (.76)	3.7	74.1	16.7	5.6	3.7	0.0	0.0
(17) Ignoring the religious aspect of a concern raised by a client.	1.61 (.69)	0.0	50.0	38.9	11.1	0.0	0.0	0.0
(18) Ignoring the spiritual aspect of a concern raised by a client.	1.59 (.66)	0.0	50.0	40.7	9.3	0.0	0.0	0.0

Note. $N = 54$. 1 = *completely inappropriate*, 2 = *mostly inappropriate*, 3 = *somewhat inappropriate*, 4 = *somewhat appropriate*, 5 = *mostly appropriate*, 6 = *completely appropriate*. Items ranked from most to least appropriate. Item numbers refer to the order they were presented to participants. % 4 + refers to the percentage of participants rating each item as 4, 5, or 6 (indicating the item is perceived as at least somewhat appropriate). Percentages do not add up to 100 on all items due to missing data. Items # 17 and 18 were reversed prior to summing the items for the appropriateness of religious and spiritual intervention measures.

Table 13

Descriptive Statistics for Therapist Ratings of the Usage of Religious and Spiritual Interventions

Item	M (SD)	% 3 +	% Selecting Each Rating					
			1	2	3	4	5	6
(20) Highlighting spirituality as a source of strength.	3.57 (.88)	94.4	0.0	5.6	48.1	33.3	9.3	3.7
(22) Exploring spiritual struggles.	3.39 (1.04)	81.5	0.0	18.5	42.6	24.1	11.1	3.7
(21) Exploring religious struggles.	3.31 (1.01)	79.6	0.0	20.4	42.6	25.9	7.4	3.7
(19) Highlighting religion as a source of strength.	3.20 (1.02)	79.6	3.7	16.7	46.3	25.9	3.7	3.7
(7) Using spiritual language or concepts.	2.78 (.77)	63.0	1.9	35.2	48.1	13.0	1.9	0.0
(1) Bringing up the topic of spirituality.	2.78 (1.00)	57.5	7.4	35.2	35.2	16.7	5.6	0.0
(2) Bringing up the topic of religion.	2.52 (1.04)	51.8	18.5	29.6	37.0	11.1	3.7	0.0
(3) Asking group members about their spiritual beliefs.	2.50 (.93)	50.0	13.0	37.0	40.7	5.6	3.7	0.0
(4) Asking group members about their religious beliefs.	2.22 (1.00)	33.4	24.1	42.6	24.1	5.6	3.7	0.0
(14) Facilitating a group activity where group members' share their spiritual backgrounds.	1.96 (.99)	29.7	40.7	29.6	24.1	3.7	1.9	0.0
(8) Using religious language or concepts.	2.02 (.84)	24.1	27.8	48.1	18.5	5.6	0.0	0.0
(13) Facilitating a group activity where group members' share their religious backgrounds.	1.81 (.99)	24.1	50.0	25.9	18.5	3.7	1.9	0.0
(16) Conducting a guided meditation that included spiritual imagery, language, and symbols.	1.63 (.96)	16.7	61.1	22.2	11.1	3.7	1.9	0.0
(17) Ignoring the religious aspect of a concern raised by a client.	1.77 (.87)	14.9	42.6	40.7	11.1	1.9	1.9	0.0
(5) Group counselors self-disclosing own spiritual beliefs.	1.72 (.71)	14.8	42.6	42.6	14.8	0.0	0.0	0.0
(18) Ignoring the spiritual aspect of a concern raised by a client.	1.72 (.74)	13.0	42.6	42.6	11.1	1.9	0.0	0.0
(6) Group counselors self-disclosing one's own religious beliefs.	1.56 (.69)	11.1	55.6	33.3	11.1	0.0	0.0	0.0
(11) Allowing a group member to lead in-session vocal prayer.	1.11 (.50)	3.8	94.4	1.9	1.9	1.9	0.0	0.0
(15) Conducting a guided meditation that included religious imagery, language, and symbols.	1.20 (.49)	3.7	83.3	13.0	3.7	0.0	0.0	0.0
(10) Having a moment of silence for personal prayer.	1.19 (.62)	3.7	88.9	7.4	3.7	0.0	0.0	0.0
(9) Reading/reciting religious scripture.	1.15 (.45)	3.7	88.9	7.4	3.7	0.0	0.0	0.0
(12) Leading in-session vocal prayer.	1.09 (.40)	3.7	94.4	1.9	3.7	0.0	0.0	0.0

Note. $N = 53$. 1 = *never*, 2 = *rarely*, 3 = *occasionally*, 4 = *usually*, 5 = *almost always*, 6 = *always*. Items ranked from most to least used. Item numbers refer to the order they were presented to participants. % 3 + refers to the percentage of participants rating each item as 3, 4, 5 or 6 (indicating the intervention is used at least occasionally or more). Percentages do not add up to 100 on all items due to missing data. Items # 17 and 18 were reversed prior to summing the items for the usage of religious and spiritual intervention measures.

interventions most frequently endorsed as used at least occasionally were “highlighting spirituality as a source of strength” (94.4%), “exploring spiritual struggles” (81.5%), “exploring religious struggles” (79.6%), and “highlighting religion as a source of strength” (79.6%). The four interventions most frequently endorsed as rarely or never used were “leading in-session vocal prayer” (96.3%), “reading/reciting religious scripture” (96.3%), “having a moment of silence for personal prayer” (96.3%), and “conducting a guided meditation that included religious imagery, language and symbols” (96.3%).

Therapist hypothesis 4: Being female, interest in religion and spirituality in therapy, and religious commitment will be positively associated with appropriateness of religious interventions, appropriateness of spiritual interventions, usage of religious interventions, and usage of spiritual interventions. Age and neuroticism will be negatively associated with these dependent variables. Four separate simultaneous multiple regressions were conducted to test this hypothesis. In order to determine which variables predict therapist ratings of the appropriateness of religious and spiritual interventions and therapist usage of religious and spiritual interventions the following variables were entered into the four regression models as predictor variables: age, sex, interest in religion and spirituality in therapy, religious commitment, and neuroticism.

As presented in Table 14, the model predicting therapist ratings of the appropriateness of the use of religious interventions was significant ($R^2 = .35$, $F(5, 46) = 5.01$, $p = .001$, 95% CI [.16, .54]). As expected, higher therapist ratings of the appropriateness of the use of religious interventions were predicted by younger ages ($\beta = -.53$, $p < .001$) and greater interest in religion and spirituality in therapy ($\beta = .48$, $p = .003$);

Table 14

Summary of Simultaneous Linear Multiple Regression Analysis for Variables Predicting Therapist Ratings of the Appropriateness of the Use of Religious and Spiritual Interventions

Predictor	<u>Religious Interventions</u>				<u>Spiritual Interventions</u>			
	R^2	B	SE	β	R^2	B	SE	β
	.35**				.40**			
Age		-.03	.01	-.53**		-.02	.01	-.43**
Sex		.36	.17	.27*		.14	.16	.10
R/S Interest		.28	.09	.48**		.29	.08	.51**
Religious Commitment		-.02	.09	-.04		-.02	.08	-.03
Neuroticism		-.01	.12	-.01		.21	.12	.23

Note. $N = 52$ to 54 .

* $p < .05$. ** $p < .01$.

however, counter to expectations, being male ($\beta = .27, p = .04$) was identified as a significant predictor variable in this model. The results of this analysis did not support the expectation that religious commitment and neuroticism would be associated with therapist ratings of the appropriateness of the use of religious interventions.

In the second simultaneous multiple regression analysis, therapist ratings of the appropriateness of the use of spiritual interventions was entered as the criterion variable. As presented in Table 14, the model was significant ($R^2 = .40, F(5, 46) = 6.10, p < .001, 95\% \text{ CI} [.22, .58]$). As expected, higher therapist ratings of the appropriateness of the use of spiritual interventions were predicted by younger ages ($\beta = -.43, p = .002$) and greater interest in

religion and spirituality in therapy ($\beta = .51, p = .001$); however, the results of this analysis did not support the expectation that being female, religious commitment, and neuroticism would be associated with therapist ratings of the appropriateness of the use of religious interventions.

In the third simultaneous multiple regression analysis, therapist usage of religious interventions was entered as the criterion variable. As presented in Table 15, the model was not significant ($R^2 = .18, F(5, 45) = 1.95, p = .105, 95\% \text{ CI } [.01, .35]$). Therefore, the results of this analysis did not support the expectation that being female, interest in religion and spirituality in therapy, and religious commitment would be positively associated with usage of religious interventions. Nor did it support the expectation that age and neuroticism would be negatively associated with therapist usage of religious interventions.

In the fourth simultaneous multiple regression analysis, therapist usage of spiritual interventions was entered as the criterion variable. As presented in Table 15, the model was not significant ($R^2 = .13, F(5, 45) = 1.29, p = .286, 95\% \text{ CI } [.00, .28]$). Therefore, the results of this analysis did not support the expectation that being female, interest in religion and spirituality in therapy, and religious commitment would be positively associated with usage of spiritual interventions. Nor did it support the expectation that age and neuroticism would be negatively associated with therapist usage of spiritual interventions.

Therapist hypothesis 5: In the experimental portion of the study, there will be a main effect for type of concern, wherein, therapists reading the spiritual concern condition would indicate that they would respond by engaging in approaching behaviors significantly more than those therapists reading a vignette containing a religious concern. Independent sample t tests were used to test this hypothesis. In keeping

Table 15

Summary of Simultaneous Linear Multiple Regression Analysis for Variables Predicting Therapist Ratings of the Usage of Religious and Spiritual Interventions

Predictor	<u>Religious Interventions</u>				<u>Spiritual Interventions</u>			
	R^2	B	$SE B$	β	R^2	B	$SE B$	β
	.18				.13			
Age		-.01	.01	-.29		-.01	.01	-.14
Sex		.37	.16	.33		.26	.19	.20
R/S Interest		.07	.08	.16		.16	.10	.29
Religious Commitment		.06	.08	.14		-.01	.10	-.02
Neuroticism		.12	.11	.16		.12	.14	.13

Note. $N = 52$ to 54 .

* $p < .05$. ** $p < .01$.

with the exploratory nature of this study, the 18 behavioral response items therapists rated after reading the group counseling vignette were used as 18 separate dependent variables to examine whether or not therapists' behavioral responses significantly differed as a result of which client presenting concern condition (i.e., religious or spiritual) they had been randomly assigned. To control for inflated family-wise error the alpha was set at .003 (.05/18). On all 18 items differences were not significant.

A empirical comparison between the client and therapist hypotheses is beyond the scope of this study. However, it is worth noting that the results from each sample were similar. See Table 16 for a side-by-side comparison.

Table 16

Summary Table of Hypotheses and Results for Clients and Therapists

Research Question	Hypothesis	Client Results	Therapist Results
1. Are R/S issues appropriate for discussion on group counseling?	It was expected that the majority of clients and therapists would indicate a belief that R/S issues are appropriate for group.	Hypothesis supported. CACL-R: $M = 4.09 (.62)$ $t(163) = 22.69, p < .001.$	Hypothesis supported. CACL-R: $M = 4.53 (.43)$ $t(53) = 26.27, p < .001$
2. Are religious and spiritual interventions perceived differently in terms of appropriateness for group counseling?	It was expected that the majority of clients and therapists would rate spiritual interventions as more appropriate than religious interventions.	Hypothesis supported. Spiritual: $M = 4.03 (.88)$ Religious: $M = 3.22 (.88)$ $t(160) = -19.02, p < .001$	Hypothesis supported. Spiritual: $M = 4.43 (.58)$ Religious: $M = 3.35 (.58)$ $t(53) = -20.12, p < .001$
3. Do clients differ in their preference to discuss R/S issues? Do therapists differ in their usage of R/S interventions?	It was expected that group clients would report a greater preference to discuss spiritual issues than religious issues. It was expected that therapists would report more frequent usage of spiritual interventions than religious interventions in group counseling.	Hypothesis supported. Spiritual: $M = 2.08 (.93)$ Religious: $M = 1.77 (.94)$ $t(162) = -6.22, p < .001$	Hypothesis supported. Spiritual: $M = 2.84 (.57)$ Religious: $M = 2.12 (.48)$ $t(52) = 16.76, p < .001$
4. Which variables predict client beliefs and preferences and therapist beliefs and practices?	Religious commitment, religious struggle, religious majority affiliation, ethnic majority affiliation, and being female were expected to be positively associated with client beliefs and preferences. Neuroticism was expected to be negatively associated. Religious commitment, being female, and level of interest in R/S issues were expected to be positively associated with therapist beliefs and practices. Age and neuroticism were expected to be negatively associated.	Hypothesis partially supported. Religious Interventions: Majority Ethnic Affiliation (+) & Religious Commit. (+) Spiritual Interventions: Religious Commit. (+) & Religious Struggle (+) Discuss Religious and Spiritual Issues: Religious Commit. (+) & Religious Struggle (+)	Hypothesis partially supported. Religious Interventions, Appropriateness: age (-), sex (+), R/S Interest (+) Spiritual Interventions, Appropriateness: age (-), R/S Interest (+) Religious and Spiritual Interventions, Usage: models were not significant.
5. Will clients and therapists respond differently to a group counseling vignette depicting a religious concern raised by a client compared to a spiritual concern?	See pp. 52-54	Hypotheses not supported. No main effects or interactions.	Hypothesis not supported. Differences were not significant.

CHAPTER 5

DISCUSSION

The purpose of the present study was to explore fundamental questions about client beliefs and preferences and therapist beliefs and practices regarding religious and spiritual issues and interventions within the context of general counseling groups. This study makes a significant contribution to the field by extending the work of Rose et al. (2001) to the area of group counseling. By exploring client beliefs and preferences this study informs group therapists as they strive to effectively address religious and spiritual issues. Furthermore, the present study improves upon the pilot study conducted by Post et al. (2012) by surveying a larger and more generalizable sample of UCC group clients, examining the beliefs and preferences of the group therapists who serve these clients, and through the inclusion of additional measures (i.e., spiritual struggle and religious commitment) which provide more informative results.

Clients**Appropriateness of Discussing Religious Concerns**

The finding of the present study, that group counseling 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) and Post et al. (2012). Although this finding was expected, it may be surprising to some. As Post and colleagues remarked at the conclusion of their pilot study, a high rating of appropriateness within the context of individual counseling is expected because what another person discusses in their private sessions is their prerogative. Therefore, clients are likely to rate most any topic as appropriate because the focus of another person's individual counseling session does not impact the rater.

However, this is not the case in group counseling, where the concerns discussed in session impact each individual's experience.

One explanation for this finding is that clients genuinely care about one another and are willing to support others by discussing any concern relevant to another member, even if it is difficult to relate to the issue. This is a plausible explanation considering that in response to a question about reasons for a preference to discuss religious and spiritual issues some clients reported an altruistic desire to support others for which these issues are relevant. For example, one client explained, "I'm an atheist so I don't have religious/spiritual issues. However, if it is important for the group, I am open to discuss the subject, even if the others have different beliefs."

Appropriateness of Religious and Spiritual Interventions

The finding of the present study that clients, on average, tended to endorse spiritual interventions as more appropriate than religious interventions is consistent with the results found by Post et al. (2012). Because the clients surveyed attended public universities this finding was expected. When grouped together, perhaps clients imagined that spiritual interventions would promote a sense of universality (i.e., by raising questions of meaning, purpose, identity, etc.) among group members; whereas, religious interventions may have been perceived by clients as divisive and alienating.

It is important to note that client ratings of specific interventions varied. As a group spiritual interventions were rated as "somewhat appropriate" and religious interventions were rated as "somewhat inappropriate." However, some religious interventions were rated as more appropriate than spiritual interventions. For example, about three out of four clients rated "bringing up the topic of religion" as at least somewhat appropriate and less than half of

the clients rated “conducting a guided meditation that included spiritual imagery, language, and symbols” as at least somewhat appropriate. One explanation for this finding is that similar to the UCC therapists surveyed by Weinstein et al. (2002), clients in this study favored interventions, regardless of their religious or spiritual nature, that encouraged group discussion over those that promoted engagement in religious and spiritual practices. This is a plausible explanation given the religiously diverse nature of the client sample. It is possible that clients imagined group discussions around these topics to be safe as long as individuals focused on their personal experience; conversely, clients may have imagined religious and spiritual activities leading to a feeling of disconnection for many clients.

Predicting Appropriateness of Religious and Spiritual Interventions

Post et al. (2012) found that spirituality significantly predicted client perceptions of the appropriateness of the use of religious and spiritual interventions. Similarly, the present study found that religious commitment significantly predicted both types of interventions. The present study also identified religious affiliation as a significant predictor of religious intervention appropriateness ratings, but not for ratings of spiritual interventions. Furthermore, religious struggle was identified as a significant predictor of spiritual intervention appropriateness, but not religious intervention ratings. Finally, sex, ethnicity, and neuroticism were not related to ratings of appropriateness of either religious or spiritual interventions. .

The finding that religious commitment is positively associated with client ratings for both religious and spiritual interventions is similar to the findings of a number of studies that examined this issue in the context of individual therapy (Belaire & Young, 2002; Rose et al., 2001). It seems that clients with higher levels of religious commitment and spirituality

consider discussion of religious and spiritual issues an important part of counseling in both individual and group formats. This conclusion was supported by client open-ended responses regarding the reasons they would want to address such issues in group. The reason reported with the highest frequency was that religion and/or spirituality are an important part of life and a source of strength. For example, one client explained: “My religious and spiritual beliefs are the core of who I am. I can't address any issues or fix them without keeping these beliefs central.”

Perhaps the most interesting finding from these regression analyses was the negative association between minority religious affiliation and client ratings of religious intervention appropriateness. As Post et al. (2012) discussed, one possible explanation for this finding is that religious minorities are aware of the silent privilege of Christianity in this culture (Schlosser, 2003), and therefore, they prefer to avoid interventions that could highlight their status as a religious minority. Conversely, members of the religious majority are in most cases probably not aware of their privilege. Consequently, they may feel safe approaching the discussions that arise after a religious intervention has been used. In terms of spiritual interventions, religious minorities may feel more comfortable with the usage of interventions that are not tied to a specific religion.

Also interesting is the finding that religious struggle significantly predicted higher appropriateness ratings for spiritual interventions, but not for religious interventions. One possible reason for this is that religious struggle alone may not overcome a client's fear that others may be offended by religious interventions. Another explanation is that perhaps religious struggle leads individuals to feel less comfortable with interventions that represent the very issue causing them distress.

Preferences for Discussing Religious and Spiritual Issues

The finding of the present study that clients, on average, have a greater preference to discuss spiritual issues compared to religious issues is consistent with the results found by Post et al. (2012). One explanation for the difference between these two preferences is that college students typically identify as more spiritual than religious (Astin et al., 2005; Bryant et al., 2003) and therefore spiritual issues are more relevant to their lives. The difference can also be explained by the religiously diverse nature of UCC groups. As revealed in open-ended client responses (see Table 7), some clients may leave religious concerns out of group in an attempt to avoid being judged or unintentionally offending others.

Another noteworthy finding from the present study is that half of the clients indicated that they wanted to discuss religious issues and three out of four indicated that they wanted to discuss spiritual issues in group. This finding is consistent with theory and empirical research that suggests that the young adult years are generally a time of spiritual struggle (Astin et al., 2005; Bryant & Astin, 2008; Johnson & Hayes, 2003; Parks, 2000). With this in mind, group counseling may appeal to clients as a place to explore such struggles given that many of them are not part of a religious community (Bryant et al., 2003).

Predicting Preferences for Discussing Religious and Spiritual Issues

Of the six variables (religious commitment, religious struggle, sex, religious affiliation, ethnicity, and neuroticism) selected as potential predictors of client preferences for discussing religion and spirituality, religious commitment and religious struggle were identified as significant predictors for both models. The finding of religious commitment as a predictor is consistent with the results found by Post et al. (2012) and studies examining the topic within the context of individual therapy (Rose et al., 2001; Walker et al., 2011). The

inclusion of religious struggle as a predictor variable was unique to the present study. One possible reason for this finding is that religious struggle can often lead to negative psychological outcomes (Astin et al., 2005; Bryant & Astin, 2008; Pargament et al., 2005) and therefore cause enough distress that clients feel the need to talk about the religious and/or spiritual aspects of their concerns. Furthermore, clients struggling with these issues may also view group counseling as a safer place to discuss them compared to their religious communities. In the case of spiritual but not religious clients, they may have no other place to address these concerns.

Responses to Vignette

No effects were detected as a result of the 2 (religious versus spiritual presenting concern) x 2 (therapist approach or avoidance of issue) factorial design group counseling vignette. One possible reason for this failure to reject the null hypothesis is that the four conditions were not valid representations of the distinction between religious and spiritual concerns. Similarly, the distinction between the therapist approach and avoidance conditions may not have been valid. Due to the fact that the overall survey for the present study took participants an estimated 20-25 minutes to complete, the vignettes were designed to be less than one page in order to minimize participant burden. However, this precaution possibly made it difficult for clients to get a sense of what they would have done in the case vignette with which they were assigned.

The case vignettes were added to the present study in a preliminary effort to test the effectiveness of an intervention designed to increase clients' comfort with group discussions of religious and spiritual issues. Although no effects were found, a more straightforward measure of clients' beliefs found that this intervention might be perceived as appropriate.

More specifically, on the measure of perceived appropriateness of religious and spiritual interventions, 73% of clients indicated that it is appropriate for therapists to “facilitate a group activity where the group members share their spiritual backgrounds.” When the activity was designed to encourage sharing of religious backgrounds the appropriateness rating was 64%. Although these ratings do not tell us how clients would respond when this intervention is delivered, which is what the experimental portion of the present study attempted to demonstrate, they indicate that the majority of clients view this type of intervention as appropriate for therapist usage in group counseling.

Therapists

Appropriateness of Discussing Religious Concerns

The finding of the present study, that group therapists, on average, believe that religious concerns are an appropriate topic for discussion in group counseling is consistent with the results found by another study that also examined UCC therapist beliefs regarding this topic (Weinstein et al., 2002). It is also consistent with studies that have found that a wide range of mental health clinicians (e.g., clinical psychologists, marriage and family therapists) view religion and spirituality as relevant topics for individual therapy (Carlson et al., 2002; Shafranske & Maloney, 1990). It is worth noting that in the present study there was not much variation in therapists’ belief that religious concerns are appropriate for group counseling.

One possible reason for this finding is that the multicultural movement has particularly influenced UCC therapists. Many of the therapists surveyed in this study completed their training in counseling psychology graduate programs, which have placed a large emphasis on multicultural issues in recent decades (Buboltz, Miller, & Williams, 2010).

Furthermore, UCC therapists frequently interact with culturally diverse clients, trainees, and staff. Therefore, based on their training and the culturally diverse make-up of their surroundings, many UCC therapists might be open to discussing any type of cultural difference that may arise in group counseling (e.g., race, sexual orientation, etc.).

Appropriateness of Religious and Spiritual Interventions

The finding of the present study, that group therapists, on average, rate spiritual interventions as more appropriate than religious interventions is also consistent with the results found by Weinstein et al. (2002) in their survey of UCC therapists. It is also consistent with a number of other studies that have examined the topic within the context of individual therapy (Carlson et al., 2002; Hathaway et al., 2004; Jones et al., 1992; Shafranske, 2000; Shafranske & Maloney, 1990). One possible reason for this finding is that therapists, much like clients, believe that spiritual interventions will promote a sense of universality among clients and they may fear that religious interventions will encourage theological debates or cause some clients to feel alienated.

Despite the overall difference between therapist ratings of religious and spiritual interventions when they were separated into two groups, it is important to note that therapists widely varied in their ratings of specific religious and spiritual interventions. Especially pertinent to this study is the finding that nearly all of the group therapists surveyed rated the interventions of “exploring spiritual struggles” (100%) and “exploring religious struggles” (98%) as appropriate. Conversely, fully 100 percent of the therapists surveyed indicated that it is inappropriate for a group therapist to ignore the religious or spiritual aspect of a concern raised by a client. Furthermore, it is important to emphasize that consistent with the results of Weinstein et al.’s (2002) survey of UCC therapists, a pattern of results emerged in which less

active discussions of religion and spirituality were often rated as more appropriate than direct encouragement to engage in religious or spiritual practices. For example, “exploring religious struggles” was rated as appropriate by 98% of the therapists surveyed, and “having a moment of silence for personal prayer” was rated as appropriate by only 19% of the sample.

Predicting Appropriateness of Religious and Spiritual Interventions

In the present study age was negatively associated with therapist ratings of the appropriateness of both religious and spiritual interventions. Thus, the older the age of the therapist the more likely they were to perceive religious and spiritual interventions as inappropriate for group counseling. Interestingly, therapist age correlated positively with religious commitment ($r = .38$) and interest in religion and spirituality in therapy ($r = .30$). Thus, older therapists were more likely to be religious and to have an interest in addressing religion and spirituality in therapy; however, they were also more likely to perceive religious and spiritual interventions to be inappropriate for group counseling. One possible reason for this finding is that older therapists received their graduate training before therapists began to recognize the importance of addressing religion and spirituality in therapy. Thus, despite their interest in the topic, perhaps they view all direct religious and spiritual interventions to be inappropriate.

Not surprisingly, interest in religion and spirituality in therapy was also identified as a predictor variable for both models predicting appropriateness of religious and spiritual interventions; however, counter to the results of a meta-analysis (Walker, Gorsuch, & Tan, 2004), religious commitment was not identified as a significant predictor in either model. One possible reason for this finding is that the sample size was small and the measurement of religious commitment was positively skewed. However, finding a wider variation on

religious commitment would be difficult in a UCC therapist sample. Therapists surveyed for the present study were more spiritual than religious, just like therapists surveyed by many other studies (Bergin & Jensen, 1990; Bilgrave & Deluty, 1998; Delaney et al., 2007; Ragan et al., 1980; Shafranske, 2000; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990; Smith & Orlinsky, 2004).

Unexpectedly, being male was positively associated with therapist ratings of the appropriateness of religious interventions. This finding is counter to the expectation that being female would be positively linked to appropriateness ratings for both religious and spiritual interventions. This expectation was based on the study by Bryant (2007) that found that women are often more religious and spiritual compared to men. One possible reason that the results of the present study were counter to this finding is that the sample size was small, and it included 40 females and 13 males. Perhaps a larger sample size with a higher proportion of men would fail to identify being male as significant predictor of appropriateness ratings of religious interventions. Another possible reason for this finding is that perhaps the male therapists surveyed in this study are more religious than the average male. However, it seems unlikely that the males surveyed in this study self-selected based on religious commitment and interest in the topic given the lack of significant correlations between these variables and sex. Whatever the reason for this finding, it only applies to religious interventions. Sex was not a significant predictor for therapist ratings of spiritual interventions.

Usage of Religious and Spiritual Interventions

The present study's finding that, on average, therapist rated usage of spiritual interventions was significantly higher than their rated usage of religious interventions is

consistent with research that examined this topic within the context of individual therapy (Carlson et al., 2002; Hathaway et al., 2004; Jones et al. 1992; Shafranske, 2000; Shafranske & Malony, 1990; Wade et al., 2007; Weinstein et al., 2002). Overall, therapists indicated that they rarely use religious or spiritual interventions in group counseling. Out of the 22 interventions, therapists indicated that they use four “occasionally,” six “rarely,” and 12 “never.” This is not surprising considering that therapists were asked to rate how frequently they use the interventions in group counseling. Had the question specified how frequently the interventions are used “after a group client brings up religious or spiritual issues” the results may have been different.

Another possible reason for the low frequency of the interventions is that group clients may not bring up religious and spiritual issues in group very often. As indicated by open-ended responses, many clients avoid these issues for fear of judgment or disruption of group cohesion. Simultaneously, therapists may interpret the lack of discussion around these issues as a sign that they are not relevant problems for their clients.

Predicting Usage of Religious and Spiritual Interventions

In terms of predictor variables entered into the models (age, sex, interest in religion and spirituality in therapy, religious commitment, and neuroticism) to predict therapist ratings of their usage of religious and spiritual interventions, the regression model utilized by this study failed to identify any significant predictors. One possible explanation for the failure of both models to reject the null hypothesis is that the sample size was too small. A post-hoc power analysis conducted with statistical program, G*Power (Faul, Erdfelder, & Buchner, 2007), suggested that 65 participants would be necessary for the effect size found with the usage of religious interventions model ($R^2 = .18$) to be significant (Power = .80, $\alpha =$

.05). Likewise, 92 participants would be necessary for the effect size found with the usage of spiritual interventions model ($R^2 = .13$) to be significant.

Responses to Vignette

For the experimental portion of the study it was expected that there would be a main effect for type of concern, wherein, therapists reading the spiritual concern condition would indicate that they would respond by engaging in approaching behaviors significantly more than those therapists reading a vignette containing a religious concern. The present study failed to reject the null hypothesis. As discussed above, one reason for this is that the vignettes may have been too short, and as a result, the distinction between the client religious concern and presenting concern may not have been valid.

The case vignettes were added to the present study in an effort to test the responses of therapists to group counseling scenarios related to religious and spiritual concerns. Although no effects were found, a more straightforward measure of therapists' beliefs found that 100 percent of them indicated that it is inappropriate to ignore religious and spiritual concerns raised by a client. Conversely, in terms of intervention usage, the majority of therapists indicated that they at least occasionally explore religious and spiritual struggles with group clients. In terms of facilitating group discussion of members' religious and spiritual backgrounds, about one in four therapists indicated that they use this activity at least occasionally. Although these self-report ratings do not tell us how frequently therapists actually use religious and spiritual interventions, they indicate that many therapists view some of these interventions as appropriate, and some therapists have used them at least occasionally.

Implications for Group Counseling

The results of this study have several implications for group counseling, particularly in university counseling centers. First, the large majority of clients and therapists at UCCs across the United States agree that religious concerns are an appropriate discussion topic for religiously diverse general counseling groups. Therefore, when a client presents such concerns, group therapists can address the issue with confidence that most group members will perceive it as an appropriate topic for the group. However, many clients fear that sharing their religious or spiritual concerns will damage the cohesion of the group. Group therapists 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. This intervention could be particularly effective within the context of UCC groups, which tend to be time-limited, and thus, frequently do not progress to a stage where conflict becomes accepted as a natural part of the group process.

Second, religious and spiritual struggle are a common cause of psychological stress for many college students. Similar to the results of a large nationwide study by Astin et al. (2005), the present study found that over half of the clients indicated that they are feeling unsettled about spiritual and religious matters to some degree. Therefore, therapists are advised to assess for religious and spiritual struggle during the intake and group orientation process. Similarly, therapists are also advised to assess for levels of religious commitment and spirituality as well as religious affiliation. Gathering information about these factors will help therapists to identify clients who likely prefer to discuss the ways in which religion and spirituality relate to their presenting concerns. Such information will also help therapists

identify clients who might be particularly fearful of addressing such concerns due to their affiliation with a minority religion.

Third, not only do many clients experience distress related to religious and spiritual struggle, but the majority also would like to discuss religious and spiritual issues with their group members. However, for a number of reasons these discussions often do not occur. The most frequent barrier is a fear that such discussions will negatively impact group cohesion. As mentioned above, therapists can address this concern during the intake and group orientation process as well as in early sessions when topics of a religious or spiritual nature are first presented. When uncertain about addressing these issues, therapists can remind themselves that the large majority of clients and therapists view the exploration of religious and spiritual struggles as an appropriate intervention within the context of group counseling.

Finally, it should be noted that clients and therapists both view discussions and interventions of a spiritual nature as more appropriate than their religious counterparts. As such, in order to be sensitive to clients from all religious and spiritual backgrounds (including those without a religious or spiritual affiliation), therapists are advised to encourage clients to keep the focus of religious and spiritual discussions on their own experience. When the focus turns to religious beliefs, the discussion easily can transition to theological debate.

Limitations

One potential limitation of the present study was that the client and therapist samples both lacked ethnic diversity. The proportion of ethnic minority participants is representative of the university populations from which the sample is drawn. However, at many universities, none of which were included in this study, ethnic minorities constitute close to half of the student population. Therefore, the results of this study may not be generalizable to

UCCs located on campuses with high proportions of ethnic minorities. The lack of ethnic diversity may have impacted the results of this study insofar as religion and spirituality are often important to many ethnic minorities (Sue & Sue, 2003).

Although the therapist response rate was acceptable, the therapist sample size was small. Thus, the results related to the therapist sample are to be interpreted cautiously. The regression models utilized for predicting therapist usage of religious and spiritual interventions were unable to reject the null hypothesis. It is possible that increasing the sample size would create the power necessary to identify significant predictors for both models.

The lack of a social desirability bias measure in this study is a limitation. Clients reported that one reason they preferred not to discuss R/S issues in group was that they feared that such conversation would disrupt group cohesion. However, fear of disrupting group cohesion may also lie behind the finding that the majority of clients indicated that R/S issues are appropriate for group counseling. In other words, there may have been clients that believe that R/S issues are an inappropriate topic for group yet they wanted to appear politically correct. Future studies in this area will want to utilize a measure of social desirability bias in order to examine this possibility.

Another limitation of the present study relates to the usage of a three-item measure for assessing client preference to discuss religious and spiritual issues. Finally, a major limitation of the present study relates to its use of self-report. In terms of measuring client and therapist beliefs and preferences this is an acceptable research method. However, as mentioned previously, self-report is a biased method for measuring therapist usage of religious and spiritual interventions. Future studies should be conducted to validate therapist

self-report by comparing it to client ratings of the frequency with which their therapist utilized religious and spiritual interventions.

Future Research Directions

As the literature review revealed, research on the beliefs and preferences of clients and therapists regarding the intersection of religious and spiritual concerns and counseling has begun to accelerate over the past three decades. However, researchers have focused most of their attention on religious and spiritual issues within the context of individual therapy. Therefore, the present study and the pilot study by Post et al. (2012) are the only known studies that have examined client beliefs and preferences regarding this topic in group counseling. In order to advance knowledge on this topic more research is needed.

Perhaps the best place for future studies to begin would be in the area of qualitative examination of clients' beliefs and preferences. The present study provides no information about the reason why such a large majority of clients perceive religious concerns as an appropriate topic for group counseling. Furthermore, the present study provides only a preliminary understanding of the reasons behind clients' preferences regarding the discussion of religious and spiritual discussions. Qualitative research could add to our understanding in this area by interviewing clients about their experiences. It would be informative to hear clients explain in their own words what their experience has been regarding the topic of religious and spiritual issues in group counseling, what they hope it would be, and how they see these topics as helping them to address their primary concerns.

The current study focused on client beliefs and preferences regarding R/S issues in group counseling; however, in terms of preferences it did not differentiate those clients experiencing clinical levels of distress related to R/S issues from others who might simply

find the topic interesting. This issue was touched on in the qualitative data; however, future studies could use empirical data to draw a clearer distinction. Future studies could also ask clients and/or therapists to rate the frequency with which R/S issues have come up in their counseling group. This question would allow researchers to examine how frequently R/S struggles are unaddressed in group.

Future research in this area could also test the effectiveness of interventions developed to increase client comfort levels regarding the discussion of religious and spiritual issues. This could be done by developing a more elaborate and valid vignette than the one used in the present study. Instead of presenting the vignette in text, researchers could videotape a mock group counseling session for an analogue study. Furthermore, researchers could develop interventions intended to effectively treat religious and spiritual struggles by interviewing clinicians identified by their peers as experts in the area of addressing religious and spiritual concerns.

In terms of the variables that were used in the regression models, future research could explore some different possible predictors. The current study failed to support the hypothesis that neuroticism would act as a predictor variable of client and therapist beliefs, preferences, and practices. However, perhaps other personality variables act as significant predictors in these models. Agreeableness and openness to new experience could be tested by future studies.

Finally, future research will need to improve and validate a number of the measures used in the present study. Appropriateness of the use of religious and spiritual interventions and usage of religious and spiritual interventions have achieved acceptable levels of reliability across several studies now, but further validation is needed. As discussed earlier,

instead of utilizing the CAST, future researchers should work to develop a more valid measure of client preferences to discuss religious and spiritual issues.

Conclusion

Based on the results of the present study there are four major findings that are helpful to group counselors, especially those working in a university setting, as they strive to approach the religious and spiritual concerns of clients in an ethical and effective manner. First, to varying degrees, many clients are experiencing psychological distress related to religious and spiritual struggles. For some clients these struggles are a primary concern, and for others religious and spiritual issues are intertwined with other problems in living. Second, the large majority of clients and therapists view religious and spiritual concerns as an appropriate topic for discussion within the context of a religiously diverse general counseling group. Third, many clients would like to talk about their religious and spiritual concerns with their group. Lastly, the most common reason why clients refrain from sharing such concerns is that they are worried about harming group cohesion.

CHAPTER 4

REFERENCES

- Allport, G. W., Gillespie, J.M., & Young, J. (1948). The religion of the post-war college student. *Journal of Psychology*, 25, 3–33. doi:10.1080/00223980.1948.9917361
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073. doi:10.1037/0003-066X.57.12.1060
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377–402. doi: 10.1037/0003-066X.58.5.377
- American Psychological Association. (2008). Resolution on religious, religion-based and/or religion-derived prejudice. *American Psychologist*, 63, 431–434.
- Ano, G. G., & Pargament, K. I. (2003). *Correlates of religious struggles: An exploratory study*. Unpublished master's thesis, Bowling Green State University, Bowling Green, OH.
- Astin, A. W. (1993). *What matters in college? Four critical years revisited*. San Francisco: Jossey-Bass.
- Astin, A. W., Astin, H. S., & Lindholm, J. A., Bryant, A. N., Calderone, S., & Szelenyi, K. (2005). *The spiritual life of college students: A national study of students' search for meaning and purpose*. University of California, Los Angeles, Spirituality in Higher Education, Entering Freshmen Survey (2004). Retrieved February 2, 2009, from <http://www.spirituality.ucla.edu/results/index.html>
- Astin, A. W., Astin, H. S., & Lindholm, J. A., Bryant, A. N., Calderone, S., & Szelenyi, K. (2007, December 18). *Spiritual changes in students during the undergraduate year:*

- New longitudinal study shows growth in spiritual qualities from freshman to junior years.* Retrieved August 5, 2011, from http://spirituality.ucla.edu/docs/news/report_backup_dec07release_12.18.07.pdf
- Astin, A. W., Astin, H.A., Lindholm, J. A. (2011). Assessing students' spiritual and religious qualities. *Journal of College Student Development*, 52(1), 39-61. doi: 10.1353/csd.2011.0009
- Avants, S. K., Beitel, M., & Margolin, A. (2005). Making the shift from 'addict self' to 'spiritual self': Results from a stage 1 study of spiritual self-schema (3-S) therapy for the treatment of addiction and HIV risk behavior. *Mental Health, Religion & Culture*, 8(3), 167-177. doi: 10.1080/13694670500138924
- Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. *Journal of Counseling Psychology*, 22, 471-476. doi:10.1037/0022-0167.22.6.471
- Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research Practice, Training*, 44, 54-65. doi: 10.1037/0033-3204.44.1.54
- Batson, C. D., Eidelman, S. H., Higley, S. L., & Russel, S. A. (2001). "And who is my neighbor?" II: Quest religion as a source of universal compassion. *Journal for the Scientific Study of Religion*, 40(1), 39-50. doi:10.1111/0021-8294.00036
- Belaire, C., & Young, J. S. (2002). Conservative Christians' expectations of non-Christian counselors. *Counseling and Values*, 46, 175-187. doi: 10.1002/j.2161-007X.2002.tb00211.x
- Belavich, T., & Pargament, K. I. (2002). The role of attachment in predicting religious coping with a loved one in surgery. *Journal of Adult Development*, 9, 13-29.

- Benton, S. A., Robertson, J. M., Tseng, W., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice, 34*(1), 66-72. doi:10.1037/0735-7028.34.1.66
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy: Theory, Research Practice, Training, 27*, 3-7. doi: 10.1037/0033-3204.27.1.3
- Bilgrave, D. P., & Deluty, R. H. (1998). Religious beliefs and therapeutic orientations of clinical and counseling psychologists. *Journal for the Scientific Study of Religion, 37*(2), 329-349. doi:10.2307/1387532
- Bishop, J.B. (1992). The changing student culture: Implications for counselors and administrators. In L.C. Whitaker & R.E. Slimak (Eds.), *College student development* (pp. 37-58). New York: Haworth.
- Bowen, H. R. (1996). *Investment in learning: The individual and social value of American higher education*. New Brunswick, NJ: Transaction.
- Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnston, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice, 33*, 203-206. doi:10.1037/0735-7028.33.2.203
- Brenner, R. R. (1980). *The faith and doubt of Holocaust survivors*. New York: Free Press.
- Bryant, A. N. (2007). Gender differences in spiritual development during the college years. *Sex Roles, 56*(11-12), 835-846. doi:10.1007/s11199-007-9240-2

- Bryant, A. N., & Astin, H. S. (2008). The correlates of spiritual struggle during the college years, *Journal of Higher Education*, 79, 1-27.
- Bryant, A. N., Choi, J., & Yasuno, M. (2003). Understanding the religious and spiritual dimensions of students' lives in the first year of college. *Journal of College Student Development*, 44(6), 723-745. doi:10.1353/csd.2003.0063
- Buboltz, W., Deemer, E., & Hoffmann, R. (2010). Content analysis of the journal of counseling psychology: Buboltz, miller, and williams (1999) 11 years later. *Journal of Counseling Psychology*, 57(3), 368-375. doi:10.1037/a0020028
- Budman, S. H., Simeone, P. G., Reilly, K., & Demby, A. (1994). Progress in short-term and time-limited group psychotherapy: Evidence and implications. In A. Fuhriman & G. M. Burlingame (Eds.), *Handbook of group psychotherapy* (pp. 370-415). New York: Wiley.
- Burlingame, G. M., & Fuhriman, A. (1990). Time-limited group therapy. *The Counseling Psychologist*, 18(1), 93-118. doi:10.1177/0011000090181005
- Burlingame, G. M., Fuhriman, A., & Mosier, J. (2003). The differential effectiveness of group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice*, 7(1), 3-12. doi:10.1037/1089-2699.7.1.3
- Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *American Journal of Family Therapy*, 30, 157-171. doi: 10.1080/019261802753573867
- Cherry, C., DeBerg, B. A., & Porterfield, A. (2001). *Religion on campus*. Chapel Hill: The University of North Carolina Press.

- Chickering, A. W., & Reisser, L. (1993). *Education and identity* (2nd ed.). San Francisco: Jossey-Bass.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
- Colbs. S. L. (2003). *Group psychotherapy in university counseling centers: Ten years later*. Paper presented at the annual meeting of the Association for University and College Counseling Center Directors (AUCCCD).
- Cole, B. S., & Pargament, K. I. (1998). Re-creating your life: A spiritual/psychotherapeutic intervention for people diagnosed with cancer. *Psycho-Oncology*, 8, 395-407.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology*, 30, 64-75. doi: 10.1037/0022-0167.30.1.64
- Cornish, M. A. *The integration of religion and spirituality in group therapy: Practitioners' perceptions and practices*. M.S. dissertation, Iowa State University, United States -- Iowa. Retrieved September 21, 2011, from Dissertations & Theses @ Iowa State University. (Publication No. AAT 1476287).
- Cornish, M. A., & Wade, N. G. (2010). Spirituality and religion in group counseling: A literature review with practice guidelines. *Professional Psychology: Research and Practice*, 41(5), 398-404. doi:10.1037/a0020179
- Cuijpers, P., van Straten, A., & Warmerdam, L. (2008). Are individual and group treatments equally effective in the treatment of depression in adults? A meta-analysis. *The European Journal of Psychiatry*, 22(1), 38-51.

- Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American psychological association. *Professional Psychology: Research and Practice, 38*, 538-546. doi: 10.1037/0735-7028.38.5.538
- Duckro, P., Joanning, H., Nathan, E., & Beal, D. (1978). A religious concerns scale of the Counseling Appropriateness Check List. *Journal of College Student Personnel, 19*, 450-453.
- Epperson, D. L., & Pecnik, J. A. (1985). Counselor Rating Form-Short version: Further validation and comparison to the long form. *Journal of Counseling Psychology, 32*, 143-146. doi: 10.1037/0022-0167.32.1.143
- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Erikson, E. H. (1964). *Insight and responsibility*. New York: Norton.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. Oxford, England: Norton & Co.
- Erikson, E. H. (1980). *Identity and the life cycle*. New York: Norton. (Original work published 1959)
- Exline, J. J., & Kampani, S. (2001, October). *Anger at God as a response to negative life events*. Paper presented at the annual meeting of the Society for the Scientific Study of Religion, Columbus, OH.
- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When god disappoints: Difficulty forgiving god and its role in negative emotion. *Journal of Health Psychology, 4*(3), 365-379. doi:10.1177/135910539900400306

- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191.
- Field, A., & Miles, J. (2010). *Discovering Statistics Using SAS*. Thousand Oaks, CA: SAGE Publications Inc.
- Fowler, J. W. (1978). Life/faith patterns: Structures of trust and loyalty. In J. Berryman (Ed.), *Life-maps: Conversations on the journey of faith* (pp. 14-104). Waco, Tx: Word.
- Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. San Francisco: Harper & Row.
- Fowler, J. W. (1996). *Faithful change: The personal and public challenges of postmodern life*. Nashville, TN: Abigndon.
- Fowler, J. W. (2000). *Becoming adult, becoming Christian: Adult development and Christian faith*. San Francisco: Jossey-Bass.
- Frazier, R. E., & Hansen, N. D. (2009). Religious/spiritual psychotherapy behaviors: Do we do what we believe to be important? *Professional Psychology: Research and Practice, 40*(1), 81-87. doi:10.1037/a0011671
- Gallagher, R. P. (2009). National survey of counseling center directors. International Association of Counseling Services, Inc.
- Gallup, Inc. (2011). Religion. *Gallup*. Retrieved September 18, 2011, from <http://www.gallup.com/poll/1690/Religion.aspx#1>
- Gallup, G., Jr. (1999). *Americans Celebrate Easter*. Princeton, NJ: The Gallup Organization.
- Gear, M R., Faigin, C. A., Gibbel, M. R., Krumrei, E., Oemig, C., McCarthy, S. K., Pargament, K. I. (2008). *The winding road: A promising approach to addressing the*

- spiritual struggles of college students*. University of California, Los Angeles, Spirituality in Higher Education Newsletter. Retrieved June 20, 2009 from http://www.spirituality.ucla.edu/newsletter_new/past_pdf/volume_4/Pargament_Final.pdf.
- Gear, M. R., Krumrei, E., Pargament, K. I. (2009). Development of a spiritually sensitive intervention for college students experiencing spiritual struggle: Winding Road. *Journal of College & Character, 10* (4), 1-5.
- Genia, V. (1990). Psychospiritual group counseling for college students. *Journal of College Student Development, 31*, 279-280.
- Genia, V. (1996). I, E, quest, and fundamentalism as predictors of psychological and spiritual well-being. *Journal for the Scientific Study of Religion, 35*(1), 56-64.
doi:10.2307/1386395
- Gingrich, F., & Worthington, E, Jr. (2007). Supervision and the integration of faith into clinical practice: Research considerations. *Journal of Psychology and Christianity, 26*, 342-355.
- Gockel, A. (2011). Client perspectives on spirituality in the therapeutic relationship. *The Humanistic Psychologist, 39*(2), 154-168. doi:10.1080/08873267.2011.564959
- Goldberg, L. R., Johnson, J. A., Eber, H. W., Hogan, R., Ashton, M. C., Cloninger, C. R., & Gough, H. C. (2006). The International Personality Item Pool and the future of public-domain personality measures. *Journal of Research in Personality, 40*, 84-96.
doi: 10.1016/j.jrp.2005.08.007

- Golden, B. R., Corazzini, J. G., & Grady, P. (1993). Current practices of group therapy at university counseling centers: A national survey. *Professional Psychology: Research and Practice, 24*, 228-230. doi: 10.1037/0735-7028.24.2.228
- Gonsiorek, J. C., Richards, P. S., Pargament, K. I., & McMinn, M. R. (2009). Ethical challenges and opportunities at the edge: Incorporating spirituality and religion into psychotherapy. *Professional Psychology: Research and Practice, 40*(4), 385-395. doi:10.1037/a0016488
- Gow, A. J., Whiteman, M. C., Pattie, A., & Deary, I. J. (2005). Goldberg's 'IPIP' Big-Five factor markers: Internal consistency and concurrent validation in Scotland. *Personality and Individual Differences, 39*, 317-329. doi: 10.1016/j.paid.2005.01.011
- Gulmón, J. (2004). Evidence-based research studies on the results of group therapy: A critical review. *European Journal of Psychiatry, Suppl.*, 49-60.
- Hage, S., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values, 50*, 217-234. doi: 10.1002/j.2161-007X.2006.tb00058.x
- Halfhill, T., Sundstrom, E., Lahner, J., Calderone, W., & Nielsen, T. M. (2005). Group personality composition and group effectiveness: An integrative review of empirical research. *Small Group Research, 36*(1), 83-105. doi:10.1177/1046496404268538
- Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice, 35*, 97-104. doi:10.1037/0735-7028.35.1.97

- Hill, C. E. & Lambert, M. J. (2004). Methodological issues in studying psychotherapy process and outcomes. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.). New York: Wiley.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1), 64-74. doi:10.1037/0003-066X.58.1.64
- Hill, P. C., Pargament, K. I., Hood, R. W., Jr., McCullough, M. E., Swyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30, 51-77. doi:10.1111/1468- 5914.00119
- Hook, J. N., Worthington, E.L., Jr., Davis, D. E., Jennings, D., Gartner, A. L., & Hook, J. P. (2010). Empirically supported religious and spiritual therapies. *Journal of Clinical Psychology*, 66(1), 46-72.
- Hook, J., & Hook, J. N. (2010). The healing cycle: A Christian model for group therapy. *Journal of Psychology and Christianity*, 29(4), 308-316.
- Jackson, J., & Coyle, A. (2009). The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners' accounts. *Counselling Psychology Review*, 24(3-4), 86-99.
- Johnson, C. V. (2009). A process-oriented group model for university students: A semi-structured approach. *International Journal of Group Psychotherapy. Special Issue: Group Interventions in College Counseling Centers*, 59(4), 511-528. doi:10.1521/ijgp.2009.59.4.511

- Johnson, C.V. & Hayes, J.A. (2003). Troubled spirits: Prevalence and predictors of religious and spiritual concerns among university students and counseling center clients. *Journal of Counseling Psychology, 50*, 409-419. doi: 10.1037/0022-0167.50.4.409
- Jones, S. L., Watson, E. J., & Wolfram, T. J. (1992). Results of the Rech conference survey on religious faith and professional psychology. *Journal of Psychology and Theology, 20*, 147-158.
- Keating, A., & Fretz, B. (1990). Christians' anticipations about counselors in response to counselor descriptions. *Journal of Counseling Psychology, 37*, 293-296. doi: 10.1037/0022-0167.37.3.293
- Kehoe, N. C. (1998). Religious-issues group therapy. In R. D. Fallot (Ed.), *Spirituality and religion in recovery from mental illness* (pp. 45-55). San Francisco: Jossey-Bass Publishers.
- Kellems, I. S., Hill, C. E., Crook-Lyon, R. E., & Freitas, G. (2010). Working with clients who have religious/spiritual issues: A survey of university counseling center therapists. *Journal of College Student Psychotherapy, 24*(2), 139-155. doi:10.1080/87568220903558745
- Kelly, E. W. (1994). The role of religion and spirituality in counselor education: A national survey. *Counselor Education and Supervision, 33*(4), 227-237. doi: 10.1002/j.1556-6978.1994.tb00290.x
- Keppel, G., & Wickens, T. D. (2004). *Design and analysis: A researcher's handbook*. Upper Saddle River, N.J: Pearson Prentice Hall.
- Kincade, E. A., Kalodner, C. R. (2004). The use of groups in college and university counseling centers. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner & M.

- T. Riva (Eds). *Handbook of Group Counseling and Psychotherapy* (pp. 366-377).
Thousand Oaks, CA: Sage Publications.
- King, R. R. (1978). Evangelical Christians and professional counseling: A conflict of values?
Journal of Psychology and Theology, 6, 276-281.
- Kirkpatrick, L. A. (1992). An attachment-theoretical approach to the psychology of religion.
International Journal for the Psychology of Religion, 2, 3-28.
- Kitzrow, M. A. (2003). The mental health need's of today's college students: challenges and
recommendations. *NASPA Journal*, 41, 167-181.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and
health*. New York: Oxford University Press.
- Kooistra, W. P., & Pargament, K. I. (1999). Religious doubting in parochial school
adolescents. *Journal of Psychology and Theology*, 27, 33-42.
- Kösters, M., Burlingame, G. M., Nachtigall, C., & Strauss, B. (2006). A meta-analytic review
of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory,
Research, and Practice*, 10(2), 146-163. doi:10.1037/1089-2699.10.2.146
- Lannert, J. L. (1991). Resistance and countertransference issues with spiritual and religious
clients. *Journal of Humanistic Psychology*, 31, 68-76.
doi:10.1177/0022167891314005
- Larson, D. B., Sherrill, K. A., Lyons, J. S., & Craigie, F. C. (1992). Associations between
dimensions of religious commitment and mental health reported in the American
Journal of Psychiatry and Archives of General Psychiatry: 1978–1989. *The American
Journal of Psychiatry*, 149(4), 557-559.

- Lee, J. J. (2002). Changing worlds, changing selves: The experience of the religious self among Catholic collegians. *Journal of College Student Development, 43*, 341-356.
- Leuba, J. H. (1934). Religious beliefs of American scientists. *Harper's Magazine, 169*, 291-300.
- Lindgren, K. N., & Coursey, R. D. (1995). Spirituality and serious mental illness: A two-part study. *Psychosocial Rehabilitation Journal, 18*, 93– 111.
- Lindholm, J. A., Millora, M. L., Schwartz, L. M., Spinoso, H. S. (2011). *A guidebook of promising practices: Facilitating college students' spiritual development*. Retrieved on August 20, 2011 from http://spirituality.ucla.edu/docs/promising-practices/Promising_Practices_web.pdf
- Love, P. G. (2002). Comparing spiritual development and cognitive development. *Journal of College Student Development, 43*, 357–373.
- Love, P. G., Bock, M., Jannarone, A., & Richardson, P. (2005). Identity interaction: Exploring the spiritual experiences of lesbian and gay college students. *Journal of College Student Development, 46*, 193-209.
- Magaldi-Dopman, D. (2009). *Psychologists' experience of spiritual/ religious material in counseling through the lens of their own spiritual/ religious/nonreligious identity* (Doctoral dissertation). Retrieved from Dissertation Abstracts International: Section B: The Sciences and Engineering, 70, 3788.
- Magyar, G. M., Pargament, K. I., & Mahoney, A. (2000, August). *Violating the sacred: A study of desecration among college students*. Paper presented at the 108th Annual Convention of the American Psychological Association, Washington, DC.

- Marcia, J. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3(5), 551-558. doi:10.1037/h0023281
- Marcia, J. E. (1976). Identity six years after: A follow-up study. *Journal of Youth and Adolescence*, 5(2), 145-160.
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-187). Hoboken, NJ: Wiley.
- Martinez, J. S., Smith, T. B., & Barlow, S. H. (2007). Spiritual interventions in psychotherapy: Evaluations by highly religious clients. *Journal of Clinical Psychology*, 63(10), 943-960. doi: 10.1002/jclp.20399
- Marx, J. H., & Spray, S. L. (1969). Religious biographies and professional characteristics of psychotherapists. *Journal of Health and Social Behavior*, 10(4), 275-288. doi:10.2307/2948435
- Mayers, C., Leavey, G., Vallianatou, C., Barker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study. *Clinical Psychology and Psychotherapy*, 14, 317-327. doi: 10.1002/cpp.542
- McCorkle, B. H., Bohn, C., Hughes, T., & Kim, D. (2005). "Sacred moments": Social anxiety in a larger perspective. *Mental Health, Religion, and Culture*, 8, 227-238. doi: 10.1080/13694670500138874
- McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology*, 46, 92-98. doi: 10.1037/0022-0167.46.1.92

- McCullough, M. E., Worthington, E. L., Jr., Maxey, J., & Rachal, C. (1997). Gender in the context of supportive and challenging religious counseling interventions. *Journal of Counseling Psychology, 44*, 80–88. doi: 10.1037/0022-0167.44.1.80
- McDermut, W., Miller, I. W., & Brown, R. A. (2001). The efficacy of group psychotherapy for depression: A meta-analysis and review of the empirical research. *Clinical Psychology: Science and Practice, 8*, 98-116. doi:10.1093/clipsy/8.1.98
- McRoberts, C., Burlingame, G. M., & Hoag, M. J. (1998). Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice, 2*(2), 101-117. doi:10.1037/1089-2699.2.2.101
- Miles, G. B., & McDavis, R. J. (1982). Effects of four orientation approaches on disadvantaged Black freshmen students' attitudes toward the counseling center. *Journal of College Student Personnel, 23*, 413–418.
- Miller, W. R. (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.
- Muuss, R. E. (2006). *Theories of adolescence* (6th ed.). New York: McGraw-Hill Publishers.
- Myers, R. (1990). *Classical and modern regression with applications* (2nd edition). Boston, MA: Duxbury.
- O'Brien, C. R., & Johnson, J. L. (1976). Analysis of different groups' perceptions of a university counseling center. *College Student Journal, 10*, 269–272.
- O'Rourke, C. (1997). Listening for the sacred: Addressing spiritual issues in the group treatment of adults with mental illness. *Smith College Studies in Social Work, 67*(2), 177-196.

- Ogrodniczuk, J. S., Piper, W. E., Joyce, A. S., McCallum, M., & Rosie, J. S. (2003). NEO-five factor personality traits as predictors of response to two forms of group psychotherapy. *International Journal of Group Psychotherapy, 53*(4), 417-442. doi:10.1521/ijgp.53.4.417.42832
- Ogston, D. G., Altmann, H. A., & Conklin, R. C. (1969). Problems appropriate for discussion in university counseling centers: A replication. *Journal of Counseling Psychology, 16*, 361-364. doi: 10.1037/h0027731
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: The Guilford Press.
- Pargament, K. I. (1999). The psychology of religion *and* spirituality? Yes and no. *International Journal for the Psychology of Religion, 9*, 3-16. doi:10.1207/s15327582ijpr0901_2
- Pargament, K. I. (2008). Spiritual struggles as a fork in the road to growth or decline. *Plain Views, 4*(24). Retrieved August 18, 2011 from <http://plainviews.healthcarechaplancy.org/archive/AR/c/v4n23/lv.html>
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56*(4), 519-543. doi:10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1
- Pargament, K. I., Murray-Swank, N., Magyar, G., & Ano, G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W. R. Miller & H. Delaney

- (Eds.), *Judeo-Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245-268). Washington, D.C.: APA Press.
- Parks, S. D. (1986). *The critical years: Young adults and the search for meaning, faith, and commitment*. New York: HarperCollins.
- Parks, S. D. (2000). *Big questions, worthy dreams: Mentoring young adults in their search for meaning, purpose, and faith*. San Francisco: Jossey-Bass.
- Pascarella, E. T., & Terenzini, P. T. (1991). *How college affects students: Findings and insights from 20 years of research*. San Francisco: Jossey-Bass.
- Payne, K. T., & Marcus, D. K. (2008). The efficacy of group psychotherapy for older adult clients: A meta-analysis. *Group Dynamics: Theory, Research, and Practice*, 12(4), 268-278. doi:10.1037/a0013519
- Phillips, R. E., Lakin, R., & Pargament, K. I. (2002). Development and implementation of a spiritual issues psychoeducational group for those with serious mental illness. *Community Mental Health Journal*, 38, 487–495. doi:10.1023/A:1020832218607
- Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology*, 63, 891-902.
- Polanski, P. J. (2003). Spirituality in supervision. *Counseling and Values*, 47, 131–141. doi: 10.1002/j.2161-007X.2003.tb00230.x
- Post, B. C. & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of Clinical Psychology*, 65, 131-146. doi: 10.1002/jclp.20563
- Post, B. C., Wade, N. G., Cornish, M. A. (2012). Religious and spiritual issues in group therapy: A pilot study of university counseling center clients' beliefs and

- preferences. Manuscript under review.
- Powell, L. H., Shahabi, L., & Thoresen, C. L. (2003). Religion and spirituality: Linkages to physical health. *American Psychologist*, *58*(1), 36-52. doi: 10.1037/0003-066X.58.1.36
- Ragan, C., Malony, H. N., Beit-Hallahmi, B. (1980). Psychologists and religion: Professional factors and personal beliefs. *Review of Religious Research*, *21*, 208-217.
- Raphel, M. M. (2001). The status of the use of spiritual interventions in three professional mental health groups. (Doctoral dissertation, Loyola College, Maryland, 2001). *Dissertation Abstracts International*, *62*(2), 779A.
- Revheim, N., Greenberg, W. M., & Citrome, L. (2010). Spirituality, schizophrenia, and state hospitals: Program description and characteristics of self-selected attendees of a spirituality therapeutic group. *Psychiatric Quarterly*, *81*(4), 285-292. doi:10.1007/s11126-010-9137-z
- Richards, P. S., & Potts, R. W. (1995). Using spiritual interventions in psychotherapy: Practices, successes, failures, and ethical concerns of Mormon psychotherapists. *Professional Psychology: Research and Practice*, *26*, 163–170. doi: 10.1037/0735-7028.26.2.163
- Richards, P. S., Berrett, M. E., Hardman, R. K., & Eggett, D. L. (2006). Comparative efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients. *Eating Disorders*, *14*, 401-415. doi: 10.1080/10640260600952548

- Richards, P. S., Owen, L., & Stein, S. (1993). A religiously oriented group counseling intervention for self-defeating perfectionism: A pilot study. *Counseling and Values, 37*, 96–104. doi: 10.1002/j.2161-007X.1993.tb00801.x
- Richards, P., & Worthington, E. L. (2010). The need for evidence-based, spiritually oriented psychotherapies. *Professional Psychology: Research and Practice, 41*(5), 363-370. doi:10.1037/a0019469
- Richards, P.S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.
- Rose, E. M., Westefeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counseling: Clients' beliefs and preferences. *Journal of Counseling Psychology, 48*, 61–71. doi: 10.1037/0022-0167.48.1.61
- Russell, S. R. & Yarhouse, M. A. (2006). Training in religion/spirituality within APA-accredited psychology predoctoral internships. *Professional Psychology: Research and Practice, 37*(4), 430-436. doi: 10.1037/0735-7028.37.4.430
- Rye, M. S., & Pargament, K. I. (2002). Forgiveness and romantic relationships in college: Can it heal the wounded heart? *Journal of Clinical Psychology, 58*, 419–441. doi:10.1002/jclp.1153
- Rye, M. S., Pargament, K. I., Pan, W., Yingling, D. W., Shogren, K. A., & Ito, M. (2005). Can group interventions facilitate forgiveness of an ex-spouse? A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 73*, 880–892. doi:10.1037/0022-006X.73.5.880

- Salsman, J. M. & Carson, C. R. (2005). Religious orientation, mature faith, and psychological distress: Elements of positive and negative associations. *Journal for the Scientific Study of Religion*, 44(2), 201–209. doi: 10.1111/j.1468-5906.2005.00276.x
- Sawatzky, R. Ratner, P. A., & Chiu, L. (2005). A meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research*, 72, 153–188. doi: 10.1007/s11205-004-5577-x
- Schulte, D. L., Skinner, T. A., & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist*, 30(1), 118-134. doi: 10.1177/0011000002301009
- Schneider, T. R., Rench, T. A., Lyons, J. B., & Riffle, R. R. (2012). The influence of neuroticism, extraversion and openness on stress responses. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 28(2), 102-110. doi:10.1002/smi.140
- Schlosser, L. Z. (2003). Christian privilege: Breaking a sacred taboo. *Journal of Multicultural Counseling and Development*, 31(1), 44-51. Retrieved from www.csa.com.
- Seidlitz, L., Abernethy, A. D., Duberstein, P. R., Evinger, J. S., Chang, T. H., & Lewis, B. L. (2002). Development of the Spiritual Transcendence Index. *Journal for the Scientific Study of Religion* 41 (2), 439-453. doi: 10.1111/1468-5906.00129
- Shafranske, E. P. (2000). Religious involvement and professional practices of psychiatrists and other mental health professionals. *Psychiatric Annals*, 30(8), 525-532.
- Shafranske, E. P., & Gorsuch, R. L. (1984). Factors associated with the perception of spirituality in psychotherapy. *Journal of Transpersonal Psychology*, 16, 231-241.

- Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 27*, 72-78. doi: 10.1037/0033-3204.27.1.72
- Smith, D. P. & Orlinsky, D. E. (2004). Religious and spiritual experience among psychotherapists. *Psychotherapy: Theory, Research, Practice, Training, 41*(2), 144-151. doi: 10.1037/0033-3204.41.2.144
- Smith, T. B., Bartz, J., Richards, P. S. (2007). Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychotherapy Research, 17*, 643-655. doi: 10.1080/10503300701250347
- Sorenson, R. L., & Hales, S. (2002). Comparing evangelical protestant psychologists trained at secular versus religiously affiliated programs. *Psychotherapy: Theory, Research, Practice, Training, 39*, 163-170. doi:10.1037/0033-3204.39.2.163
- Spek, V., Nyklíček, I., Cuijpers, P., & Pop, V. (2008). Predictors of outcome of group and internet-based cognitive behavior therapy. *Journal of Affective Disorders, 105*(1-3), 137-145. doi:10.1016/j.jad.2007.05.001
- Stiles, W. B., & Snow, J. S. (1984). Counseling session impact as viewed by novice counselors and their clients. *Journal of Counseling Psychology, 31*(1), 3-12. doi: 10.1037/0022-0167.31.1.3
- Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice*. New York, NY: Wiley & Sons.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Multivariate statistics* (4th ed.). Needham Heights, MA: Allyn & Bacon.

- Tarakeshwar, N., Pearce, M. J., & Sikkema, K. J. (2005). Development and implementation of a spiritual coping group intervention for adults living with HIV/AIDS: A pilot study. *Mental Health, Religion & Culture*, 8, 179–190. doi: 10.1080/13694670500138908
- Tracey, T. J., Glidden, C. E., & Kokotovic, A. M. (1988). Factor structure of the Counselor Rating Form-Short. *Journal of Counseling Psychology*, 35, 330-335. doi: 10.1037/0022-0167.35.3.330
- Uffelman, R. A., & Hardin, S. I. (2002). Session limits at university counseling centers: Effects on help-seeking attitudes. *Journal of Counseling Psychology*, 49(1), 127-132. doi:10.1037/0022-0167.49.1.127
- van Asselt, K., & Senstock, T. (2009). Influence of counselor spirituality and training on treatment focus and self-perceived competence. *Journal of Counseling & Development*, 87(4), 412-418. doi: 10.1002/j.1556-6678.2009.tb00125.x
- Wade, N.G., Worthington, E. L., Jr., Vogel, D. L. (2007). Effectiveness of religiously tailored interventions in Christian therapy. *Psychotherapy Research*, 17, 91-105. doi: 10.1080/10503300500497388.
- Walker, D. F., Gorsuch, R. L., & Tan, S. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values*, 49(1), 69-80. doi: 10.1002/j.2161-007X.2004.tb00254.x
- Walker, D. F., Worthington, E. L. Jr., Gartner, A. L., Gorsuch, R. L., & Hanshew, E. (2011). Religious commitment and expectations about psychotherapy among Christian clients. *Psychology of Religion and Spirituality*, 3(2), 98-114. doi:10.1037/a0021604

- Warman, R. (1960). Differential perceptions of counseling role. *Journal of Counseling Psychology*, 7, 269–274. doi: 10.1037/h0040599
- Warman, R. (1961). The counseling role of college and university counseling centers. *Journal of Counseling Psychology*, 8, 231–238. doi: 10.1037/h0040599
- Weinstein, C. M., Parker, J., & Archer, J., Jr. (2002). College counselor attitudes toward spiritual and religious issues and practices in counseling. *Journal of College Counseling*, 5, 164-174. doi: 10.1002/j.2161-1882.2002.tb00218.x
- Wilcove, G., & Sharp, H. W. (1971). Differential perception of a college counseling center. *Journal of Counseling Psychology*, 18, 60–63. doi: 10.1037/h0030410
- Worthington, E. L. Jr. (1986). Religious counseling: A review of published empirical research. *Journal of Counseling and Development*, 64, 421-431. doi: 10.1002/j.1556-6676.1986.tb01153.x
- Worthington, E. L. Jr. (2004). *Experiencing forgiveness: Six practical sessions for becoming a more forgiving Christian*. Unpublished manuscript, Virginia Commonwealth University, Richmond, VA.
- Worthington, E. L., Jr., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion in counseling: A 10-year review and research prospectus. *Psychological Bulletin*, 119, 448-487.
- Worthington, E.L., Jr., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and spirituality. *Journal of Clinical Psychology*, 67(2), 204-214. doi:10.1002/jclp.20760
- Worthington, E. L., & Sandage, S. J. (2001). Religion and spirituality. *Psychotherapy: Theory, Research*, 38, 473-478. doi:10.1037/0033-3204.38.4.473

- Worthington, E. L., Wade, N. G., Hight, T. L., Ripley, J. S., McCullough, M. E., Berry, J. W., et al. (2003). The religious commitment inventory-10: Development, refinement, and validation of a brief scale for research and counseling. *Journal of Counseling Psychology, 50*, 84-96. doi: 10.1037/0022-0167.50.1.84
- Wyatt, S. C., & Johnson, R. W. (1990). The influence of counselors' religious values on clients' perceptions of the counselor. *Journal of Psychology & Theology, 18*, 158-165.
- Yalom, I.D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.
- Young, J. S., Cashwell, C., Wiggins-Frame, M., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values, 47*, 22-33. doi: 10.1002/j.2161-007X.2002.tb00221.x
- Zinnbauer, B. J., & Camerota, E. C. (2004). The spirituality group: A search for the sacred. *Journal of Transpersonal Psychology, 36*, 50-65.
- Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., (1997). Religion and spirituality: Unfuzzifying the fuzzy. *Journal for the Scientific Study of Religion, 36*(4), 549-564. doi:10.2307/1387689

APPENDIX A

IRB APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office for Responsible Research
Vice President for Research
1138 Pearson Hall
Ames, Iowa 50011-2207
515 294-4566
FAX 515 294-4267

Date: 7/27/2011

To: Brian Post
W113 Lagomarcino

CC: Dr. Nathaniel Wade
W112 Lagomarcino

From: Office for Responsible Research

Title: Group Counseling Beliefs and Preferences

IRB Num: 09-346

Approval Date: 7/27/2011

Continuing Review Date: 7/26/2012

Submission Type: Continuing Review /
Modification

Review Type: Expedited

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University. Please refer to the IRB ID number shown above in all correspondence regarding this study.

Your study has been approved according to the dates shown above. To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- **Use only the approved study materials** in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.
- **Obtain IRB approval prior to implementing any changes** to the study by submitting the "Continuing Review and/or Modification" form.
- **Immediately inform the IRB** of (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.
- **Stop all research activity if IRB approval lapses**, unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.
- **Complete a new continuing review form** at least three to four weeks prior to the date for continuing review as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Research investigators are expected to comply with the principles of the Belmont Report, and state and federal regulations regarding the involvement of humans in research. These documents are located on the Office for Responsible Research website <http://www.compliance.iastate.edu/irb/forms/> or available by calling (515) 294-4566.

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 1138 Pearson Hall, to officially close the project.

APPENDIX B

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 20-25 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 slips of paper that they can write on and then place in an envelope].
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 \$50 Amazon.com gift card. For every 100 individuals who participate in the study one \$50 gift card will be given away. 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.S., M.C.S.

APPENDIX C

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, your name will be entered in a drawing to receive one \$50 Amazon.com gift card. For every 100 individuals who participate in the study one \$50 gift card will be given away. 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 20-25 minutes to complete.

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

[Survey link will be entered here]

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

EMAIL REMINDER #1

Subject: Group Survey

Hello!

About a week ago at your counseling group you indicated that you might be interested in participating in our study. Thank you for your interest. 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.

We wanted to send you a reminder about this study and ask that you consider participating. Your opinions matter! The more people who respond the more meaningful our data will be.

If you agree to participate, your name will be entered in a drawing to receive one \$50 Amazon.com gift card. For every 100 individuals who participate in the study one \$50 gift card will be given away. If your name is randomly selected we will contact you by email. The drawing will occur within one week after data collection is complete.

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 approximately 10-15 minutes to complete.

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

[link will be provided here]

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

EMAIL REMINDER #2

Subject: Group Survey

Hello!

About two weeks ago at your counseling group you indicated that you might be interested in participating in our study. Thank you for your interest. 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.

We wanted to send you one last reminder about this study and ask that you consider participating. Your opinions matter! The more people who respond the more meaningful our data will be.

If you agree to participate, your name will be entered in a drawing to receive one \$50 Amazon.com gift card. For every 100 individuals who participate in the study one \$50 gift card will be given away. If your name is randomly selected we will contact you by email. The drawing will occur within one week after data collection is complete.

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:

[survey link will be entered here]

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

CLIENT INFORMED CONSENT DOCUMENT

Title of Study: Group Counseling Beliefs and Preferences

Investigators: Nathaniel Wade, Ph.D., Brian Post (PI), M.S., M.C.S., Marilyn Cornish, M.S., Jeritt Tucker, B.S.

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 your institution's counseling center.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for 20-25 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 \$50 Amazon.com gift card. For every 100 individuals who participate in the study one \$50 gift card will be given away.. Therefore, your chances of winning are at least 1 in 100. 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, you are indicating 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 E

CLIENT QUESTIONNAIRE

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.

Religious Struggle

Indicate the extent to which each of the following describes you:
(1 = Not at all, 2 = To some extent, 3 = To a great extent)

1. Feeling unsettled about spiritual and religious matters
2. Feeling disillusioned with my religious upbringing

Since entering college, please indicate how often you have:
(1 = Not at all, 2 = Occasionally, 3 = Frequently)

3. Struggled to understand evil, suffering, and death
4. Felt angry with God
5. Questioned your religious/spiritual beliefs
6. Felt distant from God
7. Disagreed with your family about religious matters

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	Somewhat	Moderately	Very Much	Extremely
1. In general, how important do you believe discussion of <i>religious</i> issues is to group counseling?	1	2	3	4	5
2. In general, how important do you believe discussion of <i>spiritual</i> 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 <i>religious</i> 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 <i>spiritual</i> issues with your group?	1	2	3	4	5
	Not at All	Somewhat	Moderately	Very Much	Extremely
5. To what degree would you like to discuss <i>religious</i> issues with your group?	1	2	3	4	5
6. To what degree would you like to discuss <i>spiritual</i> issues with your group?	1	2	3	4	5
7. To what degree is the most important problem that brought you to counseling related to <i>religion</i> ?	1	2	3	4	5
8. To what degree is the most important problem that brought you to counseling related to <i>spirituality</i> ?	1	2	3	4	5
9. How willing do you believe your group leader(s) are to discuss <i>religious</i> issues with you?	1	2	3	4	5
10. How willing do you believe your group leader(s) are to discuss <i>spiritual</i> issues with you?	1	2	3	4	5
11. How willing do you believe the other members of your group are to discuss <i>religious</i> issues?	1	2	3	4	5
12. How willing do you believe the other members of your group are to discuss <i>spiritual</i> 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: _____

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	Definitely Appropriate
1. Troubled by moral values of others	1	2	3	4	5
2. Science conflicting with one's religion	1	2	3	4	5
3. Having beliefs that differ from one's 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 one's 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?	<i>1 = completely inappropriate</i> <i>2 = mostly inappropriate</i> <i>3 = somewhat inappropriate</i> <i>4 = somewhat appropriate</i> <i>5 = mostly appropriate</i> <i>6 = completely appropriate</i>					
(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) Group counselors self-disclosing their own spiritual beliefs.	1	2	3	4	5	6
(6) Group counselors self-disclosing their 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
13. Facilitating a group activity where group members' share their religious backgrounds.	1	2	3	4	5	6
14. Facilitating a group activity where group members' share their spiritual backgrounds.	1	2	3	4	5	6
15. Conducting a guided meditation that included religious imagery, language, and symbols.	1	2	3	4	5	6
16. Conducting a guided meditation that included spiritual imagery, language, and symbols.	1	2	3	4	5	6
17. Ignoring the religious aspect of a concern raised by a client.	1	2	3	4	5	6

18. Ignoring the spiritual aspect of a concern raised by a client.	1	2	3	4	5	6
19. Highlighting religion as a source of strength.	1	2	3	4	5	6
20. Highlighting spirituality as a source of strength.	1	2	3	4	5	6
21. Exploring religious struggles.	1	2	3	4	5	6
22. Exploring spiritual struggles.	1	2	3	4	5	6

Spiritual Transcendence Index (STI)

Please respond to each of the items below by circling the <i>one</i> number that <i>most closely</i> describes the extent to which you agree or disagree with the statement.	1 = <i>strongly disagree</i>					
	2 = <i>disagree</i>					
	3 = <i>slightly disagree</i>					
	4 = <i>slightly agree</i>					
	5 = <i>agree</i>					
	6 = <i>strongly agree</i>					
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

Religious Commitment Inventory—10 (RCI—10)

RCI: Please select the number that <i>most closely</i> describes the extent to which the statement is true of you.	<i>1 = not at all true of me</i> <i>2 = somewhat true of me</i> <i>3 = moderately true of me</i> <i>4 = mostly true of me</i> <i>5 = totally true of me</i>				
1. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
2. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
3. It is important for me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
4. Religious beliefs influence all my dealings in life.	1	2	3	4	5
5. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
6. I often read books and magazines about my faith.	1	2	3	4	5
7. I enjoy working in the activities of my religious organization.	1	2	3	4	5
8. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
9. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5
10. I make financial contributions to my religious organization.	1	2	3	4	5

Neuroticism Measure

On this page, there are phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes **you**. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Please read each statement carefully, and then fill in the bubble that corresponds to the number on the scale.

Response Options

- 1: Very Inaccurate**
- 2: Moderately Inaccurate**
- 3: Neither Inaccurate nor Accurate**
- 4: Moderately Accurate**
- 5: Very Accurate**

- _____ 1. Often feel blue.
- _____ 2. Dislike myself.
- _____ 3. Am often down in the dumps.
- _____ 4. Have frequent mood swings.
- _____ 5. Panic easily.
- _____ 6. Seldom feel blue.
- _____ 7. Feel comfortable with myself.
- _____ 8. Rarely get irritated.
- _____ 9. Am not easily bothered by things.
- _____ 10. Am very pleased with myself.

CASE VIGNETTES

Case Scenario 1: Religious Concern-No Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what I believe.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. Normally, I feel really connected to God. I usually experience God's presence in my prayer life, when I study the Bible, and even in my interactions with other people. But lately I've lost that feeling. God seems distant to me, and when I pray I feel like I'm talking to a brick wall.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* I guess a big part of it is that I am starting to question my faith. Everyone else at church seems to have an unwavering faith in God. They are all really nice people, and I enjoy spending time with them. I just don't know if I can believe like they do, and this makes me feel disconnected from them.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Group Facilitator: You know, I'm really glad you brought this up. This is such an important topic. Let's turn this discussion to the group. Can any of you relate to feeling lonely or wondering if you fit in?

The group discussion continues with several other members in your group sharing about times when they have felt lonely (e.g., when a romantic relationship ended and when parents got divorced) Others share about times when they wondered if they fit in, such as feeling different from others during the first semester of college because they were not interested in the "party life style". Following this discussion the group session ends.

Case Scenario 2: Spiritual Concern-No Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what it all means.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. It's not that I don't have enough friends. I have a good relationship with my family and I have several friends here on campus that I feel pretty close to. It's kind of hard to put into words, but I usually feel a greater connection, not just with the people in my life, but also with something larger than myself.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* This may sound strange, but until recently I had a sense that I was connected to everyone and everything. It was like I had a hyper-awareness that everything is interconnected. I wasn't aware of the feeling all the time and some times I felt it stronger than other times, but it was always there. At least until recently. Now, I don't have that feeling, and I really feel disconnected from the world, like I'm spiritually lost.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Group Facilitator: You know, I'm really glad you brought this up. This is such an important topic. Let's turn this discussion to the group. Can any of you relate to feeling lonely or disconnected from your surroundings?

The group discussion continues with several other members in your group sharing about times when they have felt lonely (e.g., when a romantic relationship ended and when parents got divorced). Others share about times when they have felt disconnected from others (e.g., during a significant depression) and from their surroundings (e.g., after leaving friends who were going in a bad direction). Following this discussion the group session ends.

Case Scenario 3: Religious Concern-Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what I believe.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. Normally, I feel really connected to God. I usually experience God's presence in my prayer life, when I study the Bible, and even in my interactions with other people. But lately I've lost that feeling. God seems distant to me, and when I pray I feel like I'm talking to a brick wall.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* I guess a big part of it is that I am starting to question my faith. Everyone else at church seems to have an unwavering faith in God. They are all really nice people, and I enjoy spending time with them. I just don't know if I can believe like they do, and this makes me feel disconnected from them.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Group Facilitator: You know, I'm really glad you brought this up. This is such an important topic. I would like to turn this discussion to the group, but first let me say a few things. I would like to point out that as a group we have not really openly discussed our religious or spiritual experiences. But these can be important topics, because our beliefs regarding religion and spirituality are an important part of our identities. It's important that we are able to discuss them with one another. However, I also want to acknowledge that discussions like this can be uncomfortable and might cause some members to feel unsafe in the group. One way to make this a safer topic is to agree on some ground rules when we talk about these things. Let's take a few minutes as a group to formulate some agreed upon guidelines that will apply as we move forward and discuss religious and spiritual concerns. Then we can discuss times when others have felt lonely or wondered if you fit in.

The group spends a few minutes discussing ways that would make the topics of religion and spirituality safer for all group members. The members come up with the following guidelines for discussing religion and spirituality that everyone agrees to: no trying to make converts, talk from your own experience, don't assume that you are totally right and others are totally

wrong, and listen to whoever is sharing even if you might not share their religious or spiritual perspectives.

The group discussion then continues with several other members in your group sharing about times when they have felt lonely (e.g., being ridiculed at school for being from a different religion than most and feeling isolated from family when they lost their religious faith). Others share about times when they wondered if they fit in, such as feeling different from others during the first semester of college because they were not interested in the “party life style”. Following this discussion the group session ends.

Case Scenario 4: Spiritual Concern-Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what it all means.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. It's not that I don't have enough friends. I have a good relationship with my family and I have several friends here on campus that I feel pretty close to. It's kind of hard to put into words, but I usually feel a greater connection, not just with the people in my life, but also with something larger than myself.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* This may sound strange, but until recently I had a sense that I was connected to everyone and everything. It was like I had a hyper-awareness that everything is interconnected. I wasn't aware of the feeling all the time and some times I felt it stronger than other times, but it was always there. At least until recently. Now, I don't have that feeling, and I really feel disconnected from the world, like I'm spiritually lost.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Group Facilitator: You know, I'm really glad you brought this up. This is such an important topic. I would like to turn this discussion to the group, but first let me say a few things. I would like to point out that as a group we have not really openly discussed our religious or spiritual experiences. But these can be important topics, because our beliefs regarding religion and spirituality are an important part of our identities. It's important that we are able to discuss them with one another. However, I also want to acknowledge that discussions like this can be uncomfortable and might cause some members to feel unsafe in the group. One way to make this a safer topic is to agree on some ground rules when we talk about these things. Let's take a few minutes as a group to formulate some agreed upon guidelines that will apply as we move forward and discuss religious and spiritual concerns. Then we can discuss times when others have felt lonely or disconnected.

The group spends a few minutes discussing ways that would make the topics of religion and spirituality safer for all group members. The members come up with the following guidelines for discussing religion and spirituality that everyone agrees to: no trying to make converts,

talk from your own experience, don't assume that you are totally right and others are totally wrong, and listen to whoever is sharing even if you might not share their religious or spiritual perspectives.

The group discussion then continues with several other members in your group sharing about times when they have felt lonely (e.g., being ridiculed at school for being from a different religion than most and feeling isolated from family when they lost their religious faith). Others share about important times when they felt disconnected from others, such as when important spiritual beliefs changed following a significant depression and choosing to leave a friend who would not support their spiritual choices. Following this discussion the group session ends.

Follow up questions

1. What gender did you imagine the group client to be?

Female Male Did not imagine a gender

2. To what degree can you imagine this interaction happening in your group?

1 = Not at all 4 = Moderately 7 = To a Great Extent

1 2 3 4 5 6 7

3. How often has the topic of religion come up in your group (either the group leader or a group member brought up a topic related to group members' experiences with religion?)

1 = Not at all 3 = Occasionally 5 = Often 7 = Most or All of the Time

1 2 3 4 5 6 7

Describe how likely you would be to think, feel or do the following, if you were a member of the group in the description you just read.							
	<i>1 = definitely would not</i>	<i>2</i>	<i>3 = probably would not</i>	<i>4</i>	<i>5 = probably would</i>	<i>6</i>	<i>7 = definitely would</i>
1. Ask the group member more questions about his/her experience.	1	2	3	4	5	6	7
2. Share your own religious background or experiences.	1	2	3	4	5	6	7
3. Share your own spiritual background or experiences.	1	2	3	4	5	6	7
4. Remain quiet and simply listen to the other members.	1	2	3	4	5	6	7
5. Decline to share any information about your personal religious beliefs.	1	2	3	4	5	6	7
6. Decline to share any information about your personal spiritual beliefs.	1	2	3	4	5	6	7
7. Avoid conflict in the group by only sharing things that were similar to what others shared.	1	2	3	4	5	6	7
8. Wait for a pause and then bring up another topic that is unrelated to religion or spirituality.	1	2	3	4	5	6	7
9. Ask the group leader for clarification or direction.	1	2	3	4	5	6	7
10. Leave the room.	1	2	3	4	5	6	7
11. Try to get others to see my point of view.	1	2	3	4	5	6	7
12. Feel badly for other group members who do not share my religious views.	1	2	3	4	5	6	7
13. Feel disconnected from the other group members.	1	2	3	4	5	6	7
14. Feel closer to the other group members.	1	2	3	4	5	6	7
15. Feel defensive and uncertain about the discussion.	1	2	3	4	5	6	7
16. Share my views or experiences even if they conflicted with the other group members'.	1	2	3	4	5	6	7

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 17. Fear you might unintentionally upset someone by talking about your beliefs regarding this topic. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. Decide to stop attending the group | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Session Evaluation Questionnaire

Please place an 'X' on each line to show how you feel about the group session you just read about.

This session was...
 bad : : : : : : : good
 1 2 3 4 5 6 7

This session was...
 unpleasant : : : : : : : pleasant
 1 2 3 4 5 6 7

This session was...
 safe : : : : : : : dangerous
 1 2 3 4 5 6 7

This session was...
 full : : : : : : : empty
 1 2 3 4 5 6 7

This session was...
 difficult : : : : : : : easy
 1 2 3 4 5 6 7

This session was...
 weak : : : : : : : powerful
 1 2 3 4 5 6 7

This session was...
 valuable : : : : : : : worthless
 1 2 3 4 5 6 7

This session was...
 special : : : : : : : ordinary
 1 2 3 4 5 6 7

This session was...
 shallow : : : : : : : deep
 1 2 3 4 5 6 7

This session was...
 rough : : : : : : : smooth
 1 2 3 4 5 6 7

This session was...
 relaxed : : : : : : : tense
 1 2 3 4 5 6 7

This session was...
 comfortable : : : : : : : uncomfortable
 1 2 3 4 5 6 7

Case 1: In the vignette you just read, the group counselor encouraged group members to discuss times when they have felt lonely or like they didn't fit in, but did not ask members to respond to the religious aspect of the client's issue.

Case 2: In the vignette you just read, the group counselor encouraged group members to discuss times when they have felt lonely or like they didn't fit in, but did not ask members to respond to the spiritual aspect of the client's issue.

Case 3: In the vignette you just read, the group counselor encouraged group members to discuss and agree upon guidelines for discussing religion.

Case 4: In the vignette you just read, the group counselor encouraged group members to discuss and agree upon guidelines for discussing spirituality.

To what degree did the group counselor appropriately respond to the situation?

<i>1 = Not at all 4 = Moderately 7 = To a Great Extent</i>						
1	2	3	4	5	6	7

If this interaction took place in your group to what degree would the group counselor's response make you feel **SAFER** to discuss religion/spirituality with your group members?

<i>1 = Not at all 4 = Moderately 7 = To a Great Extent</i>						
1	2	3	4	5	6	7

If this interaction took place in your group to what degree would the group counselor's response make you **MORE LIKELY** to discuss religion/spirituality with your group members?

<i>1 = Not at all 4 = Moderately 7 = To a Great Extent</i>						
1	2	3	4	5	6	7

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) Wiccan |
| 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) Wiccan |
| 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. To which type of group do you belong? [A drop-down menu on the on-line survey will provide a list of the groups (e.g., interpersonal process, eating disorder, family of origin, graduate student support group, etc.)]

11. At which university are you receiving group counseling?

APPENDIX F**CLIENT 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, religious commitment, 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 Fall Semester 2011. 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.

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 G

THERAPIST INFORMED CONSENT DOCUMENT

Title of Study: Group Counseling Beliefs and Preferences

Investigators: Nathaniel Wade, Ph.D., Brian Post (PI), M.S., M.C.S., Marilyn Cornish, M.S., Jeritt Tucker, B.S.

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 counselor 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 facilitating a counseling group at your institution's counseling center.

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 group counselors by helping them to 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 most therapeutic for clients. It is hoped that this information will help group counselors to think about and address religious and spiritual concerns that arise within the context of group counseling in a manner that is ultimately therapeutic for clients. Therefore, it is hoped that this study will benefit future group counseling clients.

COSTS AND COMPENSATION

You will not have any costs from participating in this study, **and you will receive no compensation.**

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. 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: 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.S., 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, you are indicating 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 H

THERAPIST QUESTIONNAIRE

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.

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	Definitely Appropriate
1. Troubled by moral values of others	1	2	3	4	5
2. Science conflicting with one's religion	1	2	3	4	5
3. Having beliefs that differ from one's 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 one's family in religious beliefs	1	2	3	4	5

Perceived Appropriateness of Religious and Spiritual Interventions Scale (PARSIS)

Please select the number that <i>most closely</i> describes how appropriate or inappropriate you believe the following interventions are for group counseling.						
	1	2	3	4	5	6
	<i>1 = never appropriate</i> <i>2 = rarely appropriate</i> <i>3 = occasionally appropriate</i> <i>4 = usually appropriate</i> <i>5 = almost always appropriate</i> <i>6 = always appropriate</i>					
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
13. Facilitating a group activity where group members' share their religious backgrounds.	1	2	3	4	5	6
14. Facilitating a group activity where group members' share their spiritual backgrounds.	1	2	3	4	5	6
15. Conducting a guided meditation that included religious imagery, language, and symbols.	1	2	3	4	5	6
16. Conducting a guided meditation that included spiritual imagery, language, and symbols.	1	2	3	4	5	6
17. Ignoring the religious aspect of a concern raised by a client.	1	2	3	4	5	6
18. Ignoring the spiritual aspect of a concern raised by a client.	1	2	3	4	5	6
19. Highlighting religion as a source of strength.	1	2	3	4	5	6
20. Highlighting spirituality as a source of strength.	1	2	3	4	5	6
21. Exploring religious struggles.	1	2	3	4	5	6
22. Exploring spiritual struggles.	1	2	3	4	5	6

Use of Religious and Spiritual Interventions Scale (URSIS)

Please select the number that <i>most closely</i> describes how frequently you use the following interventions in group counseling.	<i>1 = never</i>	<i>2 = rarely</i>	<i>3 = occasionally</i>	<i>4 = usually</i>	<i>5 = almost always</i>	<i>6 = always</i>
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
13. Facilitating a group activity where group members share their religious backgrounds.	1	2	3	4	5	6
14. Facilitating a group activity where group members share their spiritual backgrounds.	1	2	3	4	5	6
15. Conducting a guided meditation that included religious imagery, language, and symbols.	1	2	3	4	5	6
16. Conducting a guided meditation that included spiritual imagery, language, and symbols.	1	2	3	4	5	6
17. Ignoring the religious aspect of a concern raised by a client.	1	2	3	4	5	6
18. Ignoring the spiritual aspect of a concern raised by a client.	1	2	3	4	5	6
19. Highlighting religion as a source of strength.	1	2	3	4	5	6
20. Highlighting spirituality as a source of strength.	1	2	3	4	5	6
21. Exploring religious struggles.	1	2	3	4	5	6
22. Exploring spiritual struggles.	1	2	3	4	5	6

Spiritual Transcendence Index (STI)

STI: Please select the rating that <i>most closely</i> describes the extent to which you agree or disagree with each statement.	<i>1 = strongly disagree</i> <i>2 = disagree</i> <i>3 = slightly disagree</i> <i>4 = slightly agree</i> <i>5 = agree</i> <i>6 = strongly agree</i>					
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

Religious Commitment Inventory—10 (RCI—10)

RCI: Please select the number that <i>most closely</i> describes the extent to which the statement is true of you.	<i>1 = not at all true of me</i> <i>2 = somewhat true of me</i> <i>3 = moderately true of me</i> <i>4 = mostly true of me</i> <i>5 = totally true of me</i>				
1. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
2. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
3. It is important for me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
4. Religious beliefs influence all my dealings in life.	1	2	3	4	5
5. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
6. I often read books and magazines about my faith.	1	2	3	4	5
7. I enjoy working in the activities of my religious organization.	1	2	3	4	5
8. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
9. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5
10. I make financial contributions to my religious organization.	1	2	3	4	5

Neuroticism Measure

On this page, there are phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes **you**. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Please read each statement carefully, and then fill in the bubble that corresponds to the number on the scale.

Response Options

- 1: Very Inaccurate
- 2: Moderately Inaccurate
- 3: Neither Inaccurate nor Accurate
- 4: Moderately Accurate
- 5: Very Accurate

- _____ 1. Often feel blue.
- _____ 2. Dislike myself.
- _____ 3. Am often down in the dumps.
- _____ 4. Have frequent mood swings.
- _____ 5. Panic easily.
- _____ 6. Seldom feel blue.
- _____ 7. Feel comfortable with myself.
- _____ 8. Rarely get irritated.
- _____ 9. Am not easily bothered by things.
- _____ 10. Am very pleased with myself.

CASE VIGNETTES

Case Scenario 1: Religious Concern-No Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what I believe.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. Normally, I feel really connected to God. I usually experience God's presence in my prayer life, when I study the Bible, and even in my interactions with other people. But lately I've lost that feeling. God seems distant to me, and when I pray I feel like I'm talking to a brick wall.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* I guess a big part of it is that I am starting to question my faith. Everyone else at church seems to have an unwavering faith in God. They are all really nice people, and I enjoy spending time with them. I just don't know if I can believe like they do, and this makes me feel disconnected from them.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Case Scenario 2: Spiritual Concern-No Therapist Intervention

Imagine that at your group's next session the interaction described below takes place.

After some time spent checking in with various members and attending to anything that was left over from the previous session, the group comes to a natural pause. One of the other members of your group then brings up a struggle that they have been having.

Group member: I have been feeling really lonely lately. I think it kind of has to do with a struggle I am having with making sense of life. I am trying to figure out what it all means.

Group Facilitator: Can you say more?

Group member: Well...*[member hesitates]*...okay. It's not that I don't have enough friends. I have a good relationship with my family and I have several friends here on campus that I feel pretty close to. It's kind of hard to put into words, but I usually feel a greater connection, not just with the people in my life, but also with something larger than myself.

[Silence. The group member looks down, pondering.]

Group member: *[continuing]* This may sound strange, but until recently I had a sense that I was connected to everyone and everything. It was like I had a hyper-awareness that everything is interconnected. I wasn't aware of the feeling all the time and some times I felt it stronger than other times, but it was always there. At least until recently. Now, I don't have that feeling, and I really feel disconnected from the world, like I'm spiritually lost.

Group Facilitator: Like maybe you don't belong anymore.

Group member: Kind of...*[the member seems to be stuck, unsure what to say next]*

Describe how likely you would be to think, feel or do the following, if you were a group counselor in the description you just read.							
	<i>1 = definitely would not</i>	<i>2</i>	<i>3 = probably would not</i>	<i>4</i>	<i>5 = probably would</i>	<i>6</i>	<i>7 = definitely would</i>
1. Ask the group member more questions about his/her experience.	1	2	3	4	5	6	7
2. Share your own religious background or experiences.	1	2	3	4	5	6	7
3. Share your own spiritual background or experiences.	1	2	3	4	5	6	7
4. Remain quiet and simply listen to the other members.	1	2	3	4	5	6	7
5. Decline to share any information about your personal religious beliefs.	1	2	3	4	5	6	7
6. Decline to share any information about your personal spiritual beliefs.	1	2	3	4	5	6	7
7. Wait for a pause and then bring up another topic that is unrelated to religion or spirituality.	1	2	3	4	5	6	7
8. Feel anxious about the discussion.	1	2	3	4	5	6	7
9. Share your own views or experiences even if they conflicted with the group members'.	1	2	3	4	5	6	7
10. Fear you might unintentionally upset someone who holds a different belief system.	1	2	3	4	5	6	7
11. Facilitate a group activity where group members' create group guidelines around addressing the topic of religion/spirituality.	1	2	3	4	5	6	7
12. Facilitate a group activity where group members' share their religious backgrounds.	1	2	3	4	5	6	7
13. Facilitating a group activity where group members' share their spiritual backgrounds.	1	2	3	4	5	6	7
14. Conduct a guided meditation that included religious imagery, language, and symbols.	1	2	3	4	5	6	7
15. Conduct a guided meditation that included spiritual imagery, language, and symbols.	1	2	3	4	5	6	7
16. Ignore the religious aspect of a concern raised by a client.	1	2	3	4	5	6	7
17. Ignore the spiritual aspect of a concern raised by a client.	1	2	3	4	5	6	7
18. Highlight religion as a source of strength.	1	2	3	4	5	6	7
19. Highlight spirituality as a source of strength.	1	2	3	4	5	6	7

20. Facilitate a discussion about loneliness or fitting in. 1 2 3 4 5 6 7
21. Other (please explain):

Follow up questions (validity checks)

1. What gender did you imagine the group client to be?
Female Male Did not imagine a gender
2. To what degree can you imagine this interaction happening in your group(s)?

1 = Not at all 4 = Moderately 7 = To a Great Extent

1 2 3 4 5 6 7

3. How often has the topic of religion come up in your group(s) (either the group leader or a group member brought up a topic related to group members' experiences with religion?)

1 = Not at all 3 = Occasionally 5 = Often 7 = Most or All of the Time

1 2 3 4 5 6 7

Demographic Questions

Your Age _____ Gender _____

What is your race/ethnicity?

- a) Asian American/Pacific Islander
- b) Black/African American
- c) Latino/a
- d) Native American/Native Alaskan
- e) White/Caucasian
- f) Other _____

At which university are you employed at? _____

What is the religion or spiritual worldview that you currently identify with?

- a) Agnosticism b) Atheism 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 o) Unitarianism/Universalism p) Wicca
- q) Other _____

What was the religion or spiritual worldview of your family while growing up?

- a) Agnosticism b) Atheism 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 o) Unitarianism/Universalism p) Wicca
- q) Other _____

Which category best describes you?

- a) practicum student b) intern c) full-time staff d) part-time staff

In what area did (will) you receive your degree?

- a) Clinical psychology b) Counseling psychology c) Counselor education
- d) Marriage and family therapy e) Pastoral counseling f) Psychiatry
- g) Social work h) Other _____

What is the highest degree you have achieved?

- a) Masters b) Doctorate c) Other _____

Are you licensed as a mental health practitioner?

- a) Yes b) No

If you have received your degree: How many years have you been practicing as a mental health professional (exclude work prior to your degree, but include work prior to your license)? _____

If you are currently a student: What year is this for you in your program?

1 2 3 4 5 6 7

How much of your clinical work is devoted to group therapy?

- a) None or almost none b) Less than 25% c) 25-50%
d) 50-75% e) More than 75% f) All or almost all

Which type(s) of groups do you facilitate? (select all that apply)

- a) process-oriented groups
b) psychoeducational groups
c) support groups
d) other _____

To what extent are you interested in the topic of spirituality/religion and therapy?

- a) Not at all interested b) A little interested c) Moderately interested
d) Very interested e) Extremely interested

Have you ever facilitated any therapy groups in which a main focus is the discussion of spiritual or religious issues?

- a) Yes, I am currently facilitating such a group.
b) I am not currently facilitating such a group, but I have in the past.
c) No, I have never facilitated such a group

What types of training and experiences (if any) have you had in the area of spirituality/religion in therapy? (please select all that apply).

- a) Took a graduate course specifically devoted to this topic
b) Took a graduate course that included this topic
c) Took a continuing education course devoted to this topic
d) Attended a conference or seminar on this topic
e) Read book(s) on this topic
f) Read journal article(s) on this topic
g) Conducted research on this topic
h) Had a practicum/internship experience with a focus on this topic
i) Received supervision on this topic
j) Attended graduate school at a religiously-affiliated institution
k) Had post-doctoral training at a religiously-affiliated institution
l) Worked as a mental health professional at a religiously-affiliated institution/practice
m) None

APPENDIX I

THERAPIST 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 therapist 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, religious commitment, 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 Fall Semester 2011. 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.

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 J

CLIENT PRESENTING CONCERNS

1. Skill Building (dealing with emotions, talking (louder and in a way that can be understood), feeling comfortable in the group, learning what makes me feel good or bad in group - and eventually expressing those feelings)
2. Anxiety with a lot of private issues.
3. I have a lot of issues with my mom. She is depressed and suicidal. I have a hard time dealing with it. I also have very low self-esteem and confidence issues.
4. Eating disorder, mainly bingeing no purging. General overeating / mindless eating, body image issues
5. Anxiety
6. Being alone at college. And over coming an eating disorder
7. Eating Disorder
8. I needed help trying to confront my problem with grief.
9. consistent long term low level depression, low self confidence and self esteem
10. Boundry issues
11. eating disorder- anorexia
12. The most important problem that has brought me to counseling is the sexual, physical and mental abuse I have suffered from by various boyfriends.
13. depression, anxiety and lonliness
14. depression after divorce, accident, and other family matters.
15. Dealing with an eating disorder.
16. Body Image issues and Anorexia/Bulimia
17. My relationship with my friends and family and my fears of abandonment.
18. Eating Disorder

19. Being able to feel comfortable with myself
20. Anxiety and self-worth
21. First year of college and have trouble adjusting. Do not always know what others think of me or how with respond. Thought joining group would give me knew insight since seen three different therapists over past ten years. A place that is safe to vent and express myself where i know i am not judged. A place where i could have meaningful conversations with people that where there for similar reasons. I am so glad i joined group it defiently has helped me through difficult situations this semester. I have connected on different levels with people in the group and am grateful for that. Our group is becoming more open and honest and we arent hiding from eachother anymore which is comforting and nice.
22. Emotional problems that are affecting school
23. Past emotional and physical abuse by parent.
24. I don't have a problem. I go to a gender-identity support group, but I have already started transitioning. I go so i can be helpful to other trans* individuals
25. My self-conscious behavior and how it effected me and my life negatively.
26. MY family issues. My family dynamic has changed drastically over the last couple of years. We are now in a poor financial situation, my parents are separated and I am don't fit in well with people my age.
27. I have anxiety issue because of a bad relationship with my husband. My husband was emotionally abusive. I also witnessed a suicide attempt of my husband and my sister in law.
28. I have severe trust issues stemming from my childhood and it affects the majority of my friendships and relationships. I'd like to become more trusting and not think that when I let someone in I will be abandoned.
29. Finding a sense of calm and happiness
30. Well, mainly anxiety. I worry about everything all the time. Because of this I end up finding self destructive addictions to escape from it when I have the chance. I have used drugs, alcohol, and excessive speeding to escape. I feel like I need these habits to continue staying on top of school and work, but i fear that the consequences are catching up to me, and I need to try to find a way to keep myself motivated to work hard without needing such destructive escapes.
31. Really low self esteem, a general confusion about my life, and family problems.

32. Social Anxiety - feeling lonely, having a hard time making friends and connecting with people, feeling down a lot
33. Dealing with anxiety and questions about being comfortable with my future.
34. I was having roommate issues and I really needed to talk to someone. And I am also facing relationship issues.
35. My freshman year i dated a guy who was verbally, mentally, physically and sexually abusive.
36. After a particularly violent breakup I was having a hard time understanding myself and others' perceptions of me. My ex boyfriend told me there was something so wrong with me, that I just couldn't understand what it was. He said that I am going to be just like my mother (who is bi polar and manic depressive, etc), which is pretty much my worst fear. He told me that theres 5% of me that will make it impossible for me to ever be in a functioning relationship.
37. Depression
38. Trouble dealing with stress, coping with loss, feeling overwhelmed and helpless
39. I struggled with drug abuse for a year. I got clean and attended regular group and individual therapy for a year outside of school. Then I went back to college and attended group therapy at UT for a support group as well as to deal with some social awkwardness that I gained ever since using drugs.
40. Not being able to make connections with others, and not being able to accept when others like me.
41. I talked about issues I had academically in school last year and who this resulted in me making many decisions that I am still dealing with.
42. not fitting in, feeling disconnected, not having a support system
43. family issues that brought on self issues
44. I have a lot of family issues. My Mom is controlling, my Dad is an alcoholic, broken family... etc. I also have a problem accepting situations as they are - I always try to change what I cannot change. I also am not self-reliant in my emotions. I need outside validations to make it OK to feel the way I feel.
45. Feelings of wanting to hurt myself or end my life mostly due to a relationship.

46. Eating disorder
47. Blank
48. The sense of not coping with my research work, lack of focus in my daily work, lack of confidence in myself, sense of loneliness
49. Group: It's a gender identity support group and as a gender and sexual minority, it helps me understand myself and creates a safe space for other GSM. / / Individual: Suicide watch.
50. Depression and anxiety problems.
51. I'm single.
52. Blank
53. Body image
54. Low self esteem, low self confidence, anxiety, not fitting in at ISU as a non traditional student.
55. I had big issue with my advisor about the laziness of my advisor and not care about what I'm doing and also the problems that entangled me such as sexual abuse which is the big issue that I'm facing with. This issue happend for me when I was 11 years old.
56. I wanted to deal with issues like anxiety, self esteem, emotional well being and was homesick as well.
57. How my family problems have affected my own life in college and how to balance my own life and that of my family's
58. My mom and ex girlfriends depression
59. My separation from my ex & moved from a city of millions of people, went back to school.
60. Anxiety, trauma, overcome avoiding feeling of being controlled
61. The most important problem that has brought me into counseling is my anxiety. I am currently taking medicine for my anxiety disorder. I feel as though it prohibits me from doing many things I would like to do in life (ie. travel). I find myself overthinking many things and worry very often. I want to be able to enjoy life more and live more relaxed. There are often problems that arise throughout the semester that evoke my anxiety which I bring into group in order to find the solution to.

62. My social anxiety around school, the different stress triggers in my life. Taking care of my mom, being in financial hardship, and living in a cramp apartment
63. My father never liked me and emotionally neglected me and abused me throughout my life, instilling low feelings of self worth in me, causing me to start therapy at age 8. Twelve years later, I have undergone individual therapy, group therapy, and now take antidepressants and I am still struggling with the same issues if not more.
64. Feeling low self worth which makes it hard for me to form lasting relationships.
65. feeling down
66. anger
67. My very low self-confidence, not liking myself, and coping with difficult things with bad coping skills (drugs, alcohol)
68. The transition from high school to college, the fact that I did not make any friends my freshman year of college and how lonely and out of place it feels here.
69. Eating problems and trust issues
70. alcohol abuse/depression
71. Social anxiety. Fear when dealing with people and lack of presence.
72. relationship issues with father brought on by divorce alcoholism and cheating
73. Dealing with my wife leaving me and demanding a devorce secondary to my pornography addiction.
74. to continue my recovery and the uncertainty of what my life will bring after graduation
75. Social Stress
76. Dealing with chronic pain.
77. Depression, low self-esteem, problems with social acceptance, anger
78. Self worth and depression with anxiety. Perfectionism makes you feel awful all the time because you can never achieve what you want how you want to and are left thinking that you're worthless.

79. Presence.
80. Depression
81. I wanted to understand myself, to figure out who I am as a person
82. Past eating disorder issues. I wanted to become more connected to myself and learn to love myself more. Also to learn to appreciate life and learn relaxation.
83. Depression, finding myself, and family issues
84. Anxiety and compulsive rituals used to relieve anxiety.
85. I have self-esteem issues, slight social anxiety, and family issues.
86. My mother passing away
87. I wanted to learn how to better trust people, become a better communicator when talking about my thoughts and feelings, learning how to stand up for myself and build confidence.
88. social anxiety
89. gender roles/issues
90. depression and anxiety. low self esteem. identity problems.
91. Social Anxiety
92. Anger Management
93. Depression from being alone in a new place
94. A feeling of being disconnected from my self. Feelings of isolation.
95. I have issues with the dynamics of my immediate family. Both my parents and my only sister are alcoholics, and I am not. I feel very inferior to them and like I have no say in arguments. I am often not asked how I really feel, or if I am I have to adjust my views so that I don't make anyone angry with me. My Mom and sister always try to make me choose sides, and my Mom is so co-dependent on my Dad because of her alcoholism that he does what she wants. I have problems relating to others because I don't feel normal and I have a very hard time opening up to people. I am also afraid to say how I really feel because I hate confrontation from growing up around so much fighting. I have a lack of social skills because of these problems and I do not feel important or appreciated in a lot of my relationships.

96. depression and lack of peace
97. addiction and compulsive behaviors. My individual counselor recommended i join this recovery skills group to learn positive coping strategies for stress. I had a habit of binge-drinking and being self-destructive.
98. balance academic excellence with being a wife, motherhood and life as a daughter
99. I think it was bringing up issues related to where I work when a girl was rude to me. I have worked with her for a long time and was at her wedding and bachelorette party so it upset me that she was rude because one day I couldnt work for her. It really hurt my feelings. Other things that I would bring up are some of my irrational feelings or worries to see what the other members would think and usually made me feel better.
100. Depression
101. Childhood trauma/ grieving the loss of my mother/ feeling left out in college/ relationship struggles
102. Depression and working on self hate.
103. Depression
104. social anxiety
105. Panic attacks and anxiety
106. low self esteem and confidence issues along with getting over my past and building a new relationship with my mother as well as working on social skills and talking in group settings
107. Overworking. I used to use work - studying, practicing, and working numerous jobs as an escape. It grew out of a survival tactic from an incredibly rough childhood. I came in because I could not stop myself from over-working until I was physically and emotionally ill. .. as if there was a switch in my brain, and it was permanently ON. After a few semesters of college, I realized I was miserable and that this was a problem I needed help with. I feared I would work myself into the ground. Since group, I have become much better at finding the middle ground.
108. Depression
109. Wasn't dealing with/addressing issues; bouts of sadness and depression. LOTS of anxiety over social situations and return of a lot of OCD thoughts/tendencies.

110. Alcoholism
111. anxiety, panic attacks
112. Major Chronic Depression and General Anxiety Disorder
113. Confrontation anxiety, friend problems
114. Suicidal actions
115. Where am I going in life and is it the right direction?
116. I was having serious issues with my roommates. It was a miserable and uncompromising situation.
117. Depression
118. I can't relate.
119. Trouble with dealing with family
120. Depression and feeling bad about myself
121. Eating disorder, depression
122. Problems revolving around a long distance relationship and a traumatic death in my past.
123. Depression, eating disorder, mild self-harm, low self esteem, recovering from past traumas.
124. Past relationship trauma, relationship issues with family and some friends. Anxiety, depression.
125. For group counseling it is my eating disorder. For individual counseling when I was younger it was cutting and my dad's terminal illness, and now it is dealing with my grief about my father's death and my PTSD from having been raped.
126. Emotion regulation, I have a hard time regulating my emotions and I over react to things going on around me. I am in a dialectical behavior training group and I have used this training before so I knew it would work for me. Using Mindfulness practice I am able to stay focused and centered which helps me identify my emotions and be more responsive than reactive.

127. Difficulty in dealing with people who are passive aggressive or have other indirect ways of communicating. Past and mainly resolved issues with suicides of friends, alcohol abuse, suicidal thoughts, loneliness, abusive relationships.
128. To process past traumatic events and find ways to move past them.
129. My eating disorder.
130. My self-injuring tendencies were back, and rather than watch it get worse, I went in for some sort of close counseling system provided by my college.
131. PTSD, rape victim
132. Social Anxiety
133. depression and anxiety due to a lack of a social life and trouble completing a thesis
134. Lack of motivation, communicating/feeling misunderstood
135. Binge Eating Disorder
136. Eating disorder, alcoholism
137. Anger issues, as well as being able to see what is good and bad in my own relationships.
138. Relationships, issues around eating/disordered eating and self image
139. Family history of depression.
140. Dating.
141. Having social awkwardness; feeling disconnected when interacting with other people. Having difficulties in making / maintaining friends.
142. My anxieties about everything and lack of self worth.
143. Low self-esteem
144. I thought talking to a group would help with my social anxiety.
145. Depression/Anxiety and feelings of isolation and loneliness.
146. Long term relationship ending and resulting in depression

147. Depression and Anxiety and Emotional Evaluation
148. When I was 11 years old, my mother committed suicide. My depression resurfaced my freshman year of college - triggered by substance abuse and failing multiple classes. I am in my third year, and have only recently (last three months) begun to seek therapy.
149. Childhood trauma causing problems in marriage
150. Anxiety and stress over balancing schoolwork and family problems.
151. I find myself in a cycle of depression and contentment. My thoughts and my feelings don't coincide. I have arbitrary guilt and overwhelming complexes with "selfishness". Family and relationship issues.
152. Depression, anxiety, unable to perform well in school when I was a 4.0 student back in high school where I had to drop out and obtain my high school diploma through adult education, and continued individual therapy throughout college (I've been attending for three years) to avoid that situation from happening again.
153. Feelings of depression and anxiety. lack of life coping skills /
154. Several, one dealing with Culture Shock, and the depression and adjustments that came with returning home from a foreign country where I served as a full-time missionary. Also a recent break-up.
155. substance abuse/eating disorder and other addictive behaviors
156. Divorce and maintaining/improving relationships with my children
157. Family issues. I have a gay father, I have a sister who is having a threesome and has children with both men, etc.
158. I needed to learn how to ask for things (asking to get my needs met) and accepting those things in relationships.
159. Personal interactions and understanding emotions
160. Self-disclosure, trust, working on relationship skills. I have had a lot of problems trusting people enough to talk about my problems because I have been betrayed in the past before. So I have been working on opening back up to people, talking directly, being honest (and not beating around the issue), and figuring out what I want from my relationships.
161. I've been having severe depression and medication wasn't cutting it.

162. Trusting others
163. Sexual abuse from my Dad and other difficult family relationships
164. Anxiety, Sexual Intercourse before marriage, Depression

APPENDIX K

OPEN-ENDED RESPONSES

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

1. Blank
2. I do not.
3. Blank
4. Blank
5. Reconciling my religious and spiritual beliefs with my day-to-day life is something I've struggled with a little bit, and I'd be interested to hear if other people had similar experiences.
6. It's an important part of my life. And carries over in almost every part of me.
7. I don't want to discuss religious issues with my current group.
8. Blank
9. Blank
10. Blank
11. My religious and spiritual beliefs are the core of who I am. I can't address any issues or fix them without keeping these beliefs central.
12. I feel as though if the group was to discuss religious and/or spiritual issues that we may feel as though we get more out of the group counseling experience.
13. Blank
14. Not applicable
15. I feel like it helps explain some things and it helps explain how I've overcome some things that I have gone through.
16. Because I feel like my eating disorder has distanced me from my religious upbringing and often find myself practicing the religion of my eating disorder.

17. N/A
18. Blank
19. Because it's an important part of my life and shapes who I am.
20. If my current issue is, to me, has religious or spiritual implications, and I think it is important to discuss this with my group in order to resolve my current issue, it would be important to bring it up to my group so they could understand the context of my issue.
21. Since started college have been trying to develop a stronger relationship with God because with divorced family didn't always have strong faith. I believe strengthening my faith will help me become a stronger person and help me find out who I am and why I believe God is part of my life for a reason and my bible study group has allowed me to see it. Haven't talked to my therapy group yet about this belief been dealing with social issues and past events.
22. My family is very religious and sometimes I get annoyed with them over that. Also I believe in God but I feel disconnected from him and my family.
23. Blank
24. Blank
25. I'm interested in theology in general. If the topic came up I would discuss it pretty easily.
26. Blank
27. Because it is a big part of my thought process. There are always many things that cannot be explained. But using religion, I can process those causes.
28. Blank
29. Blank
30. Blank
31. I would not like to discuss religious aspects with my group but I would like to know more about different types of spiritual practices that could keep me calm.

32. If I were to discuss religious issues I would talk about being confused about what I believe in. I would want to discuss this because having that uncertainty about my religious beliefs affects my well being.
33. I feel being one with your spirituality is key to have a good and happy life.
34. I don't want to discuss religious and spiritual issues in group counseling.
35. I don't feel the need to talk about my religion or spirituality within group at the moment, however if I wanted to I know that they would be open to discussing it.
36. Blank
37. Blank
38. I think having a sense of spiritual satisfaction can help people through difficult times. I'm agnostic, and I would like to nurture my spirituality outside the context of religion. I often feel looked down on for my choice to not be religious.
39. I think talking through ultimate truths as well as searching for identity is fundamental to therapy. Everyone is going to have a different religious/spiritual perspective but that may give very real answers to why they feel a certain way. Therapy should be a safe environment that people can talk about those feelings without being judged.
40. This year I have really strayed from my Christian beliefs and it's been a big problem for me, so talking about it in group would really help.
41. I do not wish to discuss any issues in group
42. Blank
43. Blank
44. No one in my group wants to feel like they offended someone, or that they are intolerant, so we don't bring up the ideas of religion or politics.
45. Blank
46. Blank
47. Sometimes I become angry with God and I try to pray to help him with my issues but I don't really feel that connected. I think that maybe having a spiritual side would help me get through this challenging time.
48. Blank

49. Blank
50. Blank
51. Blank
52. I don't
53. Blank
54. I do not feel the need to discuss these items with my group.
55. Religious or Spiritual issues are personal issues which couldn't be discussed in the group and you can't convince someone to change it in the few sessions and sometimes it's impossible to change it because it comes from your roots and breeds.
56. No I would not like to discuss
57. Blank
58. Blank
59. No, I'm not in counseling for anything religious
60. Blank
61. Blank
62. Well growing up and having the experiences that I had like sexual abuse, I tend to have these thoughts in my head that tell me I'm a bad person. People of God wouldn't have these thoughts that I have. I feel confuse with what my religion says and what I feel. It causes me a lot of guilt.
63. Sometimes I think about religion when it comes to death. A lot of my friend's parents have died in the past five years and they had great relationships with their parents and their parents were great people yet they died. It makes me wonder how God can exist and allow things like that to happen when there are abusive parents out there and just shitty people in general in the world who live to old age. When babies are born with cancer or children get sick, I wonder the same thing because these kids didn't do anything to deserve sickness and death. Religion doesn't affect my life directly as much as it confuses me and makes me wonder about life.
64. I don't struggle with my religion or spirituality.

65. I don't really feel the need to
66. Blank
67. I think that spirituality is something that can be important to everyone, regardless of individual religions or beliefs, and it might help to add that aspect to the discussion.
68. I would not.
69. Blank
70. spirituality is part of happiness
71. I personally don't relate much to religious or spiritual matters but I like discussing it as a part of understanding the other people I am in group with.
72. Blank
73. It provides the foundation on which I am attempting to deal with many the issues we discuss when having to deal with them outside group.
74. My religion is a big part of my life and I work within the context of a Twelve-Step Program.
75. Differentiation between the two may the source of some problems and not talking about these problem can impede the theraputic process.
76. Blank
77. I understand that all group members and leaders have different religious or spirituality beliefs, but it would be helpful to discuss his or hers spirituality or religious beliefs. I feel that all group members should respect his or hers religious or spirituality beliefs. If there were more respect for religious or spirituality beliefs, then group members would feel more comfortable talking about it.
78. It relates to self worth. I had a lot of issues with being an imperfect sinner when I was religious, with no hope of ever getting past that. There are social aspects to religion/spirituality. It's a big issue and people should be able to talk about whatever they need to in order to help themselves understand and get better.
79. Blank
80. Blank

81. Religion and spirituality is a big part of who I am as a person, and why I am the person I am today. I need to be able to express with others how I feel regarding these things so they can better help me.
82. I believe that in my group at Iowa State, I would rather talk about spiritual issues than religious issues. I feel that spirituality is important in order to understand and accept one's self and body.
83. Blank
84. I just feel very detached from my religious and spiritual upbringing and I would like to feel that closeness with my family again.
85. Blank
86. Blank
87. I hold no real belief about spirituality or religion, so I feel like a discussion about it would not benefit me.
88. I would not.
89. I really dont think religion would help my situation.
90. Blank
91. I have no real preference.
92. I do not wish to
93. I believe that discussing religion can help get to the root of some people's problems such as why they feel guilty or afraid to open up about certain issues.
94. I feel that often times religious or spiritual beliefs are at the very center of how we perceive the world around us. Often times we aren't even aware of it. Anything that affects our perceptions should be discussed.
95. I've been feeling anxiety about death and the meaning of life for a little while now and I am not sure why. I want to bring this up but I am not sure if it is appropriate to talk about, and I don't know how to bring it up into conversation.
96. They are a part of my life and thus contribute more background to the issues that I present.
97. I don't need to discuss religious and/or spiritual issues with my group.

98. My faith allows me the much needed strength to be a graduate student at Iowa State University. It is an intimate part of who I am.
99. Maybe so something I say may not offend them if it was talk on religion or spirituality.
100. The only reason why I would like to discuss spiritual and religious issues with my group is because it is something I think a lot about and am not sure what I believe in or what I stand for. I am mostly agnostic-I would love to hear what other people believe in BESIDES God.
101. I wouldn't mind talking about "soul-searching" and loss of faith/getting back in touch with God. I've been trying to get back in touch with faith and religion, so I think it would be an interesting topic to discuss, though I think there are usually more pressing matters at hand in my group.
102. I have no issues with religion or spirituality to discuss.
103. Blank
104. Blank
105. n/a
106. I would just like to discuss to find out if anyone feel the same way about not exactly knowing what they believe and if anyone doubt who or what they believe in
107. I grew up without any real religious guidance. I'd like to develop faith but I have a hard time due to my up-bringing I feel very disillusioned.
108. I do not want to discuss religious and/or spiritual issues with my current group.
109. I went through a "crisis of faith" so to speak and I don't know what it is I believe really.
110. Personally I am agnostic but I do not discount the profound emotions religion and spirituality can elicit. These feelings are very real and play an important role in organizing thoughts and making sense of actions in a group context.
111. Blank
112. Blank
113. Blank

114. It might be nice to express my views about religion to others.
115. My college career has distracted me from my religious focus and my own spiritual awareness which is something I value greatly.
116. Blank
117. Blank
118. Blank
119. Blank
120. I dont really want to.
121. If someone wants to talk about religion/spirituality in group, I don't have a huge problem with it. I won't bring it up because it's not that important to me.
122. Blank
123. Because it might help me get to know myself on a deeper level if I can talk about how I feel spiritually connected with everything else.
124. To talk about a disconnect from my parents who are very religious. Also perhaps confusion after dropping my religious beliefs and looking for something else.
125. Blank
126. I believe that discovering the origins of our general belief systems is a spiritual experience as it heals our souls and allows us to continue as more whole persons.
127. Blank
128. Blank
129. I feel that spirituality is a way to understand life and a person's experiences. From this sense, my experience in group therapy is spiritual, so talking about spiritual issues would make sense for me.
130. I would like to discuss spiritual issues just because I find them to be interesting. Religious issues I could argue about. I wouldn't really care if they were discussed.
131. Blank

132. Blank
133. Blank
134. I wouldn't want to discuss these issues with my current group.
135. I believe that spiritual issues are central to my current problem. That is, that I am not addressing them and they are making my problems worse. I don't believe that religious issues are part of the problem.
136. I would not like to discuss religious issues in group, but if it was very important to another group member I'd be willing to discuss it because it would be helpful to her. I wouldn't want the group to focus on religion too much though. I think discussing spirituality is very important. Coming to believe in a Higher Power is very empowering to myself, and helps me realize that I don't have to solve all the world's problems; there is a master plan at work instead. If I can trust my Higher Power to guide me through my life, then I can trust that others have a Higher Power guiding them as well. This belief helps me to let go and focus on the next step in front of me.
137. I am an atheist and feel that we are ostracized too much for being hateful and lacking any compassion. I am also willing to explain my point of view and help others with any problems pertaining to Spirituality and Religion.
138. Blank
139. Blank
140. If concerns about religious beliefs play a role in how I trust people and they are in trusting me.
141. I'm an atheist so I don't have religious / spiritual issues. However, if it is important for the group, I am open to discuss the subject, even if the others have different beliefs.
142. Actually, these concerns are very prevalent in my life right now. I'm having problems deciding what kind of person I want to be in the future based on my religious upbringing. I don't know whether I should choose what makes me happy or choose what's "right". I'm questioning a lot of the values that were instilled in me and I feel as though I'm a terrible person for doing so.
143. Blank
144. Blank

145. As an atheist, I am not sure how talking about religious or spiritual issues would benefit me. However, I may offer a unique perspective that could help a peer navigate an issue.
146. I wouldn't care either way to discuss it.
147. It gives us the opportunity to learn and connect to each other and it gives us new knowledge.
148. I am an atheist.
149. I am a very religious and spiritual person, and I feel that discussion of the spiritual issues I am struggling will help me resolve them--much more even than from discussion with an individual therapist. I trust the group members as peers and want their input as to how they resolve spiritual/religious issues, even if our beliefs are different. I feel there are valuable lessons to be learned from everyone's beliefs.
150. Religion was a major part of my upbringing, and I interact with religious people very frequently. I find religion important to talk about because it is a very common part of society and an important part of people's identities. Even though I am an atheist I realize the significance spiritual and religious beliefs have in the lives of others, and discussing them with group members helps facilitate mutual understanding.
151. I believe that in order to understand the issues that I have I need to be completely honest and open with those helping me. I think it would help others understand where I am coming from. I think it would help me understand myself better too.
152. I would like to discuss religious and/or spiritual issues with my current group not because I feel the need to discuss those matters for myself with the group, but more because I know that the group feels the need to discuss the topics thoroughly, whether they are willing to or not.
153. I feel religion is an important factor in my life and I think it affects the way I perceive the world and understand myself.
154. I feel that it is extremely important to discuss things of this topic, due to personal experience I've felt such great peace when I have focused on this aspect of my life and found what I truly believe in. Having this anchor of hope for me in my life has helped me to deal with so many questions and issues such as; where I came from, why I am here on earth, and where I am going. As I reflect on times in my life years ago, when I was questioning and exploring the religion I grew up with and other religions it really brought me turmoil and distress not having received answers spiritually.

155. I think it is important to have a belief in something greater than myself in order to find a greater meaning in life. I have struggled to do this and, as such, have struggled to figure out what the meaning in my life is. It is easier to consider options such as suicide when I do not have a belief in a greater meaning for my life.
156. Some of them have faced the same mental/emotional conflicts with religion that I have yet they have come to very different conclusions.
157. Because my religious background, beliefs and feelings play a large role in the hardships that I have endured.
158. I do not have any problems to address, but I am more than happy to address problems others may have in the group.
159. Blank
160. Blank
161. I think it is a good topic to address as it is such a major part of the culture where I live
162. Because it is the spiritual/religious implications that have bothered and affected me the most, instead of the actual crisis. Since I have resolved my initial issues with religion I have healed a lot. The help received by the group should not be intrusive, however. I believe that religion/spirituality is extremely personal, so the advice given should not be forceful--it should be more supportive and leave the decision to the person.
163. I consider myself a religious and spiritual person. I often use faith to get me through things and would like to be able to freely discuss such issues in my group.
164. I am interested in voicing my concerns about religion, on the other hand, that does not mean I want to abandon my religious beliefs or am looking for a new religion. I feel like there are a lot of dissenters of the LDS faith in my group and so, while I would like to discuss these topics and I know we have the same anxieties, I do not want to bring up negative feelings--I guess it would be nice to discuss my concerns with someone who has "answers" or is strong in this faith, but who would not judge me for my questions.

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

1. Blank
2. I am an atheist and it does not concern me.
3. It would break the connection of the group members
4. I feel uncomfortable discussing spiritual issues with anyone, not just my current group. Also, I don't know how the main issue I'm working on in group right now (eating disorder) is related to spirituality.
5. It could be awkward, and I would want to avoid the chance of someone accidentally proselytizing because they think their church could help someone, or something like that.
6. Blank
7. I don't think it is necessary or has anything to do with the issues that I am experiencing.
8. I do not have an issue with my religious or spiritual issues.
9. I would rather not because I don't believe that either my group leaders or group member would understand my religious perspective and would tend to be judgmental and condescending of my chosen religion as it is not mainstream. I also don't feel that my religion is what brings me to group counseling.
10. Blank
11. I hesitate to discuss them because I fear people will think I am being judgmental
12. One reason I would be hesitant to discuss religious and/or spiritual issues is due to how the religious and spiritual would connect to the subject matter.
13. Blank
14. Not applicable
15. N/A
16. Sometimes I feel very uncomfortable discussing religious issues.

17. I don't feel the need to discuss religious or spiritual issues with my group.
18. Blank
19. Blank
20. If my current issue is not related to a religious or spiritual implication, I do not need to include that in my discussion with my group. If there are no religious or spiritual connotations to my discussion, the topic won't need to be part of my discussion of my issue.
21. Blank
22. Blank
23. It is not the focus of what brings me to group and does not play an integral role in what I'm trying to accomplish through group.
24. Blank
25. If I did not want to discuss religious and/or spiritual issues it's because it has been my experience that people become uncomfortable and/or discussions tend to breakdown quickly into arguments.
26. I am not a religious person and I feel as this offends people that are religious. I am a spiritual person, but it's not something that I have a problem with in my life. I don't think it is something I would like to spend my time in group discussing. There are much more important things to talk about in my opinion.
27. I feel like even though they are very important in my thought process, it also can be disturbing to other people because it is very private. I want to be politically correct in the group meeting even though it is supposed to show whatever I have in my mind.
28. I believe that this sort of discussion is not appropriate for group settings. If someone were to speak about their religious or spiritual issues they should seek sole counseling. In a group there are many people all with various beliefs and some people are not cautious when speaking of these issues and can end up causing more harm. It divides the group...
29. I cannot really relate to religious/spiritual issues because I am not very religious
30. I don't believe in God. If I had to give myself a religion it would fall somewhere between atheist and agnostic. I believe that neither current, nor future evidence will ever gain humans the understanding of the universe required to prove or disprove God. Because of this, I feel believing in a God should be based on probability. I

would say the likeliness that a God exists is very near 0, but like I said, can't be proven one way or another. This is why I don't believe in God. I have no problem with people that do believe in God as long as they don't try to tell me that my life would be better if I did, or try to convert me. I have a very logical mind, and stories of faith and miracles are not even close to enough to change my mind. I need facts and evidence. Because many people get very defensive about this subject I think it is best to only be discussed if either everyone in the group has similar beliefs, or everyone has an open mind and won't be offended by what others believe.

31. I am not religious, I do not believe in a god. I solve my own problems.
32. Blank
33. Blank
34. I really don't think that I have any religious or spiritual issues that I want to discuss.
35. Na
36. I am not religious, so religion is not something I am inclined to bring up. Spirituality on the other hand, in the grand scheme of why people do things, or the ultimate concepts of right and wrong, is something we regularly talk about.
37. If other group members bring up their spirituality/religion, such as mentioning their relationship with God, or their participation in religious activities (e.g. going to church, synagogue, etc.), that is fine. However, if someone wants to come and specifically address their questions/concerns/doubts about their spirituality/religion, I feel that group is not the appropriate place for that. Why? 1.) Not everyone may feel comfortable engaging in a conversation about spirituality/religion. 2.) It could polarize the group (e.g. Christians vs. Muslims vs. Atheists). 3.) Whether or not it would be a conscious decision, group members may feel less inclined to bring up topics if they feel that they are being judged by other group members (based on perceptions of one's belief system). 4.) Religion was a part of my life when I was growing up, but it no longer holds much value for me. I feel that there is little I could contribute, or gain from a discussion focused on religion/spirituality in group. Actually, after reading the next set of questions, I guess I'm more open-minded about bringing up religion in group than my response here indicates. I would simply add that religion can play an important role in people's lives, just like relationships, work, etc. A discussion that includes religion wouldn't be so inappropriate; I think I'm just imagining people asking deep spiritual questions to a mixed group of people who may be uncomfortable with that kind of discussion.
38. Blank
39. Blank

40. Blank
41. I do not believe that group counseling is beneficial for me because I am the type of person who needs plans for a solution. Group is a place to talk about your problems and to see how many other people have the same problems as you. This does not help anyone! This only tells me that these people are also messed up just as bad as I am. Group only benefits people with anxiety, NOT depression. Which is why it has not helped me and is why I do not wish to discuss religious or spiritual issues.
42. Religion is not a part of my life other than the fact that I'm denying my parents religion which is more of a family problem not a religious problem. We have never talked about religion in group.
43. Its not that I don't want to discuss it, it just hasn't ever came up in conversation or has been relevant with what we are talking about
44. No one wants to offend any one else, or seem intolerant of their views. Mostly, ideas like this don't come up.
45. For me personally, religion isn't an issue for me and I think that religion can sometimes be a bad thing and create a certain tension in the group if not everyone believes in the same thing. I would rather discuss things that are more important unless someone in the group does want to discuss religion then that's fine with me. I think that spirituality would be a more accepted thing to talk about so I don't disagree about spirituality.
46. I currently identify as Agnostic and did not grow up with good experiences of religion. I do respect the role of religion the world, history, and our individual lives, but I do not find it salient enough in my identity to discuss about.
47. Blank
48. When I joined the counseling group I had never had in mind religious issues. As a consequence, the discussions on religious/spiritual matters are not relevant to me. At least for the moment being.
49. It's not very important in general and I don't like talking about religion to begin with. I think it's a very private matter and has nothing to do with our group.
50. Blank
51. It requires a huge introduction, impossible to implement in the current group time frame. The discussion would be to shallow and impersonal.

52. I don't have a preference
53. People pushing their beliefs
54. My issues do not relate to religious or spiritual beliefs. I do not want to get into these issues in case there is someone who would be overly opinionated about it. I do not want to be 'preached' to since I do not have a traditional belief.
55. As I mentioned in the previous question, religious and spiritual issues are deep personal belief and they can't be discussed in the group. So, I accept the person as who she/he is because by accepting them, you can deal with them better.
56. This is because individuals might be sensitive about religious issues and I might hurt them unintentionally. So it is better to keep the religious discussions away from the group. To some extent, I am willing to discuss spiritual issues because there is no debate as to what is right or wrong, we do not have to make any choice. In group we pass on spiritual recommendations so that group members can benefit from them if they chose to act on it.
57. There are not any issues because the subject has not really been brought up. And even when it has been mentioned, no one has voiced that they do not want to hear it.
58. I'd rather discuss relations between people and how to make them better.
59. I'm not in group for a religious purpose
60. Blank
61. I do not mind discussing religious and/or spiritual issues with my current group but it is not a problem that I have in my life at the moment. It has not contributed to any of the stress or anxiety I am feel in my life. If any of the other group members would like to discuss this topic I would be more than willingly to discuss it.
62. I don't want to offend anyone and I don't want to be judged
63. There is one girl in the group who is so pretentious about being different and not being a conformist in terms of religion and many other ideals such as money and materialism and I feel that she is too focused on rebelling ideally to actually fix her own problems. She just seems to not want to listen to other ideals because she is so anti-everything.
64. Blank
65. i'm not opposed to it

66. Dont have any religious views
67. I don't want to talk about religious or spiritual issues with my group because I do not want an argument or even a heated discussion to erupt. For example, because of my personal issues, I feel hostility towards those who are blindly or extremely Christian. I know I get uncomfortable when people are hostile to me for something like that.
68. I am not religious and I do not think that the matters we discuss in our group have anything to do with religion.
69. I do not believe in God, so any discussion around God would be useless. However, spirituality should be the focus, because I think there should be some alternative therapy outside group. However, since each person defines it differently, it is hard to specifically talk about it.
70. it is often too personal an issue that goes far beyond the group
71. NA
72. I do not feel the need to nor do I know if I truly believe in a higher power
73. Blank
74. Some of my group members make it very obvious they are atheists and I see anger in their eyes when they talk about religion. It makes me hesitant to bring the subject up.
75. Blank
76. I don't feel like those issues significantly affect me.
77. I would like to discuss religious or spiritual issues in current group.
78. I wouldn't like for religious arguments to break out - but that hasn't happened. We have people of many disparate faiths in the group and they have never once tried to proselytize. Everyone is very civil and understanding, which is how it should be.
79. There is not adequate individual attention in our large group to discuss the underlying mechanisms each of us has for understanding the world. While I strongly feel that root philosophical bases should be brought up for discussion, I do not think that there is enough room to communicate without relying on stereotype and idiom to a point rendering the discussion nearly useless. The immediacy of presence demanded of individuals in group is the strength of the mechanism, existing in The Real is connected to the notion of the Spiritual in a way that words just butcher.
80. Blank

81. It is sometimes uncomfortable for people. These kinds of things are almost taboo in our world today.
82. I am not sure I would want to discuss religion to a great extent because I am still not sure where I stand on this issue.
83. Blank
84. There is no reason why I couldn't discuss this issue in group.
85. Religion is a touchy subject and I feel like it should be discussed in a different setting.
86. Blank
87. I hold no real spiritual or religious beliefs so I feel like a discussion about it would not benefit me.
88. I do not think it is necessary.
89. It wouldnt help me, and sometimes it can get uncomfortable.
90. Blank
91. same as question 1
92. I do not because I am not religious and I am perfectly fine with that and I have no struggles with spirituality at all either
93. I do feel conformable disusing religious and spiritual issues with my group
94. N/A
95. N/A
96. N/a
97. it's a coping skills recovery group and I don't feel it's that important to be discussing spiritual/religious issues, at least not for me. If another group member is having problems BECAUSE of religion/spirituality, it would be fine to discuss that, but in general, it seems rather irrelevant.
98. Blank
99. Blank

100. I wouldn't want to discuss religion because I don't believe in God and I never will. I would be worried that other people would try to convince me to believe in something I don't-this would upset me.
101. NA
102. I have no problem discussing them, but I don't have any to discuss.
103. I feel as if it's something that doesn't need to be discussed to gain that connection with the rest of the group members.
104. don't believe in any religion and not spiritual
105. I feel it would only be a source of conflict and tension as well as impede the group leaders' ability to foster a safe and tolerant environment. I may feel this way because it is a source of tension for me, and I judge others for possessing religious view. I wouldn't feel comfortable expressing this anger, and would have to mask it.
106. I would like to discuss to some extent I do not feel many of my issues stem from religious or spiritual beliefs
107. Blank
108. I do not think religion has anything to do with my group's discussion. I think it could be great if they had a religion to lean their emotions on, but I do not think religion influences why people are in my group.
109. I'd rather discuss religion/spirituality with my family members or someone who understands the religious/spiritual upbringing I had as it was sort of unconventional.
110. Blank
111. I am an atheist, and do not consider myself a spiritual person.
112. Blank
113. I am not a religious person and I wouldn't be able to contribute a lot to the conversation
114. It might be a little uncomfortable and might turn into an altercation.
115. Blank
116. Blank

117. Blank
118. Blank
119. I am not a very religious or spiritual person
120. I am a Buddhist and I don't think there is any other Buddhist in my group and I am not feeling comfortable to talk about my religion to the people who don't really believe it.
121. I don't like to bring up religion as a topic because people often feel really passionately about it. I don't like to talk about it because I don't want to offend someone's religion, and usually I think it's ridiculous anyway.
122. I'm not a religious person and my spirituality plays a much smaller role in my life as compared to my emotions.
123. Because it is rather irrelevant. It also can be a bit of a sore subject, and I am not a religious person and have pretty strong feelings against religion, although I see myself as being quite spiritual.
124. I would not want to get too into religion because everyone's opinions are so different and I don't want to argue/persuade about religion.
125. Where I come from it's inappropriate to discuss religious things with anyone besides close friends and family. I was raised nonreligious and am very unsure about my spirituality so I don't know how to talk about it or what I would say.
126. I would never want to discuss religious issues in group because they are controversial and dividing. I think it would cause division and distrust, resentment and war. Religious and spiritual beliefs are so personal that only if the group specified that it was intended for multiple religious and spiritual discussion in an atmosphere of non-judgment would it have even a tiny chance of succeeding in helping and not harming the participants.
127. Blank
128. I think that they can be very touchy subjects and people get offended easily. I think it is easier to discuss these topics in individual counseling.
129. Blank
130. Blank

131. Blank
132. It's not an issue for me, and I don't think I would receive a benefit from it.
133. Blank
134. I feel that people don't understand or try to force their belief system on me. Especially Christians. Also, I had an experience where someone used religion to exploit me financially and I don't feel that I want to rely on religion to heal myself. It is easy to fall into a cult-like experience when you invest in an idea of God or religion rather than invest in dealing with why your life is the way it is. Too much is left up to God when really, we do make our own fate.
135. I don't want to discuss religious issues so much because they are more about the "church" and less about God.
136. I feel a bit uncomfortable discussing religious issues in group because there are so many different religious upbringings and views. I wouldn't be able to connect in certain ways, although I could always be empathetic. If a group member's struggles with religion directly tie into the groups main focus, then yes I can be more open to it. However, if it is just a completely different issue, I feel it would be better to address it in one-on-one counseling. I am Jewish and feel uncomfortable when others try to impose their beliefs on me. I don't know if that would happen in group, but if it did I would be extremely uncomfortable.
137. N/A
138. Blank
139. Blank
140. Worry of what other group members think and to avoid conflict.
141. Personally, I believe the issue that is bringing me to counseling has nothing to do with religious / spiritual matters, so I don't see the need in discussing it for my particular problem. But, like I said before, I have no problem discussing it if it is for the group's benefit.
142. These matters are extremely personal and most don't understand various religious values and to begin to explain these things is very complicated.
143. At the same time, as an atheist, I have found people of faith are not very receptive to my perspective. I've felt attacked in other settings (classroom, work place, out with friends).

144. I don't like to bring religion into frank discussions about being. I feel like it may be detrimental to argue spiritual opinions.
145. I've never felt comfortable discussing my personal religious preferences with people I don't know. Especially since mine are somewhat out of the mainstream. Also, I go to school in the Bible Belt, and I don't think my beliefs would be respected.
146. Blank
147. I am open to discussing religion and spirituality.
148. n/a.
149. Blank
150. Blank
151. It would be difficult since I think it is hard to open up like that but I know that overall it would be beneficial.
152. Sometimes I do not want to discuss the religious and/or spiritual issues because I am worried if other members of the group feel uncomfortable about the topics.
153. I don't mind discussing religious or spiritual issues.
154. I don't feel this way. I'd love to talk about religion and spirituality, the only thing that would stop me is if others in the group resisted or didn't want to talk about these things.
155. I believe that religion is something that can become very heated. It seems to me that sometimes people are very set in their beliefs and in turn this causes judgement about others beliefs. I think that spirituality is easier to be objective about than religion. I do not want to talk about religion because I am afraid of offending someone else or being looked down upon for my own choices.
156. Blank
157. Blank
158. I would shy away from discussions of the type that would alienate group members.
159. Its very polarizing and hard for people to distance themselves from their religion in order to talk about it

160. The reason I wouldn't want to discuss religion or spiritual things is if the response was forceful and the members became an obstacle in self-discovery (deciding who they want to be/what beliefs they want to take on).
161. Blank
162. It is a private matter which matters so little that it should not be introduced to my group. It has no impact on the issues which I bring into group.
163. Blank
164. I guess I addressed this issue in my last answer.