



INTERACTION

INSIDE THIS ISSUE

President's Address	1
Graduate Student Column	2-11
Spirituality in the Field	12-13
New Member Spotlight	14
Ethics Corner	15
Editor's Farewell	16
Submission Requests	17

President's Address

Dr. L. Marinn Pierce



Hello ASERVIC members,

I am grateful for the opportunity to have served as your President this year. As I sit to write my final President's address for the newsletter, I am reflecting on the work we've completed. You may or may not be aware that over the last few years, ASERVIC experienced a period of unexpected, rapid growth. Although this was exciting, we discovered that we did not have the structure and strategy in place to support this growth. As such, a couple of years ago, a strategic planning committee was established to support the Board in decision making regarding creating this structure. Over the past year, we have worked to be more intentional with our partnerships and energy in

order to enhance the services available to our members, including expanding to an annual conference and shifting communication to ConstantContact. We continue to explore the possibility of a Spirituality Certificate and will be implementing a new diversity and justice advisory board. In addition, a new resource for counselors and counselor educators regarding religious holidays should be available soon.

Over the coming months, we participate in the ACA Annual Conference in San Diego and begin the transition to Dr. Ryan Foster's presidency beginning July 1, 2020. I know he plans to focus the Board on enhancing the structure of the organization in order to streamline services for members. Additionally, three integral members will be transitioning off the Board. Dr. Patrick Mullen will complete his term as a Board member. Prior to joining the Board, he served as a co-chair for the 2017 ASERVIC Conference in Richmond and has agreed to serve in this capacity again for 2022. Dr. Amanda Giordano will be completing her second term as Treasurer. She has ensured our financial stability over the years with her diligence and honesty as we work to enhance membership services. Lastly, Dr. Leila Roach will be completing her term as Past-President. She has been a beautiful source of wisdom and grace on our President's team. I am grateful to each of these individuals for their service.

ASERVIC has been my "counseling home" since graduate school. Again, thank you for entrusting me with the honor of being ASERVIC President and for your continued support of the organization.

President

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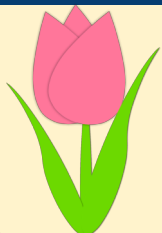
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Special Column Alert!

GRADUATE STUDENT COLUMN



In this section of the Interaction, you will find submissions from current graduate students in the field of counseling. Students went through a blind peer review process in order to help prepare them for the publishing process. These students did an excellent job and we hope you enjoy their contributions!

The God Who Never Sleeps: Grief Reconciliation through Lament

Michelle Caulk
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The very first act that we do upon birth is a loud, wailing cry as we move from womb to world. One of the first lessons that we learn is that a persistent cry brings the helpful, comforting presence of a caretaker. These deeply felt cries of the heart are expressions of need, desperation, anger, fear, and sorrow, and we exercise this voice throughout infancy, childhood, and into adulthood.

In grief, cries of the heart are the lamentations of the soul due to loss. The act of lament crosses cultures and faiths, both ancient and contemporary, and ample evidence is found in the Abrahamic faiths. Numerous examples abound within books, poetry, music, elegies, and dirges - from Homer's ancient text the *Iliad*, to contemporary literature as Paul Celan's holocaust poem *Death Fugue* (1952) and the communal, shared grief in The Beatles song *Let It Be* (Lennon & McCartney, 1970).

The expression of sorrow is not only spiritual in practice, but vastly practical as well. The verbalization and act of grieving, as found in Edna St. Vincent Millay's poem *Lament* (1921), helps the brokenhearted stitch back together a life: "Listen, children:/Your father is dead./ From his old coats, I'll make you little jackets; I'll make you little trousers/From his old pants./" and concludes with a feeling that grief is anything but neat and pragmatic,

"Life must go on; I forget just why" (p. 64). In expressions of deep and moving sorrow, we find not answers to the messiness of loss, but the simple liberation of releasing it from within.

Within the Hebrew Bible, the Psalms of the Old Testament are heavy with expressed sorrow to God. Psalm 107 is a powerful song that celebrates the *hesed* (loving-kindness) of the God who makes provision for those wandering the wilderness, those bereft and in tears, and those who cry out to Him from their chains and misery. God's response to His children as they lament exemplifies positive parenthood: responsive and grace-filled, provisional and safe (Shaw, 2016).

Psalm 13 is also a stark cry to the Lord. The author begins by feelings of deep anger, of feeling utterly ignored by God in the midst of suffering. However, by its conclusion, the author reiterates his trust in the God who he believes is still quietly, persistently present in the sorrow. The Psalmist writes, "How long, Lord? Will you forget me forever? How long must I wrestle with my thoughts and day after day have sorrow in my heart?" but concluding with, "I will sing the Lord's praise, for He has been good to me." (Psalm 13:1-2 & 6, NIV).

Theoretical and Practical Application for Clients

Within many modern faith traditions, it is difficult to find space for lamentation. Grievers are often dismissed by spiritual cohorts with comments such as, "Aren't you happy? Your loved one is in heaven!" and "You just need to have more faith and pray!". These are destructive, soul-crushing words, and when believed, can invalidate an opportunity to connect with God in the midst of grief. Lee (2010) expresses the loss of lament in modern forms of worship, which tend to move the worshipper toward praise before inviting the full expression of grief. Grief denied is simply grief delayed. The loss must be acknowledged and felt before the act of moving through may occur.

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The God Who Never Sleeps: Grief Reconciliation through Lament Continued

Grief and loss are among the most prevalent and severe emotional states counselors will encounter in clinical practice (Muller & Thompson, 2003). When the expression of grief and sorrow are framed in counseling as a spiritual struggle, it can serve as a benefit to post-traumatic growth (Shaw, Joseph & Linley, 2005). Counselors may create the space for clients who deeply desire an honest connection with God in the midst of their grief. Bowlby and Parkes (1970) identified four attachment-based grief phases: shock and numbness, yearning and searching, disorganization and despair, and reorganization and recovery. It is during the second and third phases that lament may be most applicable, as these are those with heightened emotions of anxiety, anger, despair, sorrow, and withdrawal. During these two phases, an effective client intervention may be bibliotherapy.

Bibliotherapy is an adjunctive technique in which counselors use self-help, fiction or, in this case, spiritual references to increase client awareness and encourage healing. "Books have been used as preventative aids as far back as problems and books have existed. In ancient Greek times, the door of the library at Thebes bore the inscription, Healing place of the Soul" (Pardek, 1993, p. 3). As early as 1916, the term *bibliotherapy* was used by Samuel McCord Crothers, an American Unitarian minister and essayist, to describe the use of books to help patients better understand their various maladies. Since that time, research on bibliotherapy has found that it has the capacity to assist in the meaning-making process, expanding worldviews, and assimilating knowledge for clients (Jackson, 2001).

It is most therapeutic when the client can fully involve him- or herself in the text and allow the words to cause a moving within the soul towards the freedom of lament. It must not be a philosophical or knowledge-gathering exercise. The focus of this intervention is to provide the client the validation, normalization, and grounding in order to fully lament his or her sorrow. While there are many books and collections of poems on grief, I recommend Michael Card's book *A Sacred Sorrow: Reaching Out to God in the Lost Language of Lament* (2005) and its accompanying study, *The Hidden Face of God: Finding the Missing Door to the Father Through Lament* (2007). In addition, Vroegop (2019) recently published a title on lament called *Dark Clouds, Deep Mercy*, which is also a vastly practical, compassionate guide for clients.

Conclusion

Vroegop (2019) calls lament a "biblical vocabulary...for talking to God about our pain" (p. 159). Lament breaks the silence of stigma in loss, radicalizes grief as a legitimate, human process, and provides a holy framework for the expression of heartbreak. For clients in the midst of grief, counselors may create a place of both compassion and spiritual grounding through the structure of lament. Through lament-focused bibliotherapy, clients may find first, a vehicle in which to move through Parkes and Bowlby's (1970) phases of grief, and second, a deeper attachment to a God who never sleeps, who hears, and who comforts.

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Holding the Pieces: How Counselors Can Support Their United Methodist Clients in 2020

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In May of 2020, the United Methodist Church, the largest mainline Christian denomination, will meet for a General Conference in St. Louis, Missouri. This world-wide conference is attended by United Methodist clergy and laity. The expected outcome at the conference is a denominational split because of decades-long differing opinions about the inclusion of the LGBTQ+ community in church leadership (Roberston & Diaz, 2020). Also, there is a difference of opinion regarding the ability of clergy to perform weddings for same-sex couples (Meyer, 2020). In response to this potential split, many United Methodists' express anxiety and grief concerning the loss of their faith community as they wait for the approaching conference date in May (Rowe, 2020). This causes stress for clergy and laity, and it is important for counselors to be aware of the unique need for spiritual integration in the counseling room (Girlinghouse, 2019). Counselors who support the inclusion of spirituality in the counseling process can help this community in their grief and processing of this new spiritual identity. Specifically, one theoretical framework which may be useful in the inclusion of spirituality is Relational Cultural Theory (RCT).

Relational Cultural Theory, developed by Jean Baker Miller et al. (1973), evolved because of the nonexistence of women's voices in mental health. RCT evolved to a counseling theory that includes people across the gender and sexual spectrum. RCT supports a wide range of cultural experiences, including spirituality (Jordan, 2010). RCT asserts that people grow from their experience of relationships across the lifespan and that meaningful relationships are central to well-being (Jordan, 2010). Through the understanding of brain development, we know that people experience their way-of-being through relationships with others (Siegel, 2010). Further, our ability to adapt to an ever-changing world comes from secure relationships in early age and beyond (McHenry, Sikorski, and McHenry, 2014). Growth-fostering relationships are those supportive relationships where both persons grow as a result of the other, and a purpose for life and joy exude. The opposite of growth fostering relationships is called a chronic disconnection. Disconnections involve moving away from the relationship due to a lack of authenticity, empathy, or as a protection of self (Jordan,



2010). Relationships are also always in flux as humans naturally move towards connection or disconnection (Jordan, 2010).

Many describe their relationship of the divine as growth-fostering and assert that their experience of the divine is a result of their relationships within the community. These individuals may also define their relationship with other church members in these terms. It makes sense that with the potential fracture of the church, the dissolution of these growth fostering relationships may occur. In RCT terms, this is called chronic disconnection, and can lead to isolation and despair, however, when used appropriately, the dissolution of these relationships can be a catalyst for growth when used appropriately (Jordan, 2010). Therefore, the main goal of a counseling relationship with any person experiencing a loss of faith community is to develop a sense of belonging and purpose (Stewart-Sicking, Fox, & Deal, 2020). Developing the sense of belonging and purpose happens while encouraging the client to seek growth-fostering relationships with others or other faith communities, as the client heals from fracture. It's important to note that many faithful LGBTQ+ United Methodists have felt this exclusion in personal ways much longer than others, and have bravely forged paths for creative futures (Dreff, 2018).

Counselors comfortable with incorporating spirituality at the direction (or introduction) of their clients in their sessions can explore how clients experience the divine, and how an understanding of the divine can connect to this church community fracture. Therefore, counselors can join clients in working towards growth-fostering connections in the sacred relationship. Without verging on theological aspects of the divine, counseling relationships look at ways that a client can reconnect with their understanding of spirituality. Suggested methods of conversing with the divine discussed in session can include journaling, spiritual direction, and meditation (Stewart-Sicking, Fox, & Deal, 2020). Further, the counseling relationship can evaluate a client's experience of empathy extended from the divine connection. Specifically, in Christian terms, many would discuss how God might know our experience and offer us hope to navigate life's challenges.

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Holding the Pieces Continued

Fractures in relationships happen in life, and overcoming challenges in relationships is a process of new understanding, growth, and seeking new awareness. As many faithful United Methodist Christians navigate potential upcoming rifts in the denomination, counselors can support their clients in a new understanding of community and relationship with the divine. The result is a renewed purpose in life, new growth-fostering relationships, and a greater understanding of self.

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The Active Ingredient in Religion: Mediators of Religiosity and Substance Use

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The research confirming the inverse relationship between religiosity and substance use is significant; however, the causal mechanism behind this relationship is relatively unknown (Park et al., 2017). The purpose of this article is to synthesize the litera-

ture on the effects of religion on substance use and review the findings on mediating variables. Based on this litera-

ture, counselors should consider utilizing mediating variables into substance abuse treatment and prevention.

The percentage of adults who identify with a religious faith tradition decreased from 83% to 77% between 2007 and 2014 (Pew Research Center, 2015). This includes a wide variety of Protestants as well as Catholics, Jews, Mormons, Muslims, Buddhists, Hindus and adherents of other faith traditions. The decrease in religious adherence has been attributed to a lack of religiosity in the youngest generation of adults, with only 28% of them attending religious services each week, compared to 51% of those born before 1945 (Pew Research Center, 2015). Spirituality, however, is increasing - 80% of young adults state that they believe in God, and 53% state that they experience regular feelings of spiritual peace, including calm and serenity about spiritual matters (Pew Research Center, 2015). This shows that religious and spiritual issues are still relevant and useful areas to discuss with clients.

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The Active Ingredient in Religion: Continued

The relationship between religion/spirituality (R/S) and substance use has been extensively researched and examined. Of 278 studies, 86% reported an inverse relationship between R/S and alcohol use (Koenig, 2012). Despite the amount of research on the subject, some have supposed that between 30-50% of religion's influence has been accounted for by explanatory variables, leaving more than half of its influence yet to be explained (McCullough & Willoughby, 2009). Edlund et al. (2010) state: "Future studies are needed to investigate what the 'active ingredient' in religion is" (p. 834). Many researchers have attempted to answer that very question, and have identified several variables that explain the correlation between religion/spirituality and substance use.

The most common mediators found in the literature are negative substance use beliefs, peer and parental attitudes towards substances, self-control, spiritual well-being, and social support (Chawla, Neighbors, Lewis, Lee, & Larimer, 2007; DeWall et al., 2014; Drerup, Johnson, & Bindl, 2011; Edlund et al., 2010; Galen & Rogers, 2004; Harrell & Powell, 2014; Johnson, Sheets, & Kristeller, 2008; Salas-Wright, Vaughn, Maynard, Clark, & Snyder, 2017; and Sauer-Zavala, Burris, & Carlson, 2014). These variables either partially or completely mediated the relationship between religion and substance use.

Discussion

Based on the mediational pathways, mental health professionals could expect positive outcomes from integrating these variables into substance abuse prevention and treatment. Counselors should encourage their clients to explore their religious background and spiritual values. Koenig (2012) in his review on religion and health, urges health care professionals to take a brief spiritual history for each patient/client, to respect religious beliefs, and to refer patients/clients to clergy for spiritual needs when necessary. Counselors should provide alternative methods to achieve what drinking is believed to achieve (reduced stress and social enhancement) (Sauer-Zavala et al., 2014). Counselors may educate parents about the impact of their personal alcohol use attitudes and behaviors on their children, encouraging parental monitoring and limit-setting (Salas-Wright et al., 2017). Counselors should also develop client awareness of the discrepancy between their current and desired levels of spirituality as a motive for change, specifically for clients where religiosity and spirituality are salient (Johnson et al., 2008). For secular clients, examining sources of meaning and values can also prove beneficial in promoting client well-being and motivation to change (Johnson et al., 2008).

Religion and spirituality are empirically supported protective factors against substance abuse. Prevention

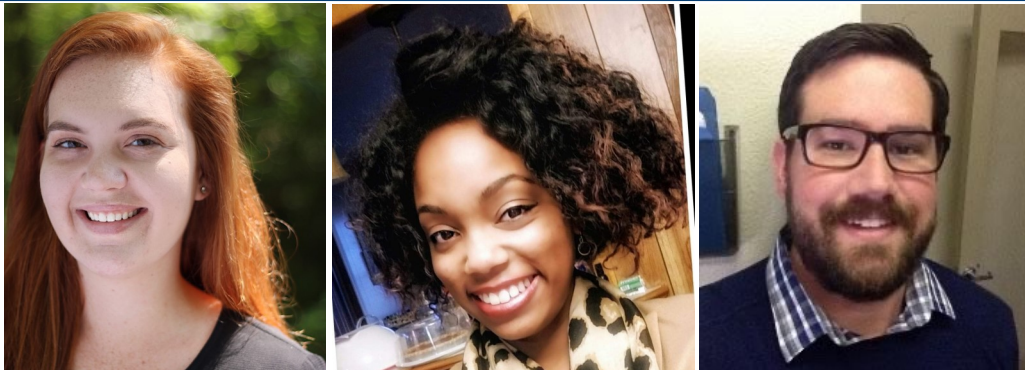
programs and interventions could mimic these protective effects by integrating known mediators into treatment. Further research is needed to demonstrate the impact of integrating mediators into treatment.

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Broaching Spirituality with Survivors of Intimate Partner Violence

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No matter the setting, counselors are likely to work with survivors of intimate partner violence (IPV; Black et al., 2011). It is imperative that counselors are adequately trained to serve individuals facing IPV not only with appropriate interventions, but ethical consideration of spirituality (ACA, 2014). An often overlooked aspect of ethical work with clients facing IPV is assessment of religion (Cashwell et al., 2013), which is critical for a number of reasons, including: the relationship between wellness and spirituality (Myers, Sweeney, & Witmer, 2000), the potential use of spirituality as a means of coping (Bryant-Davis & Wong, 2013), and the Association for Spiritual, Ethical, and Religious Values in Counseling Competencies (ASERVIC; Cashwell & Watts, 2010). Despite the ethical necessity and documented benefits of assessing for and appropriately integrating spirituality, the literature describes incongruence between counselors' positive views on these behaviors, yet failure to implement such practices (Cashwell et al., 2013).

While research suggests that most counselors are, for the most part, religious themselves or hold positive regard for spiritual practice (Adams, Puig, Baggs, & Wolf, 2015), counselors may feel anxiety or a lack of preparedness when it comes to broaching client spirituality (Adams et al., 2015) and may fear introducing their own biases or receiving negative client reactions. The potential of religion being used as a tool of abuse within violent relationships (National Domestic Violence Hotline, 2015) may cause counselors to over-identify with religion as a risk factor and under-identify with it as a protective factor. Cultural stereotypes and lack of knowledge about certain religious groups, such as the perceived role of women in certain communities, and their assumed relative power in relation to men within these contexts, may contribute to this bias. Nevertheless, a client's spiritual life is an important part of their narrative, one that can potentially be ignored or minimized by their counselor.

With awareness of their own beliefs, biases, and potential anxieties, counselors should consider how they

may effectively integrate client spirituality in counseling. However, the literature is sparse regarding how to do so specifically with survivors of IPV. Survivors of IPV may feel obligated to remain in unsafe relationships due to religious or spiritual beliefs. Their religious or spiritual community may also be a source of comfort and support. Therefore, it is important that counselors are knowledgeable regarding how to use the client's religiosity and spirituality as a resource and strength. Stewart-Sicking, Deal, and Fox (2017)'s *Ways Paradigm* addresses these concerns using three tenets for successful integration: ways of understanding, ways of being, and ways of intervening. IPV survivors are often ostracized and in need of social support. Through the use of this paradigm, they are empowered to use their religious and spiritual beliefs and community as resources during their healing journey.

"Ways of understanding" involve the counselor's recognition that, like counseling, religion attempts to understand the human condition (Stewart-Sicking et al., 2017). Therefore, by focusing on the overlap between counseling theory and a client's spirituality, the counselor may integrate a survivor's beliefs into treatment and safety planning. "Ways of being" are demonstrated through the connection formed between the survivor and counselor (Stewart-Sicking et al., 2017). This unconscious relationship, or what some may describe as a spiritual connection, may facilitate rapport and trust, allowing for greater client-collaboration concerning spiritual integration. Lastly, "ways of intervening" include the specific actions taken by the counselor to integrate the survivor's spirituality, such as using non-religious interventions to strengthen the survivor's faith, modifying interventions to include spiritual aspects, and engaging in specific spiritual behaviors in session like prayer, meditation, or spiritual journaling (Stewart-Sicking, Deal, & Fox, 2017). Counselors may also consult with spiritual leaders to enhance their understanding of the client's spiritual traditions.

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Broaching Spirituality with Survivors of Intimate Partner Violence Continued

Throughout this process, it is important that survivors are given autonomy in deciding how much or how little their spirituality is incorporated into treatment. Overall, ethical and beneficial integration of client spirituality may take place through implementation of the *Ways Paradigm*, alongside counselor awareness of their own beliefs concerning spirituality. Although it may prove challenging, counselors ought to deeply consider their own biases and possible apprehensions to best serve clients of diverse backgrounds.

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The Existential Muslim

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In this article, the author will briefly explain how existential principles may be combined with Islamic beliefs. The intention is for readers to be able to see how counselors can integrate principles of counseling theory with religious beliefs to better serve their clients and help accomplish the mission of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC).

Existential Therapy: A Brief Overview

Rollo May, Ernest Angel, and Henri Ellenberger first introduced existential therapy to the United States in 1958 after editing the book *Existence: A New Dimension in Psychiatry and Psychology* (Bell, 2018). Existentialism is considered more of a philosophy than therapy (Murdock, 2013). As Allport noted in his preface to Frankl (1984), the main theme of existentialism is to find meaning in the inevitable trials and tribulations of life. In his classic work on logotherapy, Frankl (1984) stated that "Man's search for meaning is the primary motivation in his life and not a 'secondary rationalization' of instinctual drives" (p. 105).



When people live life with meaning, they are considered to be living an authentic life (Bell, 2018). Existential therapy helps clients to discover this meaning by focusing on the concepts of freedom, isolation, meaning, death, (Yalom, 1980) and anxiety (Yang-Tan & Wong, 2012). These concepts also have a strong religious foundation in Islam and can assist Muslim clients in counseling.

Applying Existential Principles to Islamic Beliefs

Freedom

The existential principle of freedom asserts that people have the free will to choose and make their own decisions (Yalom, 1980). This theme is mentioned multiple times in the Qur'an, the Muslim religious scripture. For example, "No compulsion is there in religion" (Qur'an 2:256, Arberry trans.). This verse shows that an individual must willingly choose to believe. Similarly, "Say: The truth is from your Lord; so let whosoever will believe, and let whosoever will disbelieve" (Qur'an 18:29). This verse also shows the ability to choose to believe in a faith or not to believe.

The Existential Muslim Continued

Isolation

The idea that people are ultimately alone (Yalom, 1980) is another theme mentioned multiple times in the Qur'an. One verse states "No soul laden bears the load of another; and if one heavy-burdened calls for its load to be carried, not a thing of it will be carried, though he be a near kinsman" (Qur'an 35:18). This verse shows the idea of each individual ultimately being held accountable in the Muslim faith. Another verses states, "Upon the day when man shall flee from his brother, his mother, his father, his consort, his sons, every man that day shall have business to suffice him" (Qur'an 80:34-37). This verse aids in understanding the Muslim belief that every person will be held accountable on a day of reckoning, with no one to turn to for concession. These verses align with ultimately being alone, as described in existential theory.

Meaning

Existentialism helps clients find meaning in life (Frankl, 1984). When it comes to meaning, Muslim belief gives a clear purpose of life in a verse that states, "I have not created jinn and mankind except to serve me" (Qur'an 51:56). This unambiguous statement can help counselors steer Muslim clients to explore meaning in their life by using their own ideas from religious scriptures. The meaning of life is also evident in verses that belittle the material world for a concept of an eternal world. One of these verses states, "The present life is naught but a sport and a diversion; surely the Last Abode is better for those that are godfearing. What, do you not understand?" (Qur'an 6:32). Once again, the concept of focusing on a higher goal with a sense of purpose to achieve something beyond the immediate material world can be seen. These beliefs can assist Muslim clients in reflecting on their ultimate purpose in life.

Death

Existential philosophy focuses on the concept of death (Yalom, 1980). Once again, Muslim belief discusses this concept extensively. The Qur'an (3:185) states, "Every soul shall taste of death; you shall surely be paid in full your wages on the Day of Resurrection." The concept of death here is shown to be an inevitable reality. Another verse states "Wherever you may be, death will overtake you, though you should be in raised-up towers" (Qur'an 4:78). This verse shows the reality of death. Allowing Muslim clients to reflect on death may lead them to live a more fulfilling life, given the finite time available.

Anxiety

Existentialism views anxiety as unavoidable and a concept that should be embraced to live a life with more purpose (Yang-Tan & Wong, 2012). The Qur'an (90:4) alludes to the inevitable anxiety of life by stating "Indeed,

We created man in trouble." By accepting that humanity will always be in a state of turmoil, Muslim clients can use this anxiety to work with the reality that is under their control. Furthermore, they can use inevitable difficulties to help them embrace change.

Implications for Counselors

Counselors are obligated to abide by the American Counseling Association's *Code of Ethics* by using techniques that are appropriate for various groups (American Counseling Association, 2014). Researchers have experienced moderate success when modifying cognitive behavior therapy to be in congruence with Islamic values (Beshai et al., 2013; Naeem et al., 2015). Building on this principle of modification of theories, awareness of the similarities between Islamic and existential principles may allow a counselor to assist a Muslim client with another therapeutic technique in congruence with a Muslim's religious beliefs. Counselors may inquire about a client's level of religiosity to see if the Islamic existential approach may be appropriate for them. If a client does not value their Islamic belief, then counselors may utilize general principles of existentialism. Counselors may suggest religiously inclined Muslim clients to explore their faith in more depth to find meaning and connection in their life. Some research has shown a positive connection between having religious beliefs and meaning in life (Martos et al., 2010). Additionally, Cook-Masaud and Wiggins (2011) stated that reviewing sacred texts can be beneficial for the counselor and client relationship. Counselors may refer to the Quranic verses mentioned in the article to assist the client in understanding an existential framework through the client's worldview. The counselor may also partake in self-study or contact Muslim clergy to deepen their own understanding of Islamic principles utilized in sessions with the client. Increased awareness by the counselor may help to achieve depth in the counseling sessions. By understanding the similarities between Islam and existentialism, counselors may have an effective protocol for helping Muslim clients in counseling.



The Existential Muslim Continued

Conclusion

In this article, the author provided a brief glimpse on how counselors can use counseling theory with religious scripture, specifically, existentialism and the Qur'an, to provide the best care for their Muslim clients. Counselors may find value in assisting Muslim clients to incorporate their religious beliefs into counseling sessions by blending spiritual practices with the social sciences. This integration is a core value of ASERVIC.

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What Counselors Need to Know when Working with Clergy Members

Lydia Buchanan and Rob McKinney

Gonzaga University



Individuals who accept the calling of the clergy may find various expectations and roles they are expected to fulfill. Proeschold-Bell et

al., (2015) iterated this fact when discussing how the roles of clergy (e.g., preacher, ritualist, pastor, teacher, organizer, administer, etc.) are more diverse than is typically recognized. This job becomes even more dynamic when one considers clergy may assist with mental health concerns. Clergy are sought for a wide range of concerns, including bereavement, addictions, severe and persistent mental illnesses, and eating disorders (Hendron, Irving, & Taylor, 2012). Oppenheimer, Flannelly, and Weaver (2004) estimated that clergy provide 138 million hours of counseling per year.

Part of this mental health work includes operating as crisis responders. For instance, clergy were present and providing trauma response services in small community tragedies (e.g., the mining disaster in West Virginia; Curtis et al., 2017), in natural disasters (e.g., Hurricane Katrina;

Abernethy, Grannum, Gordon, Williamson, & Currier, 2016), and in national emergencies (e.g., September 11, 2001; Hendron et al., 2012; Noullet, Lating, Kirkhart, Dewey, & Everly, 2018). Working in a mental health capacity is so common that Hedman (2014) found that 88 percent of 314 participants “believed that it is the clergy’s role to provide education regarding suicide and mental health to their congregations” (p. 302). Yet, researchers have emphasized that there is a significant lack of trauma response training and mental health education provided to clergy entering the profession (Hendron et al., 2012; Jacobson et al., 2013; Kramer et al., 2007; Noullet et al., 2018).

These high work expectations and lack of training in mental health care can undoubtedly effect clergy members. Professional counselors are aware of the effects of treating individuals with trauma or psychological distress (Buchanan, Anderson, Uhlemann, & Horwitz, 2006), such as compassion fatigue, vicarious trauma, and burnout (Hendron et al., 2012; Noullet et al., 2018). Some clergy acknowledge similar struggles they are going through, such as emotional distress and burnout (Trihub, McMinn, Buhrow, & Johnson, 2010). However, clergy may not have the same support as counselors built into their profession, leaving them vulnerable to these effects.

What Counselors Need to Know when Working with Clergy Members Continued

Not all clergy may be aware of the risks inherent in counseling individuals with psychological disorders or trauma. Jacobson and colleagues (2013) noted that clergy should be aware of the risks, possible role confusion, and the conceivable outcomes from their lack of formal education in these areas. Confounding this potential turmoil is the fact that clergy members, as leaders and guides to their congregations and communities, may not feel as though they can self-disclose the need for help (Salwen, Underwood, Dy-Liacco, & Arveson, 2017).

Counselors who work with clergy are encouraged to adhere to specific professional practices. The *ACA Code of Ethics* (2014) encourages counselors to safeguard the client's integrity, promote the counselor-client relationship, as well as honor the individual's dignity and uniqueness. These mandates would allow the counselor to protect the clergy member's privacy through confidentiality, enable the individual form a professional relationship that may be uniquely different to their various community-centered relationships, and permit the counselor to bring into session the unique job and characteristics of the clergy member. Clearly stating these and other ethical considerations may be key, as some clergy may struggle to come to counseling "because their spiritual well-being serves both as the foundation for their personal identity and wellness and as a vocational prerequisite" (Salwen et al., 2017, p. 506).

As a complement to this ethical code, the ASERVIC competencies offer a unique framework for specific behaviors, such as communication, and skills, such as assessment, that counselors can utilize when working with clergy who are religious and spiritually devout (Cashwell & Watts, 2010). For example, competency 13 states that a "counselor is able to...utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint" (Cashwell & Watts, 2010, p. 5). Possible techniques for clergy could include bringing in prayer and scriptural passages into the counseling session, as these practices could assist in overcoming various concerns clergy present with in counseling (Proeschold-Bell et al., 2015; Trihub et al., 2010). This is just one example of using the ASERVIC competences to meet the counseling needs of clergy. Counselors should consult these competences, as diagnosis, treatment, assessment, spiritual development, and the counselor's own self-awareness are addressed within them and these are important considerations when working with clergy (Cashwell & Watts, 2010). Overall, these mandates allow counselors to effectively support the various needs of clergy.

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SPIRITUALITY IN THE FIELD

A Prayerful Response to Suffering Stanley Hoover Messiah College

Writer Anne Lamont (2012) believes there are only three essential prayers: Help, thanks, and wow. While these might be the quickest prayers off my lips, another form of prayer has become essential to me, especially in my work as a counselor and counselor educator specializing in trauma. Laments are prayers of complaint. They give voice to experiences of suffering; and in doing so, express pain and suffering, but also hope that these experiences might in some way be redeemed. When confronted nearly every day with the realities of trauma, and that nagging sense of helplessness familiar to many of us in the helping professions, prayers of lament have sustained me both in my counseling practice and personal faith.

Prayers of lament are familiar within the Judeo-Christian spiritual tradition; the psalms from the Hebrew Scriptures are full of them. Laments were the prayers of the people of Israel while in exile, and of Jesus on the cross. They are the prayers I find myself voicing after hearing story after story of violence and abuse, grief and loss, injustice and contempt. Laments direct human anguish toward God, opening those who pray to God's presence. In this way, they are an invitation to hope, even in the midst of seemingly hopeless circumstances. Prayer of lament enable me to endure—they keep me from buckling under the burden of vicarious pain and suffering.

In this way, laments can be an important resource for self-care or soul-care (ASERVIC Competency 4). They can also be useful as a therapeutic intervention, provided the client is open and receptive to this intimate way of theistic prayer (ASERVIC Competency 13). One study found that individuals who regularly practiced lament experienced greater communion with God (Snow, McMinn, Bufford, and Brendlinger, 2011). These findings suggest the potential for prayers of lament to cultivate a vibrant relational spirituality, even in the midst of extreme stress.



Laments follow a particular trajectory. They move, as Hall (2016) put it, “from distress to praise, and from disorientation to new orientation” (p. 219). This movement, she describes, can facilitate spiritual meaning making, which is often an important task in healing from trauma. Similarly, Jones (2019) has observed how the practice of lament mirrors the process of remembrance and mourning, the central phase of Herman's (1992) well-known model of trauma recovery.

Drawing on examples from the book of Psalms, Swinton (2007, p. 128) has described a basic template for composing prayers of lament. First, laments begin by addressing God directly, referring to God by particular names, theological titles, or through figurative language. Laments then articulate a specific complaint or source of distress—the cause for prayer. Any associated thoughts and feelings are voiced openly and honestly. Next, there is typically some expression of trust in and reliance upon God. This is followed by a specific request or plea that God would intervene, and usually some expression of confidence that God will act. Finally, laments often—though not always—conclude with worship and praise to God. This spiritual practice invites people of faith to tell the truth of their experiences in life, grieving what is to be grieved, and confide in a God who is believed to “heal the brokenhearted and bind up their wounds” (Ps. 147:3).

In the context of my counseling practice, prayers of lament have become especially relevant. A number of years ago I worked with a young woman who complained of anxiety. She was married to her high school sweetheart and was eager to begin having children. Her Christian spirituality was extremely important to her and one of the ways she had always dealt with anxiety in the past was through prayer. That prayer was no longer an effective means of coping was troubling to her, and she was beginning to feel distant from God.

SPIRITUALITY IN THE FIELD CONTINUED

Toward the end of our first session, she disclosed that she had recently experienced her second miscarriage after struggling with infertility for a number of years. She questioned whether she could become pregnant again and worried about another loss. Underneath these uncertainties and fears, I could sense a great deal of sorrow and pain. She seemed devastated, but reluctant to say so. She would become tearful at any mention of her miscarriage, but avoided talking about it directly. Instead—even through tears—she would speak of God’s goodness and blessing in her life. This apparent incongruity made me curious about how she spoke with God, especially about her experience with reproductive trauma. When I asked her to tell me about how she typically prayed, she described a variety of types of prayer (for review, see Spilka & Ladd, 2012), but emphasized outward prayers such as adoration and thanksgiving.

Was there a place for lament in her prayer life, I wondered? Knowing that her experience with prayer was a source of spiritual struggle, I broached the subject gently and asked if she was open to considering a new way of prayer—one that might offer a way of reconnecting with God by sharing her grief and pain. Though she was mostly unfamiliar with the practice of lament, she recognized it as part of her spiritual tradition. It piqued her interest, and she was eager to begin reading through some of the laments found in the book of Psalms. We talked about which passages resonated with her and processed some of the feelings they evoked. The unresolved ending of Psalm 88 was particularly poignant to her: “You have taken from me friend and neighbor—darkness is my closet friend.” In the same way, a part of her felt like God had taken away her babies, and she was angry. Anger, however, was not an emotion she thought was acceptable to voice to God.

Because the laments she found in Scripture were so meaningful to her, I invited her to begin experimenting with these prayers herself. After reviewing the instructions for writing laments (Swinton, 2007), I encouraged her to write them in a notebook and bring them to our sessions. For some time after, she shared her laments with me, reading them aloud as I sat in wonder of her vulnerability and daring faith. These were difficult sessions. The cumulative weight of her grief took a toll on me, and I often found myself praying along with her, “How long, O Lord? Will you forget [her] forever?” (Ps. 13). My own prayers of lament sustained me as I worked with this client. It became difficult to remain hopeful, so I began to entrust my hopelessness to God in

prayer. As I expressed my feelings about this client, her story, and our work together, I experienced God join me in my struggle. There was no miraculous infusion of hope into my heart, but the sense of God being with me and my client in our shared struggles was deeply encouraging.

Over time, this client’s anxiety lessened. She reported developing a deeper—though, more complicated—relationship with God. Practicing lament did not resolve all of her spiritual concerns associated with reproductive trauma, but it did enable her to grieve well. It helped her to contain her pain and suffering, direct it to God, and open her heart to a new experience of the sacred. This model of prayer has served as a kind of road map for me as I continue to discern how my faith and counseling practice intersect. Whether as a form of self-care or spiritually oriented therapeutic intervention, laments have helped me cling to hope while bearing witness to trauma. These prayers keep me centered in a God who I believe works to “[heal] the brokenhearted and [bind] up their wounds” (Ps. 147:3).

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New Member Spotlight

Veronica J. Ribulotta Singleton, M.Ed., LPCA



What drew you to membership in ASERVIC?

As a Christian, a counselor and an active ally for the LGBT+ community, I sometimes find it difficult to personally and professionally navigate the blending of these identities. I am also a CES doctoral student who is expected to expand my connection with counseling organizations. In researching ASERVIC I was pleasantly surprised to discover acceptance of diversity and inclusion coupled with spirituality. Immediately I knew this was the group for me. I am grateful to be a member of an organization that values tolerance *and* supports spirituality as an integral component of the therapeutic process.

How did you get here? What is your spiritual story?

I was raised by parents who did not value organized religion. Therefore, I was left to discover my own path. While I have always felt a spiritual connection to "something", it wasn't until about 15 years ago that I found what I had been seeking and became a Christian. My spiritual journey led me to serving as a youth leader for a number of years. That experience resulted in much spiritual and personal reflection given my liberal background. The development of a firm resolve to love and respect others unconditionally emerged. We are all human, living together on this earth. We share similar hopes, dreams, and desires for our futures. Spirituality connects us all on a deeper level. It is my hope that I am able to meet all individuals with the conviction that mind, body and spiritual wellness are intertwined allowing me to attend those needs accordingly as they arise by truly meeting others where they are.

How do you see yourself working with ASERVIC?

I am currently blessed with the opportunity to serve the ASERVIC membership committee. Going forward, as I become more engaged with the association, I would like to seek additional service opportunities. It is my hope that this will allow me to immerse myself in the culture and climate of the ASERVIC membership, foster my spiritual growth as a professional, and allow me to bring an engaging, holistic perspective into the workplace, community and classroom.

Come chat with us on ASERVIC CONNECT

If you are a current member of ASERVIC or a current state division member of ASERVIC, you should have access to ASERVIC Connect through ACA Connect. To find ASERVIC Connect and make sure you have access, go to ACA's website to locate ACA Connect and the ASERVIC Community:

- 1) <http://community.counseling.org/home>
- 2) **Select Communities**
- 3) **Select My Communities**
(you may be promoted to login to ACA)
- 4) **Find the ASERVIC Community**



If you cannot find ASERVIC under your communities, be sure that you are a rent member.

ETHICS CORNER

Change: What does ethics have to do with it?

Rosanne Nunnery
Capella University

As each New Year approaches, a bombardment of information via social media, print, and television advertisements meant to encourage change emerges. Oftentimes this desire to change is brought on by a new year's resolution in at least one if not multiple areas of one's life. With change comes excitement, moments of discouragement when specified goals are not attained. Many individuals seek out counselors to assist with reaching the new resolutions. When seeking out professional assistance, counselors should be aware of client autonomy and beneficence (ACA, 2014) in decision making and change.

When a client seeks counseling there are a myriad of concerns that are brought to the counselor-client relationship; these concerns range from developmental, society, emotional, psychological, physiological, familial, and are unique to each client. As counselors, the focus should be to hear these concerns that are often expressed via stories, situational, environmental and multifaceted factors. A thorough intake or biopsychosocial assessment helps create a pathway to capture the story so that an effective and impactful treatment plan can be outlined where both short term and long-term goals are set (Sommers-Flanagan, J. & Sommers-Flanagan, R. 2017). The counselor-client relationship is a glue to establish, maintain and support these goals. As treatment implementation begins to promote those goals, the purpose outlined in the ACA code of ethics (2014) should be on the forefront of the counselor's mind.

When considering ethics, counselors need to take a deep dive into how they promote goals while considering the autonomy of a client. With knowledge of the stages of change (Prochaska & DiClemente, 1983), there is autonomy in a client's decision to make the choices to achieve those goals whether physical or mental health wellness are involved. There will be times that counselors might desire to create a small client "nudge" toward staying on a specific behavioral course while a client may have moved from contemplation to preparation but due to life circumstances, had a set back causing lack of readiness to take action. It is important to remember that the goals and needs of the client are for him or her and a counselor's competence should not be gaged based upon progress or lack of progress of client goals but should monitor effectiveness (ACA, 2014, C.2.d.). There is a balance of exploring clinical practice while keeping aware that from the onset of treatment, a client works with the counselor to develop counseling plans (ACA, 2014, A.1.c.) but developing unrealistic expectations can strip a client's autonomy and create a strained counselor-client relationship where transparency might be reduced.

Within a counselor-client relationship, there is a sacred space for confidentiality, trust, and honesty. There is a modeling of relationship patterns that are reflective of every day life. What makes this relationship unique and different, is a non-judgmental and safe place to make progress, relapse with progress, and then start over with change. As clients are heading into a new year with new goals and interests, a counselor's inherent values and beliefs regarding the change progress should be laid aside for the focus of a client's values, beliefs (ACA, 2014; ASERVIC, 2009), and process of change.

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Editor's Farewell

The Spring 2020 edition is my last edition as Editor. Beginning Summer 2020, our Assistant Editor Dr. Joy Mwendwa will be taking over as Editor. I have had the honor of working with Joy over the past couple years, so I know the newsletter will be in great hands.

Throughout my time as Editor, I have had the privilege of working under several ASERVIC leaders, each with their own unique vision. I have learned a lot from them in terms of my professional development and they have influenced my leadership style greatly. Under their leadership and my editorship, ASERVIC began the first column devoted specifically to graduate students. This newsletter contains the second round of graduate submissions, so I hope you find them as thought-provoking and insightful as I have.

I cannot write my farewell without acknowledging our excellent peer reviewers who have helped make our graduate student column a success. Thank you so much for your service to ASERVIC!

Ashley Coombs
John Harrichand
Krista Kirk
Joy Mwendwa

Nils Juarez Palma
Tiffanie Sutherlin
Victor E. Tuazon
Michael Verona



As I transition out of this role as Editor, I hope to continue my involvement in ASERVIC by serving on a committee. I have witnessed firsthand the impact that the committees have in this organization as they contribute greatly to the content of Interaction. Farewell!

Sincerely,
Heidi

New Editor Introduction

It has been a delight to work with Heidi over the last two years! She was quick to give me a warm welcome to the ASERVIC family when I started as Assistant Editor and she has maintained this supportive stance over our time together. Heidi's implementation of the graduate students column, a space to share, grow, and be heard, is an example of advocating for this group of professionals. In my perspective, she is a great model of what ASERVIC represents. It has been a pleasure to work with her.

Heidi's leadership and support have been key in preparing me to take on this editorship. I am excited to serve at this capacity and look forward to growing even more in this role.

Joy Mwendwa



Submission Request

SPIRITUALITY IN THE FIELD

Do you have ideas or a story to share regarding your practice of spirituality in the field? If so, please submit to the next edition of the *Interaction*.

The Innovation Committee would like to formally invite current ASERVIC members to consider sharing their “Spirituality in the Field” experiences for publication in an upcoming ASERVIC newsletter.

Inquiries and submissions for this special section of the newsletter can be sent to
LYNN BOHECKER (lbohecker@liberty.edu)

- ◇ Articles include an opening paragraph introducing the author to the readers.
- ◇ Articles include a second paragraph describing how the author incorporates one or multiple Spiritual Competencies in practice.
- ◇ Articles include a concluding paragraph or list of resources (books, trainings, websites/blogs, inspirational quote, etc.) related to the practices and competencies addressed in the article.
- ◇ A professional picture of the author is attached (in .jpeg format) with the article.



**Interested in submitting an article
for the Summer issue of the
Interaction?**

**The deadline is
FRIDAY, July 10, 2020**

Please refer to ASERVIC.org for guidelines for publication or for more information, or email Heidi Henry, *Interaction* Editor, at counseling@heidihenry.com