

The Inclusion of Spiritual Process in Counseling and Perceived Counselor Effectiveness

By: [Craig S. Cashwell](#), [J. Scott Young](#), T. H. Cashwell, and C. Belaire

Cashwell, C. S., Young, J. S., Cashwell, T. H., & Belaire, C. (2001). The inclusion of spiritual process in counseling and perceived counselor effectiveness. *Counseling and Values, 45*, 145-153.

Reprinted from Counseling and Values, Vol. 45, p. 145. © 2001 The American Counseling Association. Reprinted with permission. No further reproduction authorized without written permission from the American Counseling Association: <http://www.counseling.org>

Abstract:

In this study, client level of spirituality was examined as a potential moderater for the effectiveness of including spiritual process in the counseling process. Using an analogue design, participants were crossed on self-reported level of spirituality and randomly assigned to 1 of 2 analogue conditions. Results suggested that a spiritual intervention was perceived similarly to a cognitive-behavioral intervention for all respondents. Those respondents who self-reported higher levels of spirituality rated the counselor on the analogue as more expert and more trustworthy, regardless of which of the 2 analogue conditions they evaluated. Implications for counselors are provided.

Article:

Although recent attention to spirituality and infusion of spirituality into the counseling process has increased, there is an ongoing need to better understand the influence that the inclusion of spiritual issues may have on the counseling process (Maher & Hunt, 1993). Although various writers have addressed the need for counselors to be proficient in addressing client spirituality (Bergin, Master, & Richards, 1987; Maher & Hunt, 1993; Myers, Witmer, & Sweeney, 1994) and various proposed approaches to assess spirituality and facilitate spiritual growth (Young & Cashwell, 1998), limited research is available on how addressing spirituality may influence the counseling process. Whereas spirituality is considered a universal phenomenon, it is also a diverse phenomenon, and the assertion that spirituality be infused into the counseling process on a broad basis is one that needs empirical support. Kiesler (1966) coined the phrase "universality myth" to refer to the notion among researchers that all clients are influenced in the same way by a given stimulus; that is, any intervention will have the same impact on all clients. It is possible that the "universality myth" is being applied to the inclusion of spirituality in the counseling process. The purpose of this study, then, was to examine the effects of participant level of spirituality and type of counseling (spiritual versus nonspiritual) on the perceived effectiveness of a counselor.

Because of the lack of previous research in the area, the following nondirectional hypothesis was tested: Level of client spirituality will not affect the perceived effectiveness of a counselor who uses a spiritual versus a nonspiritual approach to counseling. Because the inclusion of spirituality in the counseling process as an independent variable is neither readily manipulated nor controlled, an experimental design was not feasible and an analogue design was used. Analogue designs are useful for examining how various aspects of the counseling process affect the early stages of the process (Hill & Corbett, 1993).

Method

Participants

Volunteer undergraduate students (N = 228) enrolled in counselor education and educational psychology classes in a midsize public university in the southern United States participated in the current study. The average age of the participants was 20.52 (SD = 3.88). The majority were female (n = 155, 68%) and European-American (n = 173, 76%). Also, there were 37 (16%) African American, 6 (3%) Native American, 5 (2%) Asian American, 1 (less than 1%) Hispanic American, and 4 (2%) "Other" participants, with 2 participants (1%) not specifying their race.

On the basis of self-report, the sample was primarily Christian in religious affiliation (n = 194, 85%). Other participants reported their religious affiliation to be "None" (n = 13, 6%), Judaism (n = 5, 2%), Islam (n = 4, 2%), Hinduism (n = 1, less than 1%), and "Other" (n = 8, 4%), with 3 participants (1%) not specifying religious affiliation. Furthermore, the sample reported a high level of religious activity. On the basis of self-report, most participated in organized religious activity at least one time per week (n = 132, 58%). In fact, more than one out of 5 participants (n = 47, 21%) reported organized religious activity more than 1 time per week. Forty-four participants (19%) reported monthly participation in organized religious activity, whereas 23 (10%) reported bimonthly participation, and 18 (8%) reported participation one to two times per year. Only 9 participants (4%) reported no religious activity, whereas 2 (1%) did not specify a response to this item.

Instrumentation

Human Spirituality Scale (HSS). The HSS (Wheat, 1991) consists of 20 items that provide a global measure of spirituality. Content validity of the instrument was established through a panel of experts. Wheat found that the HSS distinguished between groups thought to differ in spirituality, supporting the construct validity of the HSS. Factor analysis has further supported the construct validity of the instrument (Wheat, 1991). Various researchers have reported Cronbach's alphas ranging from .81 to .89 (Wheat, 1991; Young, Cashwell, & Woolington, 1998).

Counselor Rating Form-Short Version (CRF-S). The CRF-S (Corrigan & Schmidt, 1983) consists of 12 bipolar items, 4 items to assess each of the three constructs of counselor expertness, attractiveness, and trustworthiness established as components of the counseling social influence process (Strong, 1968). Respondents were asked to rate the extent to which the counselor that they viewed on the video demonstrated each of the 12 attributes on a 7-point Likert scale ranging from not very to very. Confirmatory factor analysis has supported the use of the CRF-S as an indicator of the three dimensions of counselor Expertness, Attractiveness, and Trustworthiness, and inter-item consistencies have ranged from .82 to .94 (Corrigan & Schmidt, 1983).

Session Evaluation Questionnaire (SEQ). The SEQ (Stiles, 1980) is formatted as a semantic differential and is used to measure various aspects of the counseling process. For this study, the 14 items used to constitute the Depth (session power and effectiveness) and Smoothness (comfort) subscales were used. Factor analytic studies support the construct validity of these subscales, and Cronbach alphas of .90 and .92 have been reported for the Depth and Smoothness subscales, respectively (Stiles, 1980).

Helpfulness Measure. One item ("The counselor in this session was helpful") with a 5-point Likert format response (1 = not at all helpful to 5 = very helpful) was used to assess the perceived helpfulness of the counselor.

Request Measure. One item ("If I were going to see a counselor, I would request this counselor") with a 5-point Likert format response (1 = definitely not to 5 = definitely) was used to measure the likelihood that the respondent would prefer to be seen by the counselor.

Procedure

Two videotape analogues were developed for this study. Both analogues were of the same female counselor and undergraduate female client who disclosed depressive symptomology. The client was having difficulty in her course work evidenced by a decrease in her grades. In both analogue conditions, the client seemed to have perfectionistic tendencies and thought in rather categorical terms about herself and her parents' expectations of her. Therefore, she was hesitant to tell her parents that she was having difficulty in her studies. Initial disclosure and discussion of the symptoms was identical in each analogue. In the first analogue (nonspiritual intervention), the counselor then began the process of a cognitive-behavioral intervention, an approach well documented to be effective in the treatment of depression (Beck 1976; Meichenbaum, 1986). In the second analogue (spiritual intervention), the same counselor used the experiential focusing approach, one applied method of integrating spirituality into the counseling process. The focusing technique is an approach to psychotherapy that, according to its founder, Eugene Gendlin (1981), assists clients in listening to their own still small voice. Using a process

that directs one to pay attention to bodily sensations, internal imagery, and emotional responses, the focusing approach helps clients develop meaning about particular problems. Focusing draws upon elements of meditation (i.e., the use of the observer self) and offers several psycho-spiritual benefits, including the development of trust that healing will come, development of a sense of meaning and purpose, and movement of faith from an intellectual to an experiential level (Hinterkopf, 1998). (For a description of the experiential focusing approach, readers should see Gendlin, 1981, and Hinterkopf, 1998.) Experts reviewed the two videotape analogues for nonverbal cues or other extraneous factors that might contaminate treatment integrity and discerned that the two interventions were comparable except for the intended difference of a spiritual versus a nonspiritual intervention. The Appendix contains a sample of scripts from each of the two analogue conditions.

Participants completed the HSS scale; those who scored at least 1/2 of 1 standard deviation above the mean were classified as "strong spiritual orientation" and participants who scored at least 1/2 of 1 standard deviation below the mean were classified as "weak spiritual orientation." The resulting sample included 128 participants with 64 in each group (i.e., "strong" and "weak"). Participants were then randomly assigned to view one of two analogue conditions. Participants were instructed to imagine that they were the client on the videotape and were asked to watch the videotape analogue (approximately 8 minutes long). Finally, participants were asked to complete the CRF-S, the SEQ, and the items assessing the helpfulness of the counselor and whether they would prefer to see this counselor in the future.

Data Analysis

The dependent measures for this study were the respondents' perceptions of the counselor's social influence (Expertness, Attractiveness, and Trustworthiness) as measured by the CRF-S, and perceived session impact (Depth and Smoothness) as measured by the SEQ. The design of the study was a 2 x 2 x 5 multivariate analysis of variance (MANOVA) with respondent spiritual orientation (high or low) crossed with style of counseling (spiritual versus nonspiritual) on the five dependent variables. An alpha level of .05 was used for all analyses.

Results

Descriptive statistics (means and standard deviations) were calculated for all study variables. These statistics indicated that respondents found the interventions to be moderately helpful ($M = 3.35$, $SD = 1.12$) but scores on the Request measure ($M = 2.46$, $SD = 1.21$) suggested a modest desire to see the counselor on the videotape. Compared with previous norms (Wheat, 1991), respondents indicated a moderately high level of Spirituality on the HSS ($M = 76.40$, $SD = 10.53$).

Descriptive statistics for the other dependent variables were consistent with established norms (Expertness, $M = 16.22$, $SD = 5.89$; Attractiveness, $M = 16.07$, $SD = 5.33$; Trustworthiness, $M = 18.54$, $SD = 3.93$; Depth, $M = 19.63$, $SD = 5.08$; Smoothness, $M = 22.32$, $SD = 5.14$).

To test the assumption that each group has the same variance across variables, Box's test of quality was calculated and found to be significant ($F = 1.36$, $p = .015$), indicating a violation of this assumption. As a univariate follow-up, Levene's test was calculated. The assumption of homogeneity of variance was found to be violated for three dependent variables, Attractiveness ($F = 2.90$, $p = .038$), Expertness ($F = 2.73$, $p = .047$), and Smoothness ($F = 3.63$, $p = .015$). Any significant findings related to these three dependent variables should be interpreted with caution due to the violated assumption of homogeneity of variance.

The omnibus MANOVA tests for style of counseling ($F = 1.88$, $p = .08$), and interaction of style of counseling and level of Spirituality ($F = 1.16$, $p = .33$) were not statistically significant. Therefore, the null hypothesis (that level of client Spirituality would not mediate the perceived effectiveness of a counselor who uses a spiritual versus a nonspiritual approach to counseling) was retained. However, the main effect for respondent level of Spirituality was significant ($F = 2.85$, $p = .009$).

In analyzing the post hoc univariate ANOVAs, two effects were found to be statistically significant. Respondent level of Spirituality had a significant main effect on Expertness ($F = 4.19$, $p = .043$) and Trustworthiness ($F =$

5.48, $p = .021$). The mean score for Expertness for respondents with a higher reported level of Spirituality ($M = 17.36$) was higher than the mean score for Expertness for respondents with a lower reported level of Spirituality ($M = 15.11$). Likewise, the mean score for Trustworthiness for respondents with a higher reported level of Spirituality ($M = 19.42$) was higher than the mean score for Trustworthiness for respondents with a lower reported level of Spirituality ($M = 17.87$). Thus, these results suggest that respondents with a higher reported level of Spirituality perceived the counselor as more trustworthy and expert, regardless of which videotape analogue they observed. However, the findings relative to Expertness should be viewed with caution because the assumption of homogeneity of variance was found to be violated for this variable. Table 1 provides the relevant descriptive information demonstrating this main effect of level of client Spirituality on the dependent variables of counselor Expertness and Trustworthiness.

Discussion

Because the null hypothesis was retained, this study suggests that the focusing intervention was not viewed by respondents as either superior or inferior to the cognitive-behavioral intervention. The lack of a main effect for type of analogue provides some preliminary evidence, however, that a spiritual approach is not systematically preferred by clients over an approach that does not integrate spirituality. When considering issues related to social influence, and session Depth and Smoothness as rated by the client, the experiential focusing approach was perceived by respondents to be comparable with a cognitive-behavioral approach. Cognitive-behavioral interventions have extensive support in the professional literature as an effective treatment modality; the same cannot be said for the focusing approach. Furthermore, because of the analogue nature of the study, results should not be generalized to participants in counseling. Therefore, results are limited to the evaluation of the counselor and session variables included in this study and should in no way be considered indicative of treatment efficacy.

The finding of a main effect for client level of Spirituality on ratings of counselor Expertness and Trustworthiness, regardless of the type of analogue to which they were responding, is noteworthy. This finding suggests that those clients who have a stronger orientation toward spirituality may inherently be more trusting of a counselor and perceive the counselor as an expert (although caution is necessary related to the Expertness variable because of the violated assumption of homogeneity of variance). According to Strong's (1968) social influence theory, higher ratings of trust and expertness by the client place the counselor in a better position to help the client. Conversely, when working with a client who has less of a spiritual orientation, premature attempts at influencing client change without developing perceived trust and expertness may limit the effectiveness of the intervention. At least with some clients who do not have a strong spiritual orientation, the counselor may need additional time to develop trust and establish him-or herself as an expert with the client.

Results of the current study should be examined within the context of four limitations to this study. First, the use of an analogue design, although enhancing the internal validity of the study, may limit the generalizability to real counseling situations. It is important to remember that respondents were not actual clients seeking services, and it is unknown how this group might differ from actual clients. Second, this sample was predominately Christian and reported a high level of religious activity. Thus, the results reveal little about a client who is intrinsically spiritual but is non-Christian or chooses not to participate in organized religion. Third, the interventions that were selected were chosen to examine the distinction between a spiritual and a nonspiritual intervention. However, the spiritual intervention that was chosen (experiential-focusing) is a highly affective intervention. Thus, there is the potential confusion that the distinctions made between respondents may have been more cognitive versus affective, rather than nonspiritual versus spiritual. Fourth, only one type of spiritual intervention was examined, and the results are not intended to generalize to other types of interventions.

Conclusion

Results suggest that a counselor who uses emotional focusing as one type of spiritual intervention is viewed similarly as a counselor who uses a cognitive behavioral approach in terms of counselor Expertness, Attractiveness, and Trustworthiness, and session Depth and Smoothness. Furthermore, this effect is not

mediated by the respondent's reported level of Spirituality. That is, the respondents perceived the two approaches similarly regardless of their reported level of Spirituality. In addition, those respondents who reported higher levels of Spirituality reported perceptions of the counselor as more expert and trustworthy, regardless of which type of counseling session they observed. Although additional research is needed, the current study provides evidence that a group diverse in level of Spirituality rated a spiritual approach similar to an approach well documented to be effective in the treatment of depression. We encourage future research that examines the use of spiritual interventions with a clinical sample of clients presenting with depression and consider change in depressive symptomology as a dependent variable.

TABLE 1 Summary Statistics for Level of Spirituality on Expertness and Trustworthiness

Legend for Chart:

- A - Dependent Variable
- B - Low Spirituality: M
- C - Low Spirituality: SD
- D - High Spirituality: M
- E - High Spirituality: SD

A	B	C	D	E
Expertness	15.11	4.68	17.36	6.19
Trustworthiness	17.87	3.15	19.42	3.90

Appendix

Script Excerpt From Each Analogue Condition

Spiritual/Focusing

Counselor: O.K., so you can get comfortable and relaxed and notice your breathing. [Client closes eyes; silence 35 seconds] and then as you let your awareness down into your body, you can ask yourself in a friendly, gentle way. How am I now? Client: I notice some sadness like-on-the-verge-of-crying sad.

Counselor: So you can just be with that sadness in a friendly way and gently see what it's about.

Client: [Silence, 20 seconds] Well, the sadness wants to be acknowledged, first of all. Because I stay so busy doing things, it feels like there is a part of me that just wants to be.

Counselor: So this is a part of you that wants to just be. I wonder if it would be helpful to set that whole thing out at a little distance to see both the doing side, and the sad part that just wants to just be. See if you can get an image of that whole thing. [Silence 10 seconds.]

Counselor: So there were a lot of things your parents wanted you to do well at and you did that. And how does this whole thing feel now?

Client: It seems like I would like resolution. To be able to feel peaceful at doing and not feel like I have to go, go, go--feeling centered in the midst of doing.

Counselor: So part of you would like resolution or to feel centered in the midst of doing. [Silence, 5 seconds] How does that whole thing feel in your body now?

Client: It feels calming. It also feels possible, which makes me feel hopeful.

Counselor: So it feels calming and possible and hopeful.

Client: Hmm. It feels hopeful, also it makes me feel more joy.

Counselor: So there's also more joy there too.

Cognitive Behavioral

Counselor: Well, let's talk about the worst thing that could happen to you. Let's pretend that it's the end of the semester and you've made an F.

Client: Well, if I could get myself together, I wouldn't make an F.

Counselor: I understand that, let's just pretend that it's the end of the semester and you have an F.

Client: [Silence] Well, my parents would be disappointed in me.

Counselor: So your parents would be disappointed in you.

Client: Yeah, they would.

Counselor: Have they ever been disappointed in you before?

Client: No not really. Not like they would be if I failed this class.

Counselor: Not really

Client: Well, there was this one time when I was younger. I took piano lessons. I was pretty good, but I hated having to practice every day. I wanted to quit, but my parents wanted me to keep playing. Finally, they gave in. They weren't mad, but I could tell they were disappointed.

Counselor: So they've been disappointed in you before.

Client: Yeah, but this is different.

Counselor: Yeah, the situation is different, but the story is still the same. If you are not perfect, they will be disappointed.

Client: [Silence] I see what you're saying. [Head nod]

References

- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: Meridian.
- Bergin, A., Master, K., & Richards, P. (1987). Religiousness and mental health reconsidered: A study of an intrinsically religious sample. *Journal of Counseling Psychology, 34*, 197-204.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology, 30*, 64-75.
- Gendlin, E. T. (1981). *Focusing*. New York: Bantam.
- Hill, C. E., & Corbett, M. M. (1993). A perspective on the history of process and outcome research in counseling psychology. *Counseling Psychology, 40*, 3-24.
- Hinterkopf, E. (1998). *Integrating spirituality in counseling: A manual for using the experiential focusing method*. Alexandria, VA: American Counseling Association.
- Kiesler, D. J. (1966). Some myths of psychotherapy research and the search for a paradigm. *Psychological Bulletin, 65*, 110-136.
- Maher, M., & Hunt, T. (1993). Spirituality reconsidered. *Counseling and Values, 38*, 21-28.
- Meichenbaum, D. (1986). Cognitive behavior modification. In F. H. Kanfer & A. P. Goldstem (Eds.), *Helping people change: A textbook of methods* (pp. 346-380). New York: Pergamon Press.
- Myers, J., Witmer, J., & Sweeney, T. (1994). Spirituality: The core of wellness. *Wellness Connections, 4*(2), 1-8.
- Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. *Journal of Consulting and Clinical Psychology, 48*, 176-185.
- Strong, S. R. (1968). Counseling: An interpersonal influence process. *Journal of Counseling Psychology, 15*, 215-224.
- Young, J. S., & Cashwell, C. S. (1998). Counseling for psycho-spiritual growth: Application of the Developmental Counseling and Therapy Model. *Journal of the Mississippi Counseling Association, 6*, 12-18.
- Young, J. S., Cashwell, C. S., & Woolington, V. J. (1998). Cognitive development and spiritual mindedness. *Counseling and Values, 43*, 63-69.
- Wheat, L. W. (1991). *Development of a scale for the measurement of human spirituality*. Unpublished doctoral dissertation, University of Maryland, College Park.