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INTERACTION

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President's Address

Dr. Daniel Gutierrez

In my last column, I shared my thoughts on the concept of change and all the many changes on the horizon for ASERVIC. I thought I would take this time, at the end of my presidency, to reflect a little on the changes we have made and the good work being done at ASERVIC.

First, this year marks our return to face-to-face conferencing. The board struggled with this decision because we wanted to make sure we were acting responsibly. We did our best to monitor the pandemic globally and listened, as best we could, to the voice of the membership. We value any time we can gather, and we felt strongly that we wanted to create a space for counselors to find refuge and renewal.

Through the leadership of the conference chairs – Drs. Jennifer Vinces-Cua, Leila Roach, and Ryan Foster – We developed a mini-retreat. We invited a group of speakers (several who are former presidents of ASERVIC) with expertise in the mission of ASERVIC, and we asked them to provide experiential presentations. In some ways, this smaller, more intimate, experientially focused conference style is a call back to the earliest conferences at ASERVIC.

It allows us to build closer relationships and grow together as we learn and practice new skills. A smaller conference at a beautiful university, right near the beach, also helps ASERVIC be a better steward of our financial resources which will translate to greater member benefits in the future without sacrificing the quality of the experience.

Most importantly, it is our hope that this conference will be a time of renewal and reflection for all those who can gather, and be the first of many to come.

President's Address continued on page 2

We also are excited to share that we have a new publisher for our journal. Due to circumstances beyond our control, ASERVIC was in the challenging position of securing a new publisher for Counseling and Values. We had a very small window to make this change and if you can imagine, this was a large undertaking. I am happy to say that Counseling and Values is now in production with Brill Publishers, a leader in international academic publishing. So, please, don't hesitate to submit your work to **Editor-in-Chief Dr. Abigail Conley at** **https://brill.com/view/journals/cvj/cvj-overview.xml.**

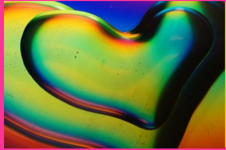
Our graduate student representative, Jennifer Niles, has done an outstanding job conducting monthly meetings with student members. I was able to participate during our last meeting and really enjoyed the conversation immensely. There is such passion around the integration of spirituality and counseling, and it does my heart such good to see new professionals ask poignant questions around the topics of justice, ethics, and honoring the human dignity of all people. We are hoping to continue these conversations, as Jenny Niles moves into a role on the media committee and helps organize our future webinars.

The ASERVIC team has also been hard at work advocating for justice. We cosigned the ACES Unified Statement on Anti-LGBTGEQIAP+ Legislation, and advocated for the inclusion of spirituality into the CACREP Standards after it was removed in the proposed draft. In order to address our concern with the CACREP standards, the presidents of ASERVIC wrote a formal letter explaining that we strongly believed that this would be a mistake and have negative effects on counselor training. We asked all of you to email CACREP and voice your concern. We are happy to say that our voice was heard, acknowledged, and the new revision of the CACREP standards now includes the suggested changes.

These are just a few of the things that ASERVIC has been up to this last year. There is much more but I want to honor the word limitations I have been given for this newsletter article! So, I will conclude by saying this: I am very proud of the work we have done this year. Oftentimes, during challenging times there emerges a greater sense of clarity around what one values most. I can say that this has not been an easy year for any of us, but the work we have done reflects to me what ASERVIC values. We returned to conferencing because we value human connection and kinship, we advocated for our mission and supported courageous dialogue via our webinars and the cosigning of the ACES efforts because we value justice and the human dignity of ***all*** people, and we spent the last year working diligently to re-establish our journal because we value truth and a steadfast belief that spirituality and religious values are essential to human development.

Daniel

Memories



NEW MEMBER SPOTLIGHT

Hello! I'm Kailey Bradley, a licensed clinical mental health counselor with supervision designation in the state of Ohio. I am also a clinical thanatologist, as well as a doctoral student at Ohio University in Counselor Education and Supervision.

What drew you to membership in ASERVIC?

My primary background as a clinician is in a Hospice setting. I am fascinated by the complexities, nuances, and uncertainties that arise when we are suffering.

Moreover, the intersections of spirituality and grief is something I have continually been drawn to.

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

My faith journey could fill an entire memoir (which is a long-term dream of mine). I grew up a member of the Christian faith and experienced the process of deconstruction and found solace in poetry, candles, and all things Mary Oliver.

I acknowledge that doubt, mystery, and questions are now the cornerstone of my spirituality but that has taken me a while to get there.

How do you see yourself working with ASERVIC?

I am willing to serve in any capacity as I truly believe in the mission of ASERVIC and the importance of equipping counselors to talk about religion and spirituality ethically and compassionately.

Attending to the ASERVIC "Communication" competencies via

the B-Well model: A Christian-Wellness approach

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The ASERVIC competencies (2010) were established to recognize and embrace the diversity of clients' engendering ethical and legal work. There are 14 competencies connect to a range of foci: culture-worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment. This article focuses on "communication" and the three associated competencies:

> 7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
>
> 8. The professional counselor uses spiritual and/or religious [R/S] concepts that are consistent with the client's spiritual and/or religious perspectives and are acceptable to the client.
>
> 9. The professional counselor can recognize spiritual and/or religious themes in client communication and can address these with the client when they are therapeutically relevant.

These three competencies require the counselor to engage in the client's worldview empathetically and competently. This is highlighted in the keywords – acceptance, sensitivity, R/S concepts, recognize themes, and address them when therapeutically relevant.

To skillfully understand the R/S concepts, develop associated themes, and attend to them therapeutically as necessary, this model is offered to assist a counselor working with Christian clients. This model is called the biblical-wellness or B-Well model. The B-Well model is founded on the evidence-based 4F-Wel (Myers et al.,, 2004; Shannonhouse et al., 2020), a wellness assessment instrument which is translated into a Christian worldview. This allows the counselors to operate with the client's R/S concepts and established themes that are therapeutically relevant, fostering a dialogue that is accepting and sensitive to their worldview.

Understanding the B-Well Model

The B-Well model has six facets. These facets are mind, heart, strength, soul, neighbor, and society (see figure 1). These facets are founded on scriptural language (Deuteronomy 6:5; Matthew 22:37; Luke 10:27) found in the Bible. The B-Well model is a continuum of wellness, valuing both client assets and problem areas. As such, the counselor can utilize a holistic biblical lens while attending to competencies 7, 8, and 9 by using biblical concepts that align with the Christian client's worldview

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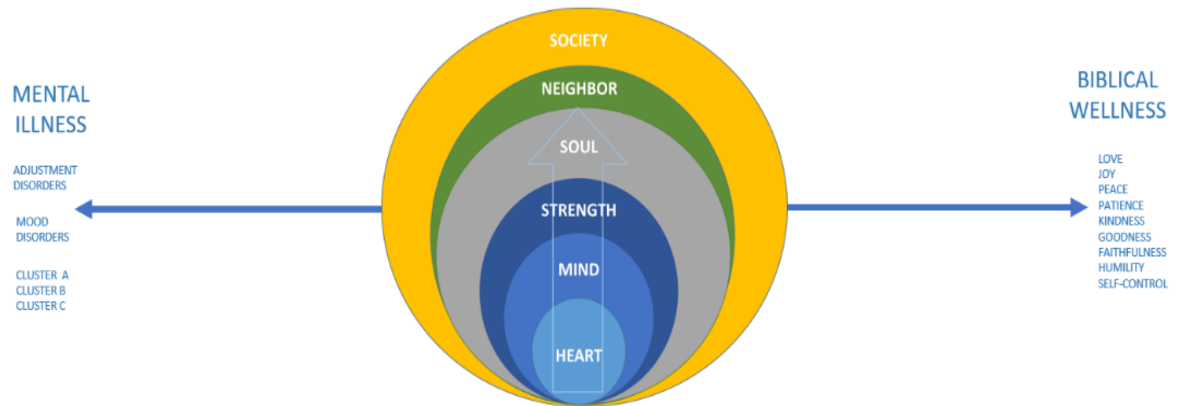
Figure 1 – Biblical Wellness Model



Below is a brief review of each facet and the model connections to the **ASERVIC** "communication" competencies when working with a Christian client.

A starting place for applying the B-Well model is the figure itself. It is a communication tool between the secular and the sacred when working with a Christian client. It is recommended to share the B-Well model with the client early in the treatment process. The B-Well model gives a common scriptural language between the client and the counselor. As the client utilizes the biblical facets, it gives the counselor an anchor to the client's Christian worldview when they are offering their narrative around their presenting problem. Moreover, it provides a holistic framework for the client to offer their problems as well as their strengths that attend to the mind, body, spirit, and beyond.

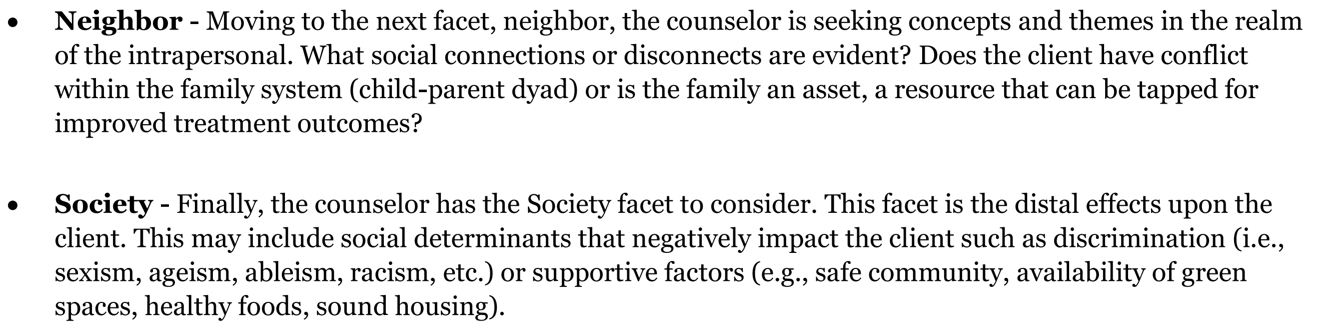
Counselors can also operate from one facet to another when actively listening to the client's narrative and intentionally connecting to their sacred language. Below are examples by facet:

- **Mind** - the Mind facet points to the client's cognitive processes. Scripturally, the Bible refers to the renewing of the mind (Romans 12:1; 2 Corinthians 10:5). Here the mind can be a place to communicate this inherit mind renewal capacity as an aspect of wellness versus a fixed mindset.

- **Heart** - The Heart is the emotional seat of the client. As a counselor works with the Christian client, they listen for heart biblical themes (e.g., love, mercy, grace, peace, joy, anger, indignation, sadness) in a place of acceptance and sensitivity.

- **Strength** – The Strengths facet is physical aspects or the body. The client may offer concerns such as chronic pain, disability, panic attacks, fatigue, or mania. Conversely, the client may report physical assets such as healthy weight, full mobility, no acute or chronic conditions, etc.

- **Soul** - As the client's narrative advances, soul facets may arise. The theme of soul directs the counselor's attention to the sacred. This aligns with the wellness view that seeks to attend to not only the mind and body but also the spirit. There may be layers of R/S in the soul facet. Some of the problems could be the use of spiritual bypass, legalism, false guilt, misunderstanding of Scripture or to the other side of true conviction of sin engendered by the work of the Holy Spirit in the client's life, a sound view of self via a sound biblical view of acceptance and love by God the father.



- **Neighbor -** Moving to the next facet, neighbor, the counselor is seeking concepts and themes in the realm of the intrapersonal. What social connections or disconnects are evident? Does the client have conflict within the family system (child-parent dyad) or is the family an asset, a resource that can be tapped for improved treatment outcomes?

- **Society -** Finally, the counselor has the Society facet to consider. This facet is the distal effects upon the client. This may include social determinants that negatively impact the client such as discrimination (i.e., sexism, ageism, ableism, racism, etc.) or supportive factors (e.g., safe community, availability of green spaces, healthy foods, sound housing).

Communication of R/S Issues in Counseling Via the B-Well Model One can think about the B-Well model via the clinical" golden thread" (assessment, diagnosis, case conceptualization, treatment planning) when communicating with Christian clients. As noted above, the B-Well model offers a path to build communication and connection between the counselor and the client's Christian worldview. As the counselor engages in assessment to treatment planning, the counselor can use the model and associated facets to connect with verbal themes in a Christian client's worldview. Many Christians can inherently relate to the model because of its biblical terms based on well-known Scriptural passages (cited above). The use of heart, mind, strength, soul, and neighbor can help the client communicate their struggles and their assets during a semi-structured interview. The counselor can address each facet in a session with a client to gain their narrative around each facet, engendering a commonly shared language around the presenting problem. For example, a Christian client can identify their problems within each facet, how the problems connect, and then identify assets in each facet that might help attend to the problems.

The B-Well model can also offer a bridge between the DSM-5 and the client. This can be done during the diagnosis phase. For example, MDD (major depressive disorder) can be translated into effects of the "mind" and "heart" from the fall found in Genesis 2 and 3. This provides a common language for the client and counselor that has the potential for the client to be heard, validated, and gain an understanding of the disorder from a biblical worldview that engenders a greater understanding of the problem and assists in gaining and maintaining the therapeutic alliance.

The model's six facets also offer a bridge between the counselors' personal model of counseling (e.g., Psychodynamic, Gestalt, Reality, CBT, SFBT, and Narrative) for a case conceptualization that can be communicated using the client's sacred language according to the six facets. For example, with the Mind facet, CBT would use terms such as maladaptive thoughts. From a biblical view, anchoring around the Mind facet, the counselor can reorient this to a sinful thought. This can also be done with the Strength facet, moving from a maladaptive behavior to sinful behavior.

During the treatment planning and treatment process, the treatment structure can be crafted around the six facets. The common biblical language of Heart can point to the love of God, love of self, and love towards others. The heart can also bring in the connection to "Love our Enemies" which calls the client to find love towards those who have hurt them (i.e., working with a client who has been hurt by a spouse or a child; a child who has been hurt by a parent) and working through forgiveness biblically (Mark 11:25). The forgiveness can be towards others or self (1 John 1:9; Ephesians 4:31-32) by working through acceptance of self because of the work of Christ and his redemption.

Another instance is when clients present with deep resentment, loathing, or depressive symptoms might be offered a biblical pathway of wellness toward love, joy, and peace with forgiveness therapy. A counselor who works with a client presenting with irritability and anxiety can offer a biblical wellness pathway to peace, patience, and self-control through CBT, ACT, SFBT interventions; the counselor provides sacred-language-friendly evidence-based interventions.

Conclusion

The B-Well model is a communication tool for a counselor when working with Christian clients. The six facets connect with sacred biblical text building a bridge between the secular (counseling) and the sacred. Using the B-Well model allows the counselor to use and connect to sacred aspects of the client, to apply the six facet concepts to establish thematic groupings as a path to a holistic treatment process that engages the whole client aligning multiculturally.

The B-Well model can be used in several methods to provide a balanced mode of engagement for clients desiring to integrate R/S into therapy. The model not only helps to enhance communication for Christian clients with counselors, it can also be used to develop a collaborative partnership in the conceptualization and implementation of the treatment process. As the model develops, it can be used to support individual R/S beliefs and concepts, incorporate multicultural considerations, stages of development, and concepts of spiritual development. Each consideration builds on the other to support a holistic treatment process that engages the whole client.

References

ASERVIC. (n.d.). Competencies for addressing spiritual and religious issues in counseling https://aservic.org/wp-content/uploads/2021/04/ASERVIC-Spiritual-Competencies_FINAL.pdf

Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. *Counseling and Values,* 55(1), 2-5. https://doi.org/10.1002/j.2161-007X.2010.tb00018.x

Myers, J. E., Luecht, R. M., & Sweeney, T. J. (2004). The factor structure of wellness: Reexamining theoretical and empirical models underlying the wellness eval lifestyle (WEL) and the five-factor well. *Measurement and Evaluation in Counseling and Development, 36*(4), 194-208. https://doi.org/10.1080/07481756.2004.11909742

Shannonhouse, L., Erford, B., Gibson, D., O'Hara, C., & Fullen, M. C. (2020). Psychometric synthesis of the five factor wellness inventory. *Journal of Counseling & Development, 98*(1), 94-106.

Looking for the Transcendent

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Often, when between a rock and a hard place, a choice beckons us out of the mire and onto higher ground. We rarely see this choice because of the looming shadows threatening our obliteration. I can feel myself enter that foreboding place with my clients during session. One darkened step after another. We muck around together looking for a way out, hitting our heads against every jagged surface. We explore the terrible options, the obvious consequences, and even the trail that led them there in the first place.

It's the double-bind, the lose-lose situation, the damned if you do and damned if you don't scenario. As we hold on, unsure that we can tolerate the darkness much longer, a message comes.

Like a ram in the thicket, a spring in the desert, or manna from the sky!

A third way- an enlightened way becomes clear.

I call these enlightened moments *transcendence.*

Surprised and delighted by my clients' ingenuity, I gush with enthusiasm.

"Yes, yes, that's it! That's the way."

A step out of scarcity and into possibility. Seligman (2002) described transcendence as ". . . emotional strengths that reach outside and beyond you to connect you to something larger and more permanent: to other people, to the future, to evolution, to the divine, or to the universe" (p. 154).

Have you experienced this yourself? Sometimes we call it an epiphany or a lightbulb moment. However you describe it, it has the power to lift, give hope, and transcend the double-bind.

For the novice counselor, it's reassuring to know that you don't have to supply the answer. It will come. For the seasoned counselor, the spark of transcendence is often a welcomed gift for staying the course. For all of us, however, it is a promise that we're not alone after all and that transcendence is just a moment away.

Reference

Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.

Shifting Ground:

Recommendations for Working with Clients Navigating Religious/Spiritual Transitions

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Spiritual transition and transformation are ancient concepts, ranging from Christian accounts of Saul of Tarsus to Buddhism's account of Siddhartha Gautama's enlightenment; spiritually driven, radical change are common narratives. Not all spiritual transitions look like the examples above, and there is no unified understanding of this phenomenon. Religious and/or spiritual (R/S) transition can encompass a wide variety of experiences including exiting, religious switching, or reaffiliating, among others (Cragun & Hammer, 2011; Fisher, 2017).

Each of these experiences depict a different kind of transition, including exiting, which refers to leaving religious affiliation, whether formally or self-identifying as such. Religious switching includes many varieties of leaving one religion to join another religion, including switching denominations or groups. Finally, reaffiliating refers to any kind of switching in which a person leaves a religion for a time and then returns (Cragun & Hammer, 2011).

These terms seem to describe the outcome of a transition but speaks less to the process by which this change occurs. Pargament (2006) described what he termed spiritual transformation as taking place along primary or secondary means. Primary transformations speak to a fundamental change in the character of the sacred for an individual. Secondary spiritual transformation instead focuses on the pathways individuals use to seek the sacred.

Drawing from these understandings of R/S transition, it is clear transitions could be drastic and immediate, or slow and subtle, wrought with struggle, or ostensibly seamless. Those facing R/S transitions represent heterogenous experiences, including differing catalysts and outcomes, but share similarities in the navigation of transition.

Hallmarks of transition include confronting and resolving conflict, cognitive restructuring of belief systems, and varying levels of emotional distress (Erikson, 1994; Perry, 1970). Similar to other developmental theories, R/S transition is understood as a normal evolutionary process in an individual's search for the sacred (Pargament, 2006). Although developmental in nature, R/S transition is far from linear and may also be characterized by distress or struggle (Russo-Netzer & Mayseless, 2017).

Through having an enhanced understanding of what R/S transition is as well as seeing it as a developmental process, we can look at the wider lens of how prevalent this phenomenon may be. Shifting demographics in the U.S. point to the prevalence of R/S transitions.

The percentage of Americans who identify as religious has continued to decrease (from 83% in 2007 to 69% in 2021), while belief in God has remained relatively high (89% in 2014) and those identifying as religiously unaffiliated have increased significantly (from 16% in 2007 to 29% in 2021; Pew Research Center, 2021). This increase in religious "nones" coupled with maintenance of belief in God point to aggregate R/S transition. With these concepts in mind, we consider the ways in which these transitions may play out on an individual level.

Application for Clients

Individual experiences of R/S transitions will vary widely, with some experiencing relatively seamless changes, while for others experiencing fundamental shifts in their identity and beliefs (Pargament, 2006). Within the ASERVIC (2009) spiritual and religious competencies is the assertion that R/S beliefs are central to an individual's worldview and impact functioning. Therefore, significant shifts to these beliefs may also significantly impact psychosocial functioning. Given most clients are open to discussing R/S issues in counseling, and the increased understanding that R/S competency is part of multicultural competency, it is important for counselors to assess for R/S transition concerns (Magaldi-Dopman, 2014; Rose et al., 2008).

Counselors working with clients navigating R/S transitions can utilize several strategies, including those that focus on the developmental nature of transition, methods of coping, and attachment styles. There are many developmental models for conceptualizing R/S development that could be useful, including Wilber's (2003) transpersonal model of development. This model is less linear in nature than some other theories, allowing for metaphorical streams or spirals of development. This long-range view of spiritual development may offer deep validation for clients whose experience does not align neatly within linear stages.

Roughly, transpersonal development flows through body, then mind, to soul (Wilber, 2003). The formal-reflexive stage of Wilber's model may be helpful for clients amid R/S transition. This stream is characterized by deep questioning and deconstruction of beliefs about others and the self.

Counselors can offer the hope that it is through letting go of these previously held structures that space is made for a new integrated body-mind consciousness (Nixon, 2012). For example, a counselor working with a client through this struggle could use a metaphor to represent the struggle, including the current structure of belief. Through work with this externalized metaphor, the client can determine the kinds of changes that need to be made (White & Epston, 1990). Perhaps, it is simply removing one metaphorical brick, while for others the entire wall will be destroyed and rebuilt.

Exploring a client's style of religious coping is a second consideration for counselors. Previous research has explored various kinds of religious coping, and indicates that theistic clients could benefit from active or collaborative methods of coping (Wilt et al., 2019).

Counselors could help facilitate this kind of coping through empowerment work and increasing a client's sense of self-efficacy. Various techniques could be utilized including narrative therapy methods or cognitive behavioral strategies. Regardless of the technique, increasing a client's sense of autonomy in collaborating with the Divine, can be helpful for these clients.

From a narrative perspective, the story of Jacob wrestling with God in the Hebrew scriptures could illuminate this style of coping, for clients of Christian and Jewish affiliation. The story is told that Jacob, a patriarch in Judaism and Christianity, wrestles with God throughout the night. Regardless of the outcome of the transition for an individual client, narratives can be a powerful tool for exploring R/S transitions.

Finally, R/S transitions can be explored through the lens of adult attachment (Ainsworth, 1989). For clients who experience the Divine in relational ways, examining correlations between known relational patterns and the client's experience of their relationship to God could offer concrete illustrations of transcendent experiences.

For example, through monitoring the client's language, the counselor could help reflect the kind of language used regarding their experience of the proximity of God, quality of relationship, and content of stories (Counted, 2016).

Naming relational patterns such as experiences of abandonment, fear of rejection, trust, or safe haven can help illuminate the kind of attachment to God they experience. This exploration can guide clients' decision making to determine the ways in which their attachment to God is secure, needs to be shifted, or needs to be ended.

Understanding that R/S transitions are natural aspects of human development, and currently appear to be resulting in greater religious shifts (i.e., "nones"), it is vital for counselors to have tools for working with these kinds of transitions. To attend to these shifts, counselors can utilize developmental models to deepen client's self-understanding, empower clients toward use of active and collaborative coping strategies, and explore their transition through an attachment lens.

Counselors play an essential role in walking alongside clients navigating R/S transitions toward whatever outcome they determine is best for their wellbeing.

References

Ainsworth, M. S. (1989). Attachments beyond infancy. *American Psychologist, 44*(4), 709–716. https://doi.org/10.1037/0003-066X.44.4.709

Association for Spiritual, Ethical, and Religious Values in Counseling. (2009). *Spiritual and religious competencies: Competencies for addressing spiritual and reli gious issues in counseling.* https://aservic.org/spiritual-and-religious competencies/

Counted, V. (2016). God as an attachment figure: A case study of the God attachment language and God concepts of anxiously attached Christian youths in South Africa. *Journal of Spirituality in Mental Health, 18*(4), 316–346. https://doi.org/10.1080/19349637.2016.1176757

Cragun, R. T., & Hammer, J. H. (2011). "One person's apostate is another person's convert": What terminology tells us about pro-religious hegemony in the sociology of religion. *Humanity & Society, 35*(1–2), 149–175. https://doi.org/10.1177/016059761103500107

Erikson, E. H. (1994). *Identity and the life cycle* (Reissued as Norton paperback). W. W. Norton & Company.

Fisher, A. R. (2017). A review and conceptual model of the research on doubt, disaffiliation, and related religious changes. *Psychology of Religion and Spirituality, 9*(4), 358–367. https://doi.org/10.1037/rel0000088

Magaldi-Dopman, D. (2014). An "afterthought": Counseling trainees' multicultural competence within the spiritual/religious domain. *Journal of Multicultural Counseling and Development, 42*(4), 194–204. https://doi.org/10.1002/j.2161-1912.2014.00054.x

Nixon, G. (2012). Transforming the addicted person's counterfeit quest for wholeness through three stages of recovery: A Wilber transpersonal spectrum of development clinical perspective. *International Journal of Mental Health and Addiction, 10*(3), 407–427. https://doi.org/10.1007/s11469-011-9365-y

Pargament, K. (2006). The meaning of spiritual transformation. In J. Koss-Chioino & P. J. Hefner (Eds.), *Spiritual transformation and healing: Anthropological, theological, neuroscientific, and clinical perspectives* (pp. 10–39). AltaMira Press.

Perry, W. G. (1970). *Forms of intellectual and ethical development in the college years: A scheme.* Holt, Rinehart and Winston.

Pew Research Center. (2021). *About three-in-ten U.S. adults are now religiously unaffiliated.*

Rose, E. M., Westefeld, J. S., & Ansley, T. N. (2008). Spiritual issues in counseling: Clients' beliefs and preferences. *Psychology of Religion and Spirituality, S*(1), 18–33. https://doi.org/10.1037/1941-1022.S.1.18

Russo-Netzer, P., & Mayseless, O. (2017). Spiritual change outside institutional religion as inner work on the self: Deep within and beyond. *Journal of Adult Development, 24*(1), 1–14. https://doi.org/10.1007/s10804-016-9241-x

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends* (1st ed). Norton.

Wilber, K. (2003). Waves, streams, states, and self: An outline of an integral psychology. *The Humanistic Psychologist, 31*(2–3), 22–49. https://doi.org/10.1080/08873267.2003.9986925

Wilt, J. A., Stauner, N., Harriott, V. A., Exline, J. J., & Pargament, K. I. (2019). Partnering with God: Religious coping and perceptions of divine intervention predict spiritual transformation in response to religious-spiritual struggle. *Psychology of Religion and Spirituality, 11*(3), 278–290. https://doi.org/10.1037/rel0000221

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African American Grief

Grief and grieving look different across cultures. Complicated Grief is a psychiatric disorder characterized by separation distress that can manifest in intense yearning for the deceased and feeling that life is meaningless without the deceased (Baddeleyet al., 2015). Researchers have demonstrated that spirituality is associated with physical and mental health (Hill & Pargament, 2003) and can facilitate psychological well-being despite adverse life circumstances (Reutter & Bigatti, 2014). This article is to illustrate how cultural and worldview perspectives can influence the grief process as well as the integration of religious/ spiritual interventions while working with clients.

African Americans celebrate, acknowledge, and mourn the loss of a loved one differently than their White counterparts. Within the African American demographic, there are cultural differences that exist regarding how lost loved ones are memorialized. In a research study on African American grief performed by the Department of Family Social Science at the University of Minnesota it was found that there was little mentioned in literature regarding the way Blacks dealt with loss. This was attributed to Rosenblatt's thoughts on grief scholars and practitioners' views of an "everybody-who -is-normal-grieves-in-the-same-way" or "everybody-should-grieve-in-the-same-way" view of grief (Rosenblatt, 2017) Unfortunately, this is yet another area that has been given limited consideration for an already marginalized group.

There are cultural aspects of some African American, ways of grieving, religious practices, and community supports that are arguably different from what is common with European American deaths (Rosenblatt, 2017).

African Americans tend to be more expressive in nature, while their counterparts appear to be more stoic. African Americans embrace religion and spirituality more than their White counterparts (Taylor & Chatters, 2010) but experience greater distress after losing a loved one (Goldsmith et al., 2008; Laurie & Neimeyer, 2008). African Americans are also more likely to experience the death of a close family member or relative, particularly through homicide (Center for the Advancement of Health, 2004; Kockanek, et al., 2004). Given the number of deaths in the African American culture that appear to be racially motivated. Blacks are not only dealing with mourning but hatred and anger regarding the loss of life. Those feelings also meant that grieving was not only a matter of sadness but also a matter of anger, frustration, and indignation about racial in justice and cruelty (Rosenblatt, 2017).

When studying grief and the effects of it, it is imperative that the Black experience is considered. One cannot base normative responses to grief solely on the European experience. African Americans have historically lived within a social structure that differentially allocates social resources, opportunities, and rewards on the basis of race (Smith, 2002). It is these additional stressors that can be contributing factors in the way grief is handled in the African American community. In the United States, grief theory has relied largely on the experience of the dominant White culture to explain how Americans grieve in general (Laurie & Neimeyer, 2008)

In cases where racism was seen as a (or "the") cause of death, feelings often continued to run strong regarding how their loved one's death came to be (Rosenblatt, 2017). In terms of homicidally bereaved African Americans, research supports a connection between complicated grief and complicated spiritual grief when loved ones have identified religious and spiritual beliefs and practices (Boulware & Bui, 2016).

Spiritually inclined grievers can have negative perceptions and feelings in relation to the spiritual community, specifically when they feel judged or condemned for being angry or questioning God following their loss (Burke et al., 2014). Some grievers even reported avoiding their spiritual communities altogether. Negative religious coping reflects spiritual tension, negative reappraisals of God's power (e.g., feeling abandoned or punished by God), spiritual questioning and doubting, and interpersonal religious discontent (Pargament et al., 2011).

Clinicians who recognize the role of spirituality and religion in peoples' lives are better able to encourage the positive pursuits of both or either when appropriate, thus contributing to their overall wellbeing (Cashwell & Young, 2011). The challenge with this can present in many ways to include the clinician's level of training, acknowledgment of bias as it pertains to religion and spirituality, as well as the client's view as it pertains to religious practices.

Despite empirically and theoretically documented support for integration of spirituality and religion in counseling, many counselors may not feel comfortable or competent in this integration, particularly if they do not hold beliefs like those of the client (Bayne & Tyslova, 2018).

It is important to consider how the client's view of the world is affected by their religious practices. This could prove beneficial from a holistic perspective and may provide insight regarding ability to cope, as well as move forward. Research has shown that counselors reported lower usage of collaboration with clients to develop therapeutic goals that incorporate religion and spirituality.

Some reasons for such limited efforts in this area include but are not limited to: Lack of exposure to the importance of addressing religious and spiritual issues in therapy, not feeling comfortable enough to do so, and not feeling there is enough time to delve into religious and spiritual issues and their own unresolved issues in this area (Gladding & Crockett, 2019).

Evidence supports the desire of clients with a religious background to have this component of their lives incorporated into the counseling relationship. In one U.S. survey of 10 mental health counseling agencies, as many as 82% of Christian clients said they wanted to have prayer in counseling, expected it, wanted their therapists to initiate it, and wanted their therapists to pray for them outside of counseling (Harris et al., 2016).

It is important to acknowledge and address clients' religious/spiritual practices during the intake process. Unfortunately, there is little mentioned in the research regarding expanding clinical intake assessments to include this component. Hathaway et al. (2004) found that religiosity and spirituality were not consistently included in any assessment procedures, with about half of clinicians (56%) assessing for religious beliefs and about a third of clinicians (36%) assessing for spiritual beliefs, despite most of these clinicians (72%) indicating that they believed religious and spiritual functioning were significant aspects of client identity.

Clients may not be aware of the space available during the counseling session to incorporate their religious practices and/or spiritual beliefs; it is up to the clinician to intentionally address this during the intake process. Conducting spiritual intake assessments allows clients to explain their own definitions of spirituality and religion, whether these constructs are significant in their life, and if it is appropriate to integrate their spiritual and religious beliefs into treatment (Butts & Gutierrez, 2017). Another important aspect in terms of support for the bereaved as it pertains to religion/spirituality would be to identify social supports in the client's life. Oftentimes, this would be the church as it has been the cornerstone for African Americans throughout history. As an institution, the Black church has been cited frequently as a vital social, economic, and political resource to the African American community (McRae et al., 1999).

There is still much research needed in terms of connecting complicated grief and complicated spiritual grief and the overall effects on the griever and religious and spiritual community.

References

Baddeley, J. L., Williams, J. L., Rynearson, T., Correa, F., Saindon, C., & Rheingold, A. A. (2014). Death thoughts and images in treatment-seekers after violent loss. *Death Studies, 39*(2), 84–91. https://doi.org/10.1080/07481187.2014.893274

Bayne, H. B., & Tylsova, M. (2019). Understanding and incorporating God representations within counseling. *Counseling and Values, 64*(2), 148–167. https://doi.org/10.1002/cvj.12112

Boulware, D. L., & Bui, N. H. (2016). Bereaved African American adults: The role of social support, religious coping, and continuing bonds. *Journal of Loss and Trauma, 21*(3), 192-202. http://dx.doi.org/10.1080/15325024.2015.1057455

Burke, L. A., & Neimeyer, R. A. (2013). Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement. *Death Studies, 38*(4), 259–267. https://doi.org/10.1080/07481187.2013.829372

Butts, C. M., & Gutierrez, D. (2018). Expanding intake assessment to incorporate spirituality using five functional tasks. *Counseling and Values, 63*(2), 147–163. https://doi.org/10.1002/cvj.12085

Cashwell, C. S., & Young, J. S. (2011). *Integrating spirituality and religion into counseling: a guide to competent practice*. American Counseling Association.

Center for the Advancement of Health. (2004). Report on bereavement and grief research. *Death Studies, 28*(6), 489-575.

Gladding, S. T., & Crockett, J. E. (2018). Religious and spiritual issues in counseling and therapy: Overcoming clinical barriers. *Journal of Spirituality in Mental Health, 21*(2), 152–161. https://doi.org/10.1080/19349637.2018.1476947

Goldsmith, B., Morrison, R. S., Venderwerker, L. C., & Prigerson, H. G. (2008). Elevated rates of prolonged grief disorder in African Americans. Death Studies, 32(4), 352-365. http://doi:10.1080/07481180801929012

Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice, 3*(4), 250–275. https://doi.org/10.1037/scp0000108

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:10.1037/0735-7028.35.1.9710

Kochanek, K. D., Murphy, S. L., Anderson, R. N., & Scott, C. (2004). Deaths: final data for 2002. *National Vital Statistics Reports, 53*, 1-116.

Laurie, A., & Neimeyer, R. A. (2008). *African Americans in bereavement: Grief as a function of ethnicity*. OMEGA, 57(2) 173-193.

McRae, M. B., Thompson, D. A., & Cooper, S. (1999). Black Churches as therapeutic groups. *Journal of Multicultural Counseling & Development, 27*(4) 1-14

Pargament, K. I., Feuille, M., & Burszy, D. (2011)The brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions, 2*, 51-76. https://doi: 10.3390/rel2010051

Rosenblatt, P. C. (2017). Researching grief: cultural, relational, and individual possibilities. *Journal of Loss and Trauma, 22*(8), 617–630. https://doi.org/10.1080/15325024.2017.1388347

Taylor, R., & Chatters, L. M. (2010). Importance of religion and spirituality in the lives of African Americans, Caribbean Blacks, and Non-Hispanic Whites. *Journal of Negro Education, 79*(3), 280-294.

Integrating Spirituality and Thriving in School Counseling

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Thriving is a process of growth with close ties to spirituality and is characterized by self-identified life meaning, a sense of purpose, hope, and pro-sociality (Benson & Scales, 2009; Ford & Smith, 2007, 2020).

Arising from positive psychology, thriving shares similarities with resilience and flourishing, yet is a distinct and complete concept in-and-of itself (Benson & Scales, 2009; Brown et al., 2017; Carver, 1998; Ford & Smith, 2007; 2020). Resilience is marked by bouncing back in response to adversity (Carver, 1998), and flourishing is the promotion of positive affect as a mechanism for positive outcomes (Fredrickson & Losada, 2005).

Thriving, however, explicitly includes the dimension of spirituality and an emphasis on prosocial behaviors (Benson & Scales, 2009). Further, when an individual's innate passions and talents are nourished by their relationships and environment, so too is their prosocial orientation (Benson & Scales, 2009). As such, to foster thriving in youth, a relationship with a caring adult is paramount.

School counselors are poised to serve in this role for many students and are equipped to foster students' success across multiple domains (American School Counselor Association [ASCA], 2019). With an orientation towards thriving, school counselors can foster students' spiritual development, motivation, sense of meaning and purpose, hope, and pro-sociality, especially in the face of adversity (Benson & Scales, 2009). All students have the potential to thrive; school counselors' intentional facilitation of students' thriving can contribute to students' personal well-being and the collective well-being of school communities.

As described by Benson and Scales (2009), thriving and spirituality are interwoven. Thriving can occur as a result of adversity or challenge, life opportunity, or new experience (Benson & Scales, 2009; Brown et al., 2017). Spirituality "is an inner sense of relationship to a higher power that is loving and guiding" (Miller, 2015, p. 25).

Students' spiritual development is a natural process and is enhanced when youth experience connection with others (Chapman et al., 2021). When students are provided with opportunities to experience and explore their spirituality, sense of purpose and meaning, they can capitalize on their motivation and strengthen their potential to thrive.

As thriving is strengthened in neutral or positive environments, students' potential for thriving is bolstered when adversity or stress inevitably occurs. A school environment that promotes thriving at all phases of a student's life will have bidirectional effects on both the student and the school community (Benson & Scales, 2009).

Over the past two decades, scholars have introduced varying orientations for school counseling programming with the intention of promoting students' spiritual development, well-being, pro-sociality, and thriving (Benson & Scales, 2009; Gutierrez et al., 2019; Kielty et al., 2017; Seligman, 2009; Sink, 2004).

Sink (2004) argued that a truly holistic approach to student wellness and prevention in school counseling must include attention to students' spiritual lives. This reflects similar models, such as The Wheel of Wellness model (Witmer et al., 1998), which describes spirituality as integral to human wellness. Kielty and colleagues (2017) suggested that when school counselors incorporate contemplative practices to enhance students' spirituality, students and school communities experience positive outcomes such as increased compassion, awareness of self and others, and a greater sense of hope.

School counselors can bolster students' spirituality, thriving, and related positive outcomes in the school setting in various ways. For example, school counselors can help students learn practices for contemplation, compassion, and self-reflection through mindful awareness of their inner experiences. In small groups, school counselors may invite students to engage in storytelling about meaning-making experiences, or share music and art that spark a sense of meaning; subsequently expanding students' connection to and awareness of others (Kielty et al., 2017). To incorporate discussions of thriving, school counselors can engage students in self-reflection of instances when students have encountered a challenge, how they addressed the challenge, what they learned from the experience, and how they can apply their learning to future experiences. Further, school counselors can provide students with opportunities for service-learning in their greater communities as a tool for building pro-sociality and a sense of purpose (Kielty et al., 2017). Through contemplation, connection, and community, school counselors offer students the mechanisms to enhance their spiritual development and thriving.

School counselors have the opportunity to promote students' wellbeing, explore spirituality, and activate a sense of thriving. With an orientation to thriving and spirituality, school counselors can develop comprehensive school counseling programs that promote positive outcomes for students and for the school community (Kielty et al., 2017).

Thriving provides students and school communities with the opportunity to connect more deeply intra-personally and interpersonally (Benson & Scales, 2009); as such, students will grow in their ability to traverse challenges and find purpose during their academic careers and beyond. With intentional incorporation of spirituality and thriving into school counseling programs and services, students will learn to make mindful, informed decisions to benefit their lives and communities.

References

American School Counseling Association, (2019). *ASCA National Model: A framework for school counseling programs* (4th ed.). Alexandria, VA. Author.

Benson, P. L., & Scales, P. C. (2009). The definition and preliminary measurement of thriving in adolescence. *The Journal of Positive Psychology, 4*(1), 85-104.

Brown, D. J., Arnold, R., Fletcher, D., & Standage, M. (2017). Human thriving: A conceptual debate and literature review. *European Psychologist, 22*(3), 167-179.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245-266.

Chapman, A. L., Foley, L., Halliday, J., & Miller, J. (2021). Relational spirituality in K-12 education: A multi-case study. *International Journal of Children's Spirituality, 26*(3), 133-157.

Ford, M. E., & Smith, P. R. (2007). Thriving with social purpose: An integrative approach to the development of optimal human functioning. *Educational Psychologist, 42*(3), 153-171.

Ford, M. E., & Smith, P. R. (2020). *Motivating self and others: Thriving with social purpose, life meaning, and the pursuit of core personal goals.* New York, NY. Cambridge University Press.

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*(7), 678-686.

Gutierrez, D., Dorais, S., Smith, J. M., & Mutanguha, F. (2019). Humanity education as a school-based intervention for healing. *Journal of School-Based Counseling Policy and Evaluation, 1*(3), 63-70.

Kielty, M. L., Staton, A. R., & Gilligan, T. D. (2017). Cultivating spiritual strength in children and adolescents through contemplative practices in K–12 school settings. *Journal of Child and Adolescent Counseling, 3*(3), 164-174.

Miller, L. (2015). *The spiritual child: The new science on parenting for health and lifelong thriving.* Picador.

Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education, 35*(3), 293-311.

Sink, C. A. (2004). Spirituality and comprehensive school counseling programs. Professional. *School Counseling, 7*(5) 309-317.

Sink, C. A., & Devlin, J. M. (2011). Student spirituality and school counseling: Issues, opportunities, and challenges. *Counseling and Values, 55*(2), 130-148.

Witmer, J. M., Sweeney, T. J., & Myers, J. E. (1998). *The wheel of wellness.*

In the Midst of the COVID-19 Pandemic in South Korea:

Religiosity as a Coping Strategy to Alleviate Corona Blue

There is no doubt that the global spread of COVID-19, which began in December 2019, has had a significant impact on mental health. Previous studies have shown that infectious disease outbreaks cause mental health symptoms and disorders (e.g. anxiety, depression, insomnia, posttraumatic stress disorder) (Koçak, 2021; Prazeres, 2021).

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Cénat et al. (2021) indicated that pooled prevalence of emotional distress, anxiety, and depression were 13.29%, 15.15%, and 15.97%, respectively, among populations affected by the prolonged COVID-19 pandemic. Especially, in South Korea (Korea), as of 2020, 40.7 percent of Koreans experienced anxiety and depression due to the prolonged COVID-19 pandemic (Cho, 2020). A new term "Corona Blue," combined with COVID-19 and blue, was coined to refer to such anxiety and depression (Cho, 2020).

Abnormal Situations due to the Unexpected Prolonged COVID-19 Pandemic

The unexpected prolonged COVID-19 pandemic has led people to experience a variety of abnormal situations. The specific two words "high uncertainty" and "stringent restrictions" represent the abnormal situations (Cénat et al., 2021). In 2020, many people around the world hoped that the COVID-19 pandemic would end in 2021, and that normal life would resume (Manchia et al., 2022).

But the situation was clearly different. Corona virus is still ongoing with novel and more contagious variants that increase infection rates (Manchia et al., 2022). This fact is a stark example of the high uncertainty. Additionally, the situations of lockdowns, quarantines, restricted mobility, social and physical distance, and strict mask wearing, which have been commonly implemented by many countries around the world, can be described as the fact of the stringent restrictions (Koçak, 2021).

In 2021, when Korea was a time of strong uncertainty due to the spread of the coronavirus variants, Korea focused on preventing the spread of the virus through "non-pharmaceutical interventions" because Korea had difficulties in the supply and demand of COVID-19 vaccine (Kim et al., 2021, p. 26). The method of preventing the spread of the virus was stricter than any other country in the world (Kim et al., 2021).
For example, Korea had restriction of the number of people and the time in meeting and gathering, restriction of business hours, school closures, quarantine period for 14 days, and rigid rules on wearing masks indoors and outdoors (Kim et al., 2021).

Corona Blue, a Normal Reaction to Abnormal Situations

Korea's particular situations of the high uncertainty and stringent restrictions (i.e. abnormal situations) due to the prolonged COVID-19 pandemic were enough to make people experience mental health crises (Kim et al., 2021). The mental health crises were especially marked by symptoms of depression, lethargy, and anxiety (Kim et al., 2021; Lee & Kim, 2021). For example, the social and physical isolation caused by the social and physical distancing rules (e.g. restriction of the number of people and the time in meeting and gathering, quarantine period for 14 days) caused people to experience depressive feelings (Sah et al., 2021).

Also, the situation in which restrictions on outdoor activities continued caused by social distancing rules made people feel lethargic (Sah et al., 2021). In addition, the repeated outbreaks of coronavirus variants caused anxiety that people will someday be infected with COVID-19 (Kim et al., 2021). As such, in the process of prolonging the COVID-19 pandemic, the new term called "Corona Blue" (CB) was coined as the mental health crises such as depression, lethargy, and anxiety caused by the high uncertainty and stringent restrictions continued. National Institute of Korean Language (2021) describes CB as "a condition of depression, lethargy, or anxiety caused by a major change in daily life due to the spread of COVID-19." In other words, CB can be described as a normal reaction to abnormal situations. A previous study on the mental health status of Koreans in 2021 reported that more than half of Koreans experienced CB (Lee & Kim., 2021).

Also, the biggest factor that causes people to experience CB is social isolation caused by refraining from external activities and implementing self-quarantine. Additionally, CB is experienced more frequently by older people, and the rate of experiencing CB is higher for women than for men (Kim et al., 2021).

Religiosity as a Coping Strategy to Alleviate Corona Blue

Then, what is an effective coping strategy to alleviate CB?

The effective coping strategy can be found in religiosity. It is well known that religiosity encourages people's emotional well-being and has an efficacy to enhance people's mental health (Arslan, 2021; Prazeres et al., 2021; Roberto et al., 2020). Furthermore, religiosity is known for coping strategies for mental illnesses (Sulmasy, 2009; Hart & Koenig, 2020).

Religiosity plays especially important roles in managing and alleviating CB's particular symptoms such as depression, lethargy, and anxiety. Zhang et al. (2020) indicated that religiosity enhances psychological resilience and reduces levels of depression, anxiety, and stress. Zacher and Rudolph (2021) asserted that religiosity can bring about the enhancement of hope and the reduction of depressive symptoms during the COVID-19 pandemic. Also, Prazeres et al. (2021) indicated that spiritual-religious coping can help people

generate a strength to cope with their fear and anxiety related to COVID-19.

In the case of Korea, there are clear limitations for religiosity to serve as an effective coping strategy for the mitigation of Korean's CB. Korea's traditional culture is rooted in Confucianism. Also, as of 2021, half of Korea has a specificity that does not have a religion, and 20% of the population reported to be Christian, 17% to Buddhism, 11% to Catholicism (Hankook Research, 2021). This fact can contribute to the phenomenon in which Korea has more than twice as many people with depression and anxiety caused by the prolonged COVID-19 pandemic as other countries, as reported in previous studies (Cénat et al., 2021; Lee & Kim., 2021).

There are very few studies in Korea on the role of religiosity as a treatment coping strategy. However, in the light of other countries' previous studies, religious coping using the action of attending religious temples, reading sacred scriptures, prayer, and meditation, would be able to have efficacy on alleviating CB in Korea (Prazeres et al., 2021; Zacher & Rudolph, 2021; Zhang et al., 2020).

Conclusion

The unexpected prolonged COVID-19 pandemic has affected the lives of people around the world, especially in terms of individuals' mental health. In the light of previous studies on mental health status in the time of the COVID-19 pandemic, many people around the world have complained of depression and anxiety in common (Cénat et al., 2021). More specifically, Korea has twice as many people complaining of depression and anxiety symptoms due to the prolonged COVID-19 pandemic as other countries, and moreover, a new term called CB has emerged that indicates such symptoms (Lee & Kim., 2021).

As indicated earlier in this article, a certain situation in which half of Koreans do not have a religion could be one of the factors that can affect the phenomenon in which Koreans are much more depressed and anxious than people in other countries in the time of the COVID-19 pandemic. However, further in-depth research is needed on other factors that cause this phenomenon. Additionally, previous studies stated that individuals with religion are better able to deal with psychological problems including depression and anxiety than people without religion (Hart & Koenig, 2020; Roberto et al., 2020). It is also necessary to discuss and study the difference in the ability of religious and non-religious people to cope with CB in Korea.

References

Arslan, G. (2021). Psychological Maltreatment and Spiritual Wellbeing in Turkish College Young Adults: Exploring the Mediating Effect of College Belonging and Social Support. *Journal of Religion and Health, 60*, 709–25.

Cénat, J. M., Blais-Rochette, C., Kokou-Kpolou, C. K., Noorishad, P., Mukunzi, J. N., McIntee, S., Dalexis, R. D., Goulet, M., & Labelle, P. R. (2021). Prevalence of symptoms of depression, anxiety, insomnia, posttraumatic stress disorder, and psychological distress among populations affected by the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry Research, 295*, 113599-113599. https://doi.org/10.1016/j.psychres.2020.113599

Cho, S. (2020). COVID-19 Depression. *HIRA Issue (Gangwon, the Republic of Korea), 4*(15), 1-7.

Hankook Research. (2021). *Status of Religious Population and Religious Activities in 2021.* https://hrcopinion.co.kr/archives/20186

Hart, C. W., & Koenig, H. G. (2020). Religion and health during the COVID-19 pandemic. *Journal of Religion and Health, 59*(3), 1141-1143. https://doi.org/10.1007/s10943-020-01042-3

Kim, Y., Yoon, T., & Sohn, A. (2021). Effects of COVID-19 knowledge, risk perception, subjective norms, and perceived behavioral control on preventive action intentions and preventive action practices in college students. *Korean Journal of Health Education and Promotion, 38*(1), 25-36.

Koçak, O. (2021). How does religious commitment affect satisfaction with life during the COVID-19 pandemic? examining depression, anxiety, and stress as mediators. *Religions (Basel, Switzerland), 12*(9), 701. https://doi.org/10.3390/rel12090701

Lee, E. & Kim. U. (2021). A Study on the Effect of the Infectious Disease Disaster on the Mental Health due to Covid-19. *Gyeonggi Research Institute, 2021*(13), 1-136.

Manchia, M., Gathier, A. W., Yapici-Eser, H., Schmidt, M. V., de Quervain, D., van Amelsvoort, T., Bisson, J. I., Cryan, J. F., Howes, O. D., Pinto, L., van der Wee, Nic J, Domschke, K., Branchi, I., & Vinkers, C. H. (2022). The impact of the prolonged COVID-19 pandemic on stress resilience and mental health: A critical review across waves. *European Neuropsychopharmacology, 55,* 22-83. https://doi.org/10.1016/j.euroneuro.2021.10.864

National Institute of Korean Language (2021). *The definition of Corona Blue.* https://krdict.korean.go.kr/eng

Prazeres, F., Passos, L., Simões, J. A., Simões, P., Martins, C., & Teixeira, A. (2021). COVID-19-related fear and anxiety: Spiritual-religious coping in healthcare workers in portugal. International Journal of *Environmental Research and Public Health, 18*(1), 220. https://doi.org/10.3390/ijerph18010220

Sah, H., Lee, W., & Lee, B. (2021). Corona Blue and Leisure Activities: Focusing on Korean Case. *Journal of Korean Society for Internet Information, 22*(2), 109-121.

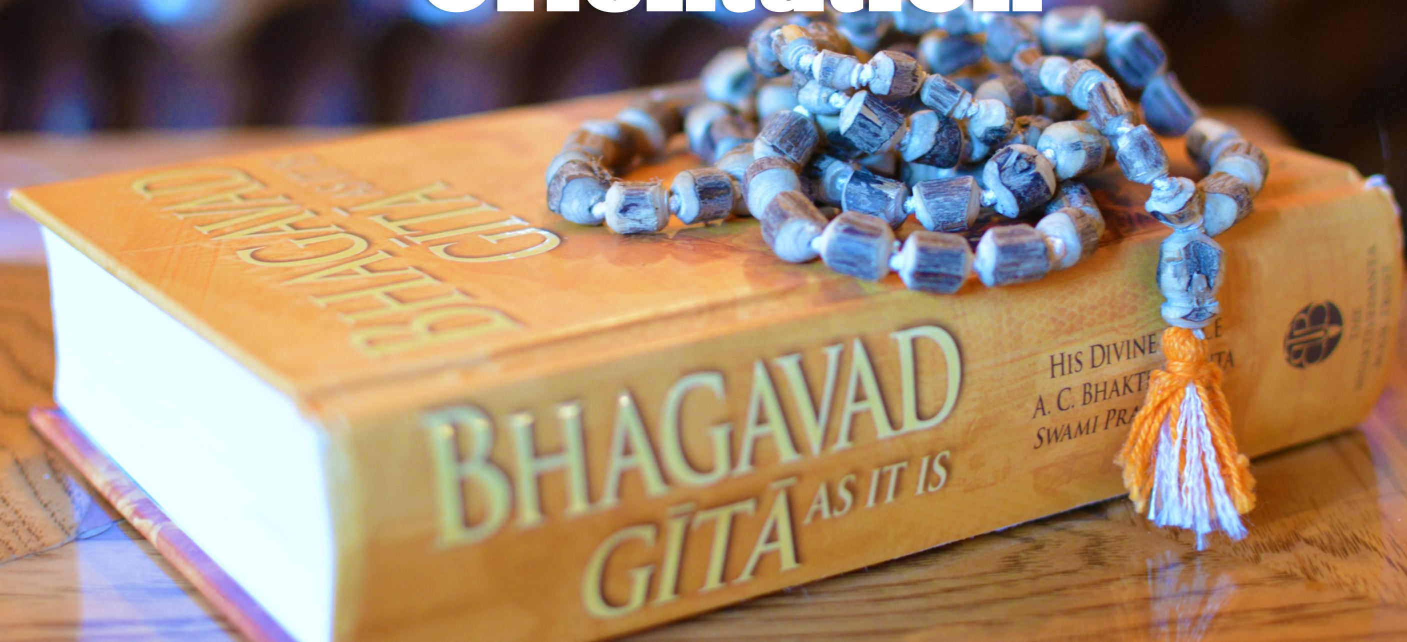
Sulmasy, D. P. (2009). Spirituality, religion, and clinical care. *Chest, 135*(6), 1634-1642. https://doi.org/10.1378/chest.08-2241

Roberto, A., Sellon, A., Cherry, S. T., Hunter-Jones, J., & Winslow, H. (2020). Impact of spirituality on resilience and coping during the COVID-19 crisis: A mixed-method approach investigating the impact on women. *Health Care for Women International, 41*(11-12), 1313-1334. https://doi.org/10.1080/07399332.2020.1832097

Zacher, H., & Rudolph, C. W. (2021). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *The American Psychologist, 76*(1), 50-62. https://doi.org/10.1037/amp0000702

Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress and life satisfaction of working adults in china one month into the COVID-19 outbreak. *Psychiatry Research, 288,* 112958-112958. https://doi.org/10.1016/j.psychres.2020.112958

Bhagwat Gita for broaching Hindu Religious/Spiritual Orientation



I believe that my Karma brought me to counseling , a synchronous cosmically serendipitous gentle push towards a path that I was supposed to walk in this life. I look to connect with the universe around me in a humble and curious way. I hope to be able to practice similarly as a counselor.

As Graduate students in counseling, we expect our programs to provide education and focused training that makes us competent in multicultural and spiritual/religious (S/R) competencies (Bohecker, 2017). My spiritual beliefs have surfaced repeatedly but opportunities to explore my own S/R orientation, from a Hindu, South Asian Indian background, have been limited, except through ASERVIC. As I contemplate my upcoming internship and supervision, I feel unprepared to broach this aspect of my identity with peers, in supervision and in practice. The real issue for counselors may well be not whether to address spirituality but how to go about it (Cashwell & Young, 2011). A learning environment that facilitates self-exploration of students own S/R Identity with faculty would allow students to broach these issues in supervision and in practice.

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"The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity" (Cashwell & Watts, 2010; ASERVIC, n.d., p. 2).

In furtherance of the therapeutic alliance, foundational requirements for teaching 'Counseling Practice and Relationships' require that counselors must be taught culturally responsive strategies. The strategies help to

establish and maintain counseling relationships across service delivery modalities and strategies for adapting and accommodating the counseling process to client culture, context, and preferences. "The burgeoning groundswell of interest in spiritually sensitive counseling" continues as we confront the unfolding realities of the pandemic. This heightens the need for S/R learning in graduate programs in counseling and counseling supervision.

Post Covid, spiritual and existential dynamics in mental health has been proposed as one of the many areas that would need to be researched to address mental health needs of those affected as we grapple with the anxieties , suffering and loss and cultural adaptations of dealing with complicated grief and defining wellbeing (Bell, 2020).

For clients from South Asia identifying with Hindu religion, philosophy or thought, the teachings from Shrimad Bhagwad Gita are important and central in dealing with suffering and loss. Research shows that religious coping was a salient construct for Hindus and related to better mental health (Tarakeshwar, 2003). In a study, gratitude, non-theistic and theistic spiritual experiences, closeness to God, and positive coping were associated with better emotional functioning in US South Asians. Private religion/ spirituality are associated with self-rated health and mental health (Kent, 2020).

Growing up in a secular Hindu home, Gita was foundational as a manual for living mindfully. More recently, I looked to Gita for direction after a personal loss, to find meaning in why I strive in life and if I should. The Gita offers lessons that may well inform the therapeutic alliance of counselors and clients of any denomination or origin. Many thinkers and world leaders have been influenced by Gita, including Carl Jung, Abraham Maslow, Albert Einstein, Nelson Mandela and Henry David Thoreau.

Bhagwat Gita, "the song of God", written originally in Sanskrit, is part of the ancient epic Mahabharata. Texts interpreting the Gita abound, from Shankaracharya (ca. 800 BC), Swami Vivekananda (1895 AD), to those by innumerous western scholars. Scholars have proposed Bhagwad Gita as a case study (Reddy 2012). Mahatma Gandhi found greatest consolation from Gita, considering the text "my mother…my eternal mother" (Gandhi, 1957).

The storyline of Gita is set on the battlefield of Kurukshetra between warring sections of the same family, the cousin brothers, Kauravas, and the Pandavas.

It is a dialogue between Lord Krishna, a reincarnation of Lord Vishnu, acting as a charioteer to Arjuna, one of the five Pandava brothers. Arjuna raises various moral questions, his anxieties and conflicts about the impending fratricide, and is counseled by Lord Krishna on the right course of action in the battlefield. This counseling of Arjuna by Krishna is a parallel to our desire for resolution of the conflicts we face.

"Each person has to fight his own battle of Kurukshetra" (Yogananda, 1995).

Some research has compared therapy models embedded in the wisdom of the Gita to western therapeutic approaches (Bhatia, 2013). Gita offers a roadmap for counseling and psychotherapies (Pandurangi 2013; Reddy 2012). One such offering to explain "dukha" or suffering is that attachment with worldly objects and experiences are purely temporary and are of binding nature and create desire. We aspire to be free from this desire. One may find freedom or enlightenment by different paths (Yogananda, 1995).

"For the contemplative is the path of knowledge (Gyan): for the active is the path of selfless action (Karma)" (Prabhavananda, 1968).

One is to perform action with detachment, Nishkama Karma, i.e., do one's karma without being invested in the fruits of one's karma or a desired result for self

(Anasakti). One must perform one's duty from intrinsic motivation and not driven by senses or material benefits.

I have returned to Gita to sustain me in difficult times. The invaluable theme of performing one's karma without desire for a certain outcome for themselves was also predominant in responses to an informal survey of Hindu S/R identifying folks who were familiar with Gita. There are many counseling implications for a counselor who has studied the Gita. It may well impact counselors' own perspective towards religion and spirituality as well as support a therapeutic alliance with clients who rely on Gita. In exploring the client's expressed reliance on Gita as a text, cultural humility and curiosity must be relied upon in furtherance of social justice through multicultural counseling competencies (Evans, 2021).

The counselor must be open and nonjudgmental as more information is gathered about the spiritual/ religious coping practices of individual to address emotional, physical, and psychological concerns. One must be mindful to be respectful of the actual belief system when seeking to assess whether the beliefs are adaptive or maladaptive to facilitate client's treatment goals (Harris, 2019).

To serve authentically in my field, it is important for me to learn from faculty and supervisors who use their own spiritual resources and values as a resource for self-care and for engagement with clients.

Graduate students would benefit from supervisors sharing and modeling such broaching in various settings and the space to bring up their own S/R.

Hinduism contains within itself a vast and complex body of thought which is not captured in one client's beliefs and interpretations of one text. Gita is a rich resource to start building competence to better serve this population.

References

ASERVIC. (n.d.). Competencies for addressing spiritual and religious issues in counseling https://aservic.org/wp-content uploads/2021/04/ASERVIC-Spiritual Competencies_FINAL.pdf

Bhaktivedanta, A. C., & Prabhupada, S. (1968). New York: Macmillan, Print.

Bhatia, S. C., Madabushi, J., Kolli, V., Bhatia, S. K., & Madaan, V. (2013). The Bhagavad Gita and contemporary psychotherapies. Indian *Journal of Psychiatry, 55(Suppl 2),* S315–S321. https://doi.org/10.4103/0019-5545.105557

Bohecker, L., Schellenberg, R. and Silvey, J. (2017), Spirituality and Religion: The ninth CACREP core curriculum area. *Counseling and Values, 62:* 128-143. https://doi.org/10.1002/cvj.12055

Cashwell, C. S., & Young, J. S. (Eds.). (2014). Integrating spirituality and religion into counseling: A guide to competent practice. John Wiley & Sons. ProQuest Ebook Central, https://ebookcentral.proquest.com/lib/sfsu/detail.action?docID=1882165.

Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. *Counseling and Values, 55*(1), 2-5.

Crabtree, S. A., Hall, E. L., & Sandage, S. J. (2020). Research in counselling and psychotherapy Post-COVID-19. *Counselling and psychotherapy research, 10.*1002/capr.12334. Advance online publication. https://doi.org/10.1002/capr.12334

Evans, Amelia L., and Jennifer Koenig Nelson. 2021. The Value of Adapting Counseling to Client's Spirituality and Religion: Evidence-Based Relationship Factors. *Religions 12*: 951. https://doi.org/10.3390/rel12110951

Gandhi. *An Autobiography: the Story of My Experiments with Truth.* Boston: Beacon Press, 1957. Print.

Harris, J.R., McKinney, J.L., & Fripp, J.A. (2019). *"God Is a Keeper": A Phenomenological Investigation of Christian African American Women's Experiences With Religious Coping*. The Professional Counselor.

Kent BV, Stroope S, Kanaya AM, Zhang Y, Kandula NR, Shields AE. Private religion/spirituality, self-rated health, and mental health among US South Asians. *Qual Life Res. 2020 Feb;29*(2):495-504. doi: 10.1007/s11136-019-02321-7. Epub 2019 Oct 24. PMID: 31650305; PMCID: PMC7297387.

Pandurangi, A. K., Shenoy, S., & Keshavan, M. S. (2014). Psychotherapy in the Bhagavad Gita, the Hindu scriptural text. *American Journal of Psychiatry*, *171*(8), 827-828.

Reddy MS. Psychotherapy. (2012;). Insights from Bhagavad Gita. *Indian Journal Psychology Med 34*:100-4.

Tarakeshwar, Nalini & Pargament, Kenneth & Mahoney, Annette. (2003). Initial development of a measure of religious coping among Hindus. *Journal of Community Psychology, 31*. 607 - 628. 10.1002/jcop.10071.

Yogananda, P. (1995). *God talks with Arjuna: The Bhagavad gita: Royal science of God-realization: The immortal dialogue between soul and spirit*. Los Angeles, Calif: Self-realization Fellowship.

Values and Ethics in Assessments

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Counselors-in-training are required to take an assessment class that explores not only preliminary assessments but the application of clinical assessments to assist with diagnosis and treatment planning. Once a practicing licensed counselor, assessments are commonly used for the same purpose. As a counselor educator, a couple of areas that need additional consideration are the ethics regarding choice of assessment, administering assessments, and communicating results with clients.

When a client seeks counseling, there are a myriad of concerns and presentation of symptoms that clients report. The focus should be to hear these concerns and yet be cognizant of the signs that are evident upon observation. Preliminary assessments such as an intake or biopsychosocial are commonly completed with the client to capture the varied facets of an individual's lifespan (Hays, 2017; Sommers-Flanagan, J. & Sommers-Flanagan, R. 2017).

While staying in tune to the client's story, there is the added need to consider what structured or unstructured assessments might be beneficial to help with client decision making, determine diagnosis, and treatment planning (ACA, 2014, E.1.a). When making an assessment choice, counselors should not only consider their personal competence to administer the assessment (ACA, 2014, E.2.a) but there is the added need to consider client welfare (ACA, 2014, E.1.b.) that includes not misusing an assessment or merely selecting an assessment a clinician is familiar.

Looking closely at assessments, it is important to note that there are both public and copyrighted assessments. There are varied ways to define these but at a basic level, it can include permission to use, level of competence to purchase and administer, policies of use, and many assessments have a fee that the practitioner pays that will then trickle down as a cost to the client.

As a result, it is important for counselors to practice self-awareness of their beliefs even in the process of selecting an assessment to ensure it is free of personal bias in selection with a clear purpose in mind for the client (ASERVIC, 2009). If there are reliable and valid free assessments that could be used as a tool, consider that option first versus merely using a high-cost measure that a client may not be able to afford.

Counselors need to consider the autonomy of a client and prior to administering any assessments, there should be an informed consent (ACA, 2014, E.3.a). Where a conversation between client and counselor is collaborative so there is an awareness of the nature, purpose, and how the use of assessments will be utilized.

The ASERVIC competencies (2009) emphasizes the consideration of assessments that align to the client's needs and values. Some clients might be attending counseling with an expectation in mind that they will take some form of a test such as common with Attention-deficit/hyperactivity disorder (ADHD) while others might be very unaware of the rationale or expectation for assessments and why they need to be completed.

Within a counselor-client relationship, there is a sacred space for confidentiality, trust, and honesty. Once there is the completion of the assessment, it is imperative that clients are provided an expected time frame for when the results will be discussed. Clients can have some anticipatory anxiety when waiting for results especially if there is a concern that it could impact diagnosis and treatment.

The code of ethics notes that we need to consider the client's welfare when outlining result which includes time frame, how the information is shared, and documentation of results (ACA, 2014, E.3.b.). Oftentimes clients think of assessments like tests, and they are wanting to know the outcome of the results and what they mean in their life. Thus, there is a need to be sensitive to time frame, how the results are communicated both verbally and written, and how these results will impact their future goals.

Assessments are a pivotal part of training and clinical work with clients.

Whether it is a preliminary assessment or clinical assessment, values and ethics should be considered when choosing, administering, and communicating results to a client.

The preamble of the American Counseling Association (ACA) Code of Ethics (2014) emphasizes the need of autonomy, nonmaleficence, fidelity, and veracity while the ASERVIC competencies (2009) reinforce the consideration of all facets of a client's life.

References

American Counseling Association. (2014). *ACA Code of Ethics*. Author. https://www.counseling.org/knowledge-center/ethics#2014code

American Counseling Association (2009). *Association of Spiritual, Ethical and Religious Values in Counseling*. Author. https://aservic.org/spiritual-and-religious-competencies/

Hays, D. (2017). *Assessment in Counseling: Procedures and Practices*. (6th ed.). American Counseling Association.

Sommers-Flanagan, J., & Sommers-Flanagan, R. (2017). *Clinical interviewing* (6th ed.). John Wiley & Sons.

"Working with Spirituality in Psychotherapy: Why It Matters and What It Means"

On Wednesday, March 16 **Dr. Russell Siler Jones** presented a webinar entitled "Working with Spirituality in Psychotherapy: Why It Matters and What It Means".

All members can access this recording under **"Archived Webinars"** after you log in on the ASERVIC website.

The Webinar Column Chair is now Jennifer Niles

Email: jknilesorefice@wm.edu

ASERVIC is pleased to offer webinars for continuing education to students, counselors, supervisors, and counselor educators. If you are interested in being a webinar presenter, please contact Jennifer Niles (jknilesorefice@wm.edu) with a brief abstract of your proposed presentation topic.

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has been approved by NBCC as a continuing education provider, ACEP No. 1010. Programs that do not qualify for NBCC credit are clearly identified. ASERVIC is solely responsible for all aspects of the program. For more information about ASERVIC's webinars, visit www.aservic.org

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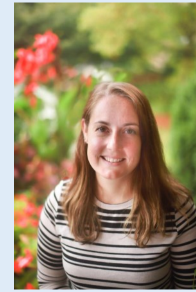
We look forward to your contributions.



Emily Norris

Maria Goodwin

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With thanks,

The Editorial Team

Interested in submitting an article for the *Fall* Issue of the

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