Association for Spiritual, Ethical, & Religious Values in Counseling

Spring 2021, *Volume XXXI, No. 3*

INTERACTION

Inside this Issue:

President's Address
Dr. Ryan Foster

Dear ASERVIC Friends,

Welcome to the Spring 2021 edition of Interaction the official newsletter of the Association for Spiritual, Ethical and Religious Values in Counseling, a division of the American Counseling Association. Because this is my last President's Address as I enter into my last month or so of being in the presidential hot seat, I wanted to take some time to reflect on our Board's accomplishments this fiscal year.

ASERVIC's theme for this year was re-creation, reorganization, and renewal. I feel deeply grateful for serving as President during the strangest year of my 41 years on Planet Earth. The Board successfully navigated its way through a rather budget unfriendly beginning of the fiscal year with having to cancel our 2020 annual conference last summer – which, quite frankly, seems like a decade ago to me. We were able to reorganize funds and will continue to make sacrifices over the next fiscal year as we are putting a pause on our Emerging Leaders program for 2021-2022.

We have been working hard on re-creation for our digital presence via our website – if you haven't seen it yet, check it out! We have attempted to communicate more frequently through Constant Contact emails and via social media outlets. We co-sponsored our very first daylong virtual symposium with the International Association for Near-Death Studies and it was an amazing experience!

In terms of renewal, we have seen tremendous membership growth over the last year! I feel excited about new energy coming in – I think it will help to create sparks within our organization, particularly as we all figure out how to navigate interacting socially and in person again with each other.

Speaking of social interaction, I want to remind you that we will be holding our ASERVIC Town Hall and Awards Ceremony this year virtually on Friday, June 25th, 2021, 7:00pm to 8:30pm Central time. Our Town Hall is an opportunity for members to interact with Board members to ask questions, get to know each other in the kinds of virtual ways that have become the norm this year, and of course to celebrate some folks who have meant a lot to ASERVIC as an organization! Please save the date and RSVP! An email via Constant Contact was sent out to members.

Finally, I want to take an opportunity to thank some folks who are very special to me. My thanks to Marinn Pierce, who is wrapping up her service as President-elect. She has been deeply supportive to me as I came across questions I didn't know the answer to, experienced frustrations and needed a warm friend to voice them to, and needed to get business done.

One of the unsung heroes of this year has been Daniel Gutierrez, who has been a voice of reason and compassion and who helped me to navigate the website issues all year long. Also, I want to thank the entire ASERVIC Board for their gentle nature, efficient decision making, and thoughtful consideration of member needs.

Finally, I want to thank the committee chairs and members who do the real work of ASERVIC, behind the scenes, often underappreciated. THANK YOU ALL!

My best to everyone as we head into the summer. Hope to see you at the Town Hall in June!

Ryan

New Member Spotlight

What drew you to membership in ASERVIC?

I am currently enrolled in the Master of Arts in Pastoral Counseling program at the Institute of Pastoral Studies at Loyola University Chicago. I was encouraged by one of my professors, Deborah Watson, Ed.D., to explore ASERVIC, which led to my membership.

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

I was always interested in the philosophical questions about life: *Who are we? Where do we belong?* Shortly before I began law school in the 1980s, my younger sister was killed in a car accident, an abrupt and uncompromising confrontation with death that accelerated my search to find meaning and connection in life. In those initial weeks and months as I moved through the funeral and into a life without my beloved sister, I quickly learned just how deeply uncomfortable we, as a society, find death; it seemed that we preferred that mourning (or at least all conversation about it) end with the funeral, leaving the bereaved with no community support during a healing process that can endure for years. After I resolved my own grief, I decided to support others who were coping with death by serving in hospice. Even though I embarked upon a particularly demanding career as an attorney, I nonetheless made time to express my spirituality and support my community in this way. I have been a hospice volunteer for about 20 years, and it is work I continue to find deeply meaningful.

As part of my spiritual journey, I have been a devoted student of A Course in Miracles for the past 17 years. Although I was raised in an observant Catholic family and have studied Judaism extensively since I married my husband almost 28 years ago, the Course has been the single most significant influence on my faith life. Through the Course I have experienced a profoundly deepening spirituality, peace, and love of God, as well as love of my neighbor. As a result of my study, I have come to understand that internal peace is the prerequisite to "seeing your neighbor as yourself". As Tolstoy wryly noted, everyone thinks of changing the world, but no one thinks of changing himself. If a person is peaceful, there is no need to make an "other" out of one's brothers; instead, a person will see another's actions as either an expression of love or a call for love. Irving Yalom frequently wrote that healing occurs in relationship, and therefore our neighbors are critical to our growth. Since I view inner peace as fundamental to human progress, I aspire to work one-on-one with individuals as they resolve their inner conflicts. Therefore, following my retirement from practicing law, I enrolled in the Master of Arts in Pastoral Counseling program at the Institute of Pastoral Studies at Loyola University Chicago in the fall of 2019.

How do you see yourself working with ASERVIC?

Like other members of ASERVIC, I am interested in exploring the intersectionality between psychology and spirituality. I enjoy studying the use of various spiritual praxes to achieve a non-dual experience that facilitates a state of oneness or connection through which relational healing can occur, particularly as it relates to hospice patients, their family members and caregivers, and those who are grieving; to dispute resolution and restorative justice practices; and to spiritual growth. I enjoy teaching and public speaking and hope to share these interests with ASERVIC members.

Series on the Spiritual and Religious Values in Counseling Competencies:

Counseling Orthodox Jewish Parents Who Have Suffered a Perinatal Loss

by Joel B. Wolowelsky, PhD
Dean of the Faculty, Yeshivah of Flatbush, Brooklyn, New York.

Traditional Jewish mourning observances like shiva allow bereaved to confront their loss within their supportive and consoling community, moving through a healthy grieving process. However, a perinatal death - late miscarriage, stillborn or early (under 30-day) neonatal fatality – is not mourned formally in any way, sometimes resulting in disenfranchised grief. We present the counseling session highlights with Orthodox Jewish parents who suffered a perinatal loss that illustrate how the dynamics of traditional Jewish mourning responses even post-facto might help grieving parents process grief through the lens of their religious traditions with succor and support, while overcoming the secrecy and taboo associated with the discussion of this topic.

Key words: Perinatal grief; Orthodox Judaism; Jewish; Cultural processes; Mourning rituals

Discussion

Counselors of traditional Jewish families that have suffered a perinatal loss are most likely aware of the religious observance like shiva and kaddish that allow the bereaved to confront their loss with their supportive and consoling community while moving through a healthy grieving process (Rubin, 2014-2015, Wolowelsky, 2010). *Aninut* (from the time of death until burial) is a time of confronting the reality of facing death; it comprises a suspension of many affirmative religious obligations like daily prayer, and includes *keriya*, a ritual ripping of one's clothes to release emotions. Funeral and burial is followed by shiva, a week-long period through which mourners stay at home to receive a flow of friends and community members who offer consolation.

However, many counselors may not be aware that a perinatal death – be it late miscarriage, stillborn or an early (under 30-day) neonatal fatality– is not mourned formally through any of these religious practices. Some Orthodox burial societies exclude the parents from any involvement with the burial, even to the extent of choosing a name for the baby. There is no rabbi to instruct the parents to do keriya, no community-supported funeral, no shiva where people could come to express their sympathy and encouragement. To a large extent, Orthodox Judaism joins Western culture in seeing perinatal loss as taboo (Markin and Zilcha-Mano, 2018), leaving grieving parents to cope in isolation. As a result, there may well be disenfranchised grief. Indeed, lack of social support is among the predictors of development of complicated grief after such loss (Kersting and Wagner, 2012). Moreover, stillbirth can rock the belief structure of those of faith to its core, especially where there is an attached negative religious coping and/or expressed religious distress (Nuzum et. al., 2017).

We would like to offer here several recommendations for holding counseling sessions with Orthodox Jewish parents who suffered a perinatal loss that integrate key traditional Jewish mourning responses even post-facto. There is no religious objection to leverage these traditional responses to promote the Orthodox Jewish family to process the loss and move forward.

To some extent, there is growing recognition in Orthodoxy of the damaging results of viewing perinatal loss astaboo (Stav, 2010; Wolowelsky, 2017). For example, England's United Synagogue (n.d.) notes that "Some parents find it too difficult to be present for the burial whereas others derive a certain sense of comfort from being there. Both approaches comply with *Halachah* [Jewish Religious Law] and every family should do what they feel is best for them. Some close relatives or friends might also attend but it is not usual to have a large gathering of people at such an occasion". In 2014, a directive of the Israeli Ministries of Religion and Health required the state burial societies to offer the parents the opportunity to be at the burial.

Early in the counseling relationship, the counselor might explore to what extent the parents were involved in the burial and whether they had visited the grave. Rabbi Avi Weiss (2013) discussed his visiting his baby's grave for the first time, years after his death, and reminded us, *"It is never too late"*. There is no formal ritual in visiting a grave. Generally, some Psalms may be quietly recited; Psalms 16, 23, 91, 121, and 130 are more popular choices. The selected religious text should align with what speaks to the family members enduring the loss. A young couple with parents who are currently living may never have visited a grave. The counselor might suggest that they consult with their rabbi, former religious teacher, or friend for supporting them in the selection of the Psalms to recite and even joining them during the visit.

Lack of communal response through shiva not only creates additional isolation and depression for the parents having suffered perinatal loss but leaves friends unaware that there is a need to which a response is required. When shiva follows burial, things move on automatic; people know that they need no invitation to pay a condolence call. Here, however, the parents or their surrogates are left to organize a mechanism to break the secrecy associated with the taboo of discussion.

The counselor might therefore explore with the parents who in their supportive circle knows about their loss and who does not, and whose support would provide meaningful comfort if they were made aware of the loss. A post-facto shiva is not possible (and would be resisted by those with commitment to *halakhic* norms and would be viewed as *ersatz*). However, appropriating some of its dynamics is to be considered. For example, it is common for congregants to sponsor one of the regular religious classes in the synagogue in memory of a lost relative. The simple announcement of the sponsorship can provide a release from the assumed taboo where silence often cloaks the perinatal loss.

The counselor might explore whether the parents might prefer a more focused group, asking their rabbi, former teacher, or friend to give a talk at their home on a religious topic to an invited group. No ritual is involved, only an open statement on the purpose of the gathering. If a minyan (religious quorum) is present, the special Kaddish said after Torah study can be recited. (While in the past, Orthodox congregations generally allowed only men to say the Kaddish, there is now a slowly gaining acceptance for women to say it too (Wolowelsky, 2014).) Bereaved parents need not take off their shoes or sit on a low stool – characteristic of "sitting shiva" -- to be engaged by caring friends and family who stay afterwards.

In helping the parents to mourn and move on in helpful ways, the counselor might consider an additional dynamic of shiva, one that supplements social awareness of the death and communal support. Shiva is a finite time for focusing on bereavement and it comes to a definite end. At the end of shiva, those present advise the mourners to leave the house and take a walk, often adding a verse from Isaiah: "Your sun shall set no more, your moon no more withdraw; for the Lord shall be a light to you forever, and your days of mourning shall be ended" (60:20). Grief lingers but there is a sense of moving on.

This dynamic of shiva might be explored by focusing on the fact that shiva includes the recitation of Psalm 49 after daily morning prayers. Adopting a week-long recitation privately even after what would have been the shiva would express not only the notion of an appropriate extended mourning period, but the determination to focus forward afterwards even though grief may continue.

Finally, the counselor can explore whether the parents would want to attend Yizkor each major holiday and light a memorial candle at home. *Yizkor* is a short communal memorial service that is said on Passover, Shavuot, Sukkot, and Yom Kippur in Ashkenazi synagogues. Usually, all those who have never experienced the death of a parent, sibling or child quietly leave the synagogue while those that have experienced loss remain saying their memorial prayers. Participating in *Yizkor* gives public expression of the reality of their loss and lighting a candle at home creates an on-going family awareness of the loss.

Lack of traditional Jewish mourning practices in the case of perinatal deaths may contribute to the stagnation of the grieving process and strengthen the perceived religious taboo associated with these forms of loss. However, the integration of traditional Jewish dynamics by counselors can facilitate and bridge the grieving parents to use their religious traditions for succor and support.

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There is no conflict of interest or financial interest or benefit arisen from the direct applications of this research.

Spiritual and Religious Development across the Lifespan

By Dr. Heidi L. Henry, Department of Counselor Education, St. Bonaventure University

Spiritual and Religious Development across the Lifespan

It is important for professional counselors to be aware of various models of spiritual and/or religious development and how they might impact human development. According to the ASERVIC (2009) competencies, "The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development" (Competency 6).

In order for counselors to appropriately apply these models, they must become knowledgeable of some notable models, understand the benefits of faith across the lifespan, and also recognize how religion or spirituality has been used to harm specific populations. Ideas for future research regarding this topic will also be addressed.

Religious and Spiritual Development Models

Religion is often defined as the practice or adherence to a specific set of beliefs associated with an institution or group, whereas spirituality is associated with finding meaning, purpose, and connection with something that transcends oneself (Duam & Brown, 2015). The most common theorist associated with religious and spiritual development is James Fowler (1981), who developed Stages of Faith. Faith can include aspects of both religion and spirituality, and Fowler (1981) asserted, "Faith, it appears, is generic, a universal feature of human living, recognizably similar everywhere despite the remarkable variety of forms and contents of religious practice and belief" (p. 14). Faith refers to the way human beings find meaning and make sense of life and is evidenced in every major religion (Fowler, 1981).

There are six stages in Fowler's (1981) Stages of Faith. They were developed based upon the works of Piaget, Erikson, and Kohlberg and contain elements of cognitive, psychosocial, and moral development. It is important to note that while these stages are developmental in nature, individuals can possess characteristics across stages. Additionally, various factors, such as trauma, religious abuse, parenting practices, or lack of exposure can stunt faith development, and some individuals may not progress through all of the stages.

The first stage, usually found in toddler to preschool aged children, is called Intuitive-Projective Faith and is characterized by the imitation of moods, actions, and stories of faith of the primary adults in children's lives. Transitioning to the second stage is caused by the manifestation of concrete operational thinking. Mythical-Literal Faith is the second stage of faith development and is often apparent in school-aged children but can be visible in adolescents and adults. Individuals in this stage interpret religious stories and beliefs literally from the perspectives of significant adults, usually parents or family, in their lives, often leading to "works righteousness" or oppositely, a wickedness resulting from parental mistreatment (Fowler, 1981, p. 15).

The third stage, Synthetic-Conventional Faith, emerges in adolescence along with the development of abstract thinking and is characterized by adopting a belief system that is guided by numerous facets in their lives, such as family, school, work, peers, media, religion, etc. During this stage, adolescents begin to think critically about values and beliefs to establish their own identity. Usually, a conflictual event causes them to think critically and transition into stage 4, Individuative-Reflective Faith, which is exemplified by individuals taking responsibility for their own belief system. This stage is often seen in late adolescence and young adulthood. Stage 5, Conjunctive Faith, is characterized by recognizing that truth exists outside of one's own tribe, community, religious group, etc., and individuals begin to integrate other faith perspectives into their beliefs. This usually occurs in midlife, but there is a division in this stage. Individuals in this stage recognize that they have transformed their vision of faith, but are living in a world that is untransformed (Fowler, 1981).

The division in stage five paves the way for the emergence of stage six, Universalizing Faith. This stage is rarely achieved. It is marked by "a disciplined, activist incarnation— a making real and tangible — of the imperatives of absolute love and justice" (Fowler, 1981, p. 200). Individuals in stage six are often seen as going against what is normal, devoted to universalizing compassion, and often challenge parochial perceptions of justice (Fowler, 1981).

Although Fowler's (1981) stages are the most notable, there are other models worthy of noting but intensive discussion is beyond the scope of this article. One such model includes Veerasamy's (2002) Experiential/Rational Model of Religious Identity Development. The purpose of this model was to enhance Fowler's six stages, which focused mainly on the cognitive aspect of religion (Fowler, 1981). Veerasamy's (2002) model was developed on the premise that individuals process information through both an experiential and rational system, and an individual's religious identity development is the product of the interaction of these systems. Additionally, there are many models of spiritual development, including the indigenous model of shamanism, which is characterized by increasingly successful community service (Friedman et al., 2010). The mystical Jewish model of Hassidism is another example, which purports that individuals develop in their focus from self to others and then eventually to God (Friedman et al., 2010). For additional examples of spiritual models, review Friedman et al.'s (2010) article referenced below.

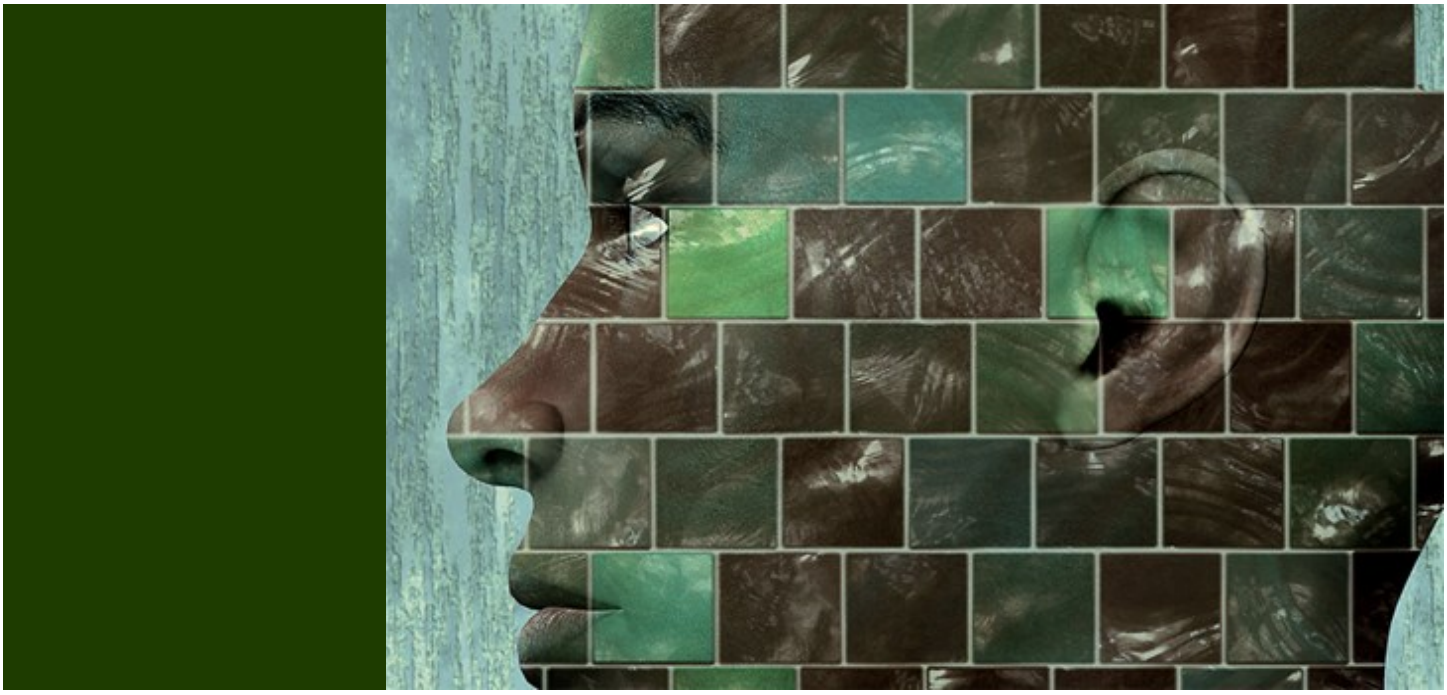
Benefits across the Lifespan and across Cultures

Researchers suggest that for many people faith development continues throughout the lifespan (Garthwait & Anderson, 2020), and there have been numerous studies conducted demonstrating the benefits of religion, spirituality, or faith at various transitional points or key events across the lifespan and across cultures. In adolescents, researchers found positive benefits of religious or spiritual beliefs and practice, including mental health benefits in Latino adolescents (Jocson et al., 2020), a decreased likelihood to use drugs and alcohol in American-Indian youth (Kulis et al., 2012), and daily prayer was correlated with physical health benefits in African American adolescents (Bruce et al., 2020).

Faith has also been viewed as a resource when encountering death or coping with loss. Religion and spirituality have been found to be an avenue of support for both children (Adistie et al., 2020) and adults when faced with terminal illnesses (Candy et al., 2012). Parents experiencing perinatal loss have also viewed faith as a source of strength for coping with their loss (Wright, 2020).

Religion or spirituality has also been found to be beneficial in coping with other significant life events, such as infertility and unemployment across the lifespan and cultures. Considering job loss or unemployment, religion and spirituality have been found to minimize the mental health effects of unemployment in Ghanaian youth (Amissah & Nyarko, 2020) and middle-class North American adults over the age of 50 (Nierobisz & Sawchuk, 2018). Regarding infertility, religion and spirituality have been positively associated with successful infertility treatment in Brazilian patients (Braga et al., 2019).

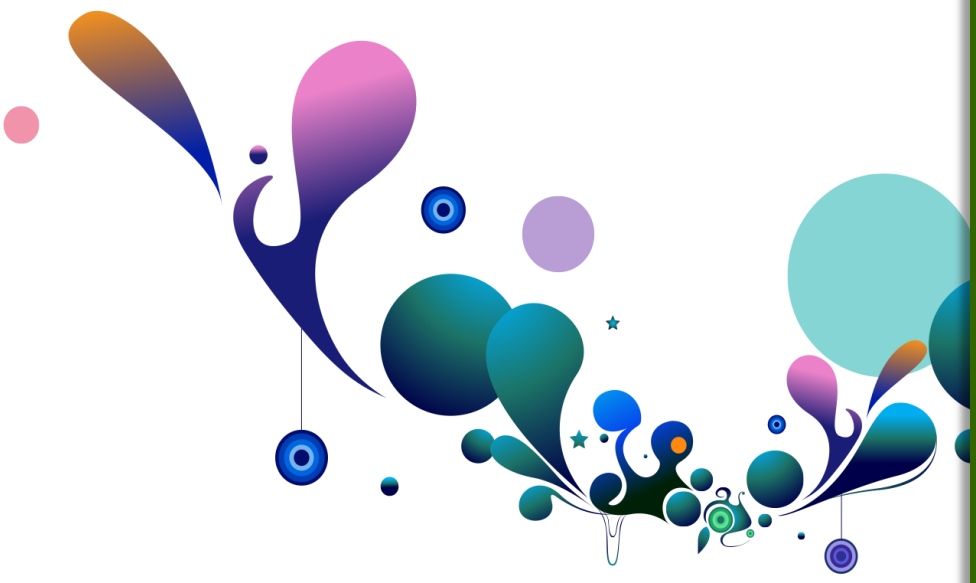
Additionally, in both Christian and Muslim women in Iran and the United Kingdom, religious and spiritual coping strategies were correlated with positive emotions and peaceful reconciliation of an infertility diagnosis (Roudsari et al., 2014). In the United States, about 74.8% of women studied who were dealing with infertility reported using prayer to cope, and both prayer and clergy counseling were more commonly utilized among Black and Hispanic women than other races and ethnicities (Collins et al., 2017).



Suggestions for Future Research

Religion and spirituality can have many benefits for coping with various life events and ailments; however, there are many instances in which religion and spirituality has harmed those who practice it, including LGBT individuals, members of religious cults, and even causing extreme guilt and shame for those who wish to divorce abusive spouses. These are just some instances in which religion has been harmful. It is important that professional counselors understand how religion and spirituality has been used to harm its followers in the past so they can be aware and intervene if religion or spirituality is being used to harm current clients. To help counselors promote healthy exploration and development of spirituality, religion, and/or faith with their clients, further research is needed. Future research is needed to determine exactly how counselors can help foster religious and spiritual growth throughout the models discussed that is developmentally appropriate, culturally competent, and beneficial and not harmful. It will be important to consider different cognitive, moral, and psychosocial developmental levels in order to research and identify developmentally and culturally appropriate language and strategies for facilitating religious and spiritual development at various stages in the lifespan and across cultures.

In conclusion, there are many models of religious or spiritual development, but the most notable model, which set the groundwork for the way we understand faith development across cultures, is Fowler's (1981) Stages of Faith. There are many benefits to practicing religion or spirituality in children, adolescents, and adults and across cultures. There have also been many ways that religion or spirituality has harmed specific populations, and future research is needed to help counselors identify strategies for facilitating religious or spiritual development in beneficial and developmentally and culturally appropriate ways.



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VALUES-BASED ETHICAL CONFLICTS: A CASE STUDY REVIEW OF THE COUNSELOR VALUES-BASED CONFLICT MODEL

by Dr. Trish Kimball, Liberty University

As counselor, one thing we know for certain, at some point in our practice we will encounter a value based ethical dilemma. Due to this single certainty, it is important to continually remind ourselves what makes values-based dilemmas so challenging and the resources available to address these situations.

We all have values, which, according to Horley (2012), guide beliefs, attitudes, behaviors, needs, desires, interests, preferences, and goals. These deeply engrained motivators are often subconscious, and when opposed, emotional reactions emerge. For this reason, the American Counseling Association's (ACA; 2014) *Code of Ethics* requires all counselors to be aware of their personal values as well as avoid imposing them onto clients (A.4.b.).

When situations arise where a values based ethical dilemmas emerge counselors can look to Kocet and Herlihy's (2014) Counselor Values-Based Conflict Model (CVCM). The CVCM assists counselors, supervisors, and counselor educators in navigating values conflicts. This model, designed to be used in addition to other ethical decision-making models, helps counselors resolve values-based dilemmas in both professional and personal situation. The following case study will provide a review of the CVCM.

The Case:
Your client sought counseling due to family conflict. Two months into therapy your client found out that her 16-year-old daughter is pregnant. She feels a great deal of pressure to support her daughter, lead her in making the best decision for her future and protecting the family's reputation. The idea is suggested that the daughter marries her 18 year old boyfriend, the father of the child. The boyfriend was willing to get married and several people think this is the best solution. Your client's husband was willing to support any decision but has stated several times that there will be long term consequences for the family including community shame.

Your client verified that if her daughter chooses to be a single mother, a majority of their community will reject the family, which is a significant fear. She spends the next two months focused on weighing out the pro's and con's of the decision. You find yourself providing information on other options, modern thoughts on single parenthood, information on adolescent development, and marriage longevity rates for adolescents. Your client wavered between support of the marriage and encouraging her daughter to embrace single parenthood.

Today your client arrives at your office and informs you that she has decided to encourage the marriage. She is not happy but knows she must think of her entire family, not just her daughter. She requests to work on accepting the upcoming marriage. You find yourself having an emotional reaction to your client's choice and begin to wonder if you are the right counselor for her.

Kocet and Herlihy's (2014) CVCM model provides five steps to decide if a referral is appropriate in this case. Step one identifies the type of values-based dilemma: professional or personal. In this case, the dilemma is based on personal values, not a lack of skills or training needed to provide services. Once the personal prong is chosen, the second step guides you to examine the core of the conflict and potential barriers to providing ethical care. Here you must examine your personal values and beliefs related to adolescent development, marriage, and shame. You need to consider your understanding of the effects of shame and community rejection on the individual, family, and community and bring awareness to your beliefs about adolescent decision making. You must be aware that your client may have a very different perspective on the function and why of marriage. Any personal experiences related to the conflict must also be reflected on at this point.

Once you have begun increasing your self-awareness, the third step of Kocet and Herlihy's (2014) model requires you utilize assistance in working through the conflict. The CVCM recommends you look to the ACA *Code of Ethics*, peer consultation, literature reviews, and supervision for support. Once emersed in support, ethical bracketing, or integration without imposing values and beliefs can be considered. Ethical bracketing, putting aside personal values and biases for the client's values and goals, includes "immersion, education, consultation, supervision, and personal counseling" (p. 184).

In step three you choose to engage in supervision and explore the literature about the client's culture. You also find that employing a stance of cultural empathy might increase your understanding of the client and her values (Foronda et al., 2016). In the fourth step you weigh possible actions and make a choice. You must determine if a referral is ethical and if the assistance in step three has affected your perspective. Have you either been able to either work through the conflict or bracket your values? Or have you verified that the values conflict is so strong a referral is considered. If you refer, you must formulate a remediation plan to actively address these values and future conflicts of this kind. In this instance, intentionally engaging in a stance of cultural humility has provided new insights into her community and increased your understanding of shame. Supervision uncovered your personal family history that formed your beliefs about long lasting marriages.

Lastly, you confirm that the chosen plan of action promotes client welfare. You have decided to continue working with the client and entered personal counseling to address family history. You still struggle with being fully empathetic with your client when she discusses the situation and expresses strong sadness and fears for her daughter, but you are aware of this struggle and continue supervision to ensure your client's needs are being met.

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ASERVIC is pleased to offer webinars for continuing education to students, counselors, supervisors, and counselor educators. WE are currently looking for webinar presenters for this summer and fall. If you are interested in being a webinar presenter, please contact Elizabeth Norris Elizabeth.kaye.norris@live.mercer.edu) with a brief abstract of your proposed presentation topic.

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