
Faith as a Therapeutic Companion: Instructing Counselling Students on the Import of Religion La foi comme compagne de la thérapie : instruire les étudiants en counseling de l'importance de la religion

Trent Leighton

University of Lethbridge

ABSTRACT

This article addresses the most efficacious means of teaching counselling students the import of religion when counselling faith-based clients. I present four fallacies that persist in counselling curricula: religious clients are hard to counsel, students must comprehend their clients' religion before being able to comprehend clients' therapeutic needs, existing courses cannot be used to deliver an effective religious education, and spiritual dialogue does not have a place in course content. Communicating a clinically salient religious understanding to students would enhance their curricular experience and therapeutic acumen, and can be taught concurrently within a counselling curriculum if faculty use existing programming.

RÉSUMÉ

Dans cet article, il est question des moyens les plus efficaces d'enseigner aux étudiants et aux étudiantes en counseling l'importance de la religion dans la pratique de leur profession auprès de clients centrés sur leur foi. On y présente quatre faussetés qui persistent encore dans les programmes de formation en counseling : le counseling est difficile auprès des clients religieux, les étudiants doivent d'abord comprendre la religion de leurs clients avant d'être en mesure de comprendre leurs besoins thérapeutiques, les cours existants ne peuvent pas servir à donner une éducation religieuse efficace, et le dialogue spirituel n'a pas de place dans le contenu des cours. Le fait de communiquer aux étudiants une compréhension religieuse pertinente sur le plan clinique permettrait d'améliorer l'expérience pédagogique et la perspicacité thérapeutique, et le tout peut être enseigné concurremment dans le cadre d'un programme d'études en counseling si les enseignants utilisent les programmes existants.

The muzzling of faith in most counselling curricula is a direct by-product of the acrimonious relationship between psychology and religion. "Because religion and spirituality elicit deep feelings in people and because they speak to people's deepest values, practicing psychologists must be careful to approach these processes with knowledge, sensitivity, and care" (Pargament, 2013, para. 8). This environment, void of neutrality and defined by strong and passionate opinions, presents unique and challenging dynamics for students who are in the midst of reconciling their personal and professional realities.

Care and sensitivity extended to religious clients has been the exception rather than the rule, and their absence was germinated not in the offices of practicing

therapists but in the classroom, where instructors frequently present religious beliefs as a therapeutic afterthought. Although psychoanalytic theory does not garner much airtime in counselling programs, the root cause of this dismissive stance toward the impact of religious beliefs in training programs can be traced to a fundamental misinterpretation around a simple question posed by Freud (1927/1961): "Wherein lies the peculiar value of religious ideals?" (p. 21). I take the stance that Freud was not precluding the value of religion in psychotherapeutic training and practice, but rather was critical of passive, reactive, and regressive theological systems. For educators, this critical engagement is an integral part of any effective pedagogy.

Thus, in a fresh context, Freud's (1927/1961) premature closure of the religious question can become a point of debate and self-reflection for students to evaluate their respective views about religion as a therapeutic companion. My experience is that even the most adamant atheists in a counselling cohort are willing to expand the embedded reality of faith in cultural and existential landscapes to the assessments and interventions of counselling. This reality was emphasized by Fromm (1955), who noted that every human being is innately religious in the wider sense of not being able to extract oneself from systems of meaning while also remaining sane.

RELIGION AS ACTIVITY VERSUS OBJECT

Underlying the fallacies I address in this article is the core principle of religion as an activity. The majority of counselling programs continue to introduce students to a paradigm of religious life that is archaic, static, and removed from the relevance of daily life. No matter how innovative and accommodating a curriculum might be, instructing religious traditions as static objects undermines any subjective inroads that might be made. When religion enters the counselling classroom as an activity, students are better able to integrate religion and spirituality into their professional evolution. This creates a fluid space for the ineffable mysteries of faith to encounter the unique learning styles of counselling students, a space emphasized by Huxley (1945) as a continuum, a spectrum for meaning otherwise not captured by conventional syntax.

Instructionally, the clinical ramifications of this shift are instantaneous. When a student is presented with the historical and contemporary facts about a religion, two very important reference points are established that define the curricular experience. The first involves the reciprocal relationship between a student's sense of self and the religious framework provided. Because the nature of religion automatically incorporates the ontology of the learner, a significant and overlooked consequence develops in which a narrow presentation of religious reality equates to an equally myopic sense of self. The second reference point around the objectified vision of religion involves self-awareness of counselling students projecting their own unexamined and hidden agendas onto their religious clients, making the curricular responsibility of emphasizing student self-awareness all the more

important. As Hage (2006) emphasized, “It is important that graduate programs provide psychologists in training with opportunities for self-exploration and reflection related to the potential impact of their spiritual values and biases on others” (p. 306). When an instructor paints a picture of Christianity, for example, that focuses on the canvas instead of the images, students are unable to enter into the Christian experience of their clients just as they are unable to enter fully into their own cosmology and its impact on their professional practice.

Religion as an activity addresses these two variables in theory and application. When a religion such as Buddhism is placed along the sliding scale of expression and translation, the tenets of suffering, phenomenal emptiness, and enlightenment become an experience for the student, not something to memorize. What’s more, a beginning clinician will no doubt encounter clients representing different interpretations within a religion. Between the Buddhist polarities of form and formlessness, students would be exposed to a diverse and flexible spectrum of awareness, and would be capable of moving back and forth between Zen, Chan, and any other permutation of the Buddhist faith. When the psychological reality of a faith-based client is presented to counselling students along a spectrum of teachings and practices, not a fixed pedagogical point, the impetus for self-understanding is inherent in the instruction because active engagement is implicit.

A good example of religion as an activity in action can be found in the curriculum of the University of Lethbridge Addictions Counselling Program (University of Lethbridge, Faculty of Health Sciences, 2016), where I teach. Based on diversity statistics that reveal that 75% of the world’s population is involved in some form of religious practice (Burke et al., 1999), the curriculum instructs students to approach religion within a cultural context emphasizing a student’s transformational journey. This model of religion as a therapeutic companion allows counselling trainees and, in the process, extend a deep understanding to their religious clients grounded in transcendent sensibilities.

Another example of teaching religion as an activity in the University of Lethbridge counselling curriculum can be found in a community development course that featured students learning how to apply their therapeutic skills to collectives in their community. Tasked with applying the theories and applications of community development, one group of students chose the religious collective of the Baha’i faith. The learning model they developed featured each member of the group working independently to collect facts about the faith, bringing them together with their peers to form a picture of what they were working with. Seeing the frustration that ensued, the students were invited to draw a continuum, with various Baha’i practices placed on a scale from literal to metaphorical interpretation. Students were then invited to place themselves along the spectrum of Baha’i teachings and practices, creating an immediate experiential engagement with the religious tradition and its practices. With their sense of spirituality engaged, the group went on to fashion an incredibly expansive and inclusive model of how they would implement development in the Baha’i community.

Most important, the sliding scale of faith presented in the classroom had immediate ramifications in the counsellor's office, with one practicum student counselling a member of the Mormon faith struggling with substance abuse. Fully aware of the faith's prohibition of alcohol or drug use, the beginning counsellor worked with the shame and guilt by supporting the client in creating a continuum of Mormon beliefs and practices, providing a safe space for him to authentically explore the activities of the faith in relation to the activities of substance abuse. These types of examples continually emerge when students' relationship with their sense of self is vulnerable and open enough to mirror the clients' relationship with their religion. All that is needed is a simple shift in a program's curriculum from a static point to a dynamic spectrum that can accommodate a plethora of mental health and religious realities at the same time.

FOUR FUNDAMENTAL FALLACIES

With the preliminary context in place, I now move to support a comprehensive treatment of religion in counselling curricula by exposing four fundamental fallacies. My intention is to provide a balance in counselling training programs that accentuates the proactive benefits of addressing religion as a reality that students will encounter. This makes the incorporation of religious literacy vital in preparing students to enter professional practice. I hope that instructors and program developers will see the proactive benefits of addressing the import of religion into the lives of students who will be counselling faith-based clients.

Fallacy 1: Clients with Absolutist Beliefs Will Be Difficult to Treat

The first fallacy involves the assumption that clients with absolutist beliefs will be difficult to treat. The expectation of working with such clients often draws an immediate negative reaction from students and instructors alike, despite the surprising proclamation from religious critic Albert Ellis (Ellis, Johnson, & Nielson, 2008) that devout clients are as receptive to therapeutic interventions as are the less devout.

The fallacy that counselling students are unable to work effectively with devoutly religious clients is derived from two instructional points of emphasis, which are frequently included unconsciously in curricular experiences. First, instructors can unconsciously communicate to students that religious and spiritual clients do not warrant the same application of basic counselling skill sets as secular clients. This creates an equation in which the delivery of sound clinical skills to a religious client is provided not on the basis of a student's capabilities and the client's mental health, but rather on the perceived intensity of faith as an obstruction to counselling outcomes.

In a psychology of religion course I instruct, students were tasked with developing assessment tools that mirrored various religious belief systems. Invariably, student after student created their psychometric measurements based on the perceived intensity of their client's adherence to religious ideals, ignoring the fact

that “different types of religious orientations, commitments, or experiences seem to be associated with different mental health outcomes. It is essential that accurate assessments are made regarding the nature of a person’s religion” (Passmore, 2003, p. 5). The interventions that students derived from their assessments ignored, in many cases, the vicissitudes of religion, treating a Muslim, Baha’i, or Christian with the same counselling orientation based on fervency to teachings and practices, not on the unique needs of mental health.

The second misconception regarding absolutist religious values that counselling curricula perpetuate is that the more dogmatic a client’s beliefs, the more explicitly and demonstratively they will be communicated in the counselling process. On multiple occasions I have witnessed counselling trainees at various stages in their professional development brace themselves for deeply religious clients as if they were about to be accosted by proselyting missionaries. When the trainees’ changes in body language, active listening, reframing, and other basic skill sets were brought to their attention in counselling labs, many voiced the belief that they had no therapeutic flexibility working with a devoutly religious client, citing situations of feeling “cornered” and “harassed” by religious individuals in their life.

This highlights an instructor’s responsibility to initiate a dialogue around adapting counselling tools to a client’s religious framework. By saying nothing or not being sufficiently empowered to know what to say, counselling instructors can leave students without the capacity to consider their role in shaping the counselling setting. This includes the consideration of whether they will be taking an implicit or explicit approach, as well as what types of interventions they could use to help deeply religious clients consciously connect their mental and religious health. Passmore (2003) noted that a simple list of questions is often enough to break up the blind spots in a counselling curriculum that keep students in a reactionary space when working with devout clients. Examples include asking if mental health professionals should adapt their counselling orientation to a particular religious framework, or if therapists who use a religion-friendly approach would be encroaching on or uprooting the role of the client’s spiritual or religious leaders, to name but two.

Addressing the fundamentalist fallacy in counselling training demands that therapeutic literacy be transferred to theological literacy. Steering clear of the impossible mandate that instructors become religious scholars, I promote an ecumenical flexibility akin to the parity given to other cultural referents, such as community rituals, familial constellations, and educational practices (Constantine, Lewis, Connor, & Sanchez, 2000). While this in no way implies supervisors and instructors would personally agree with or advocate any number of religious traditions, they could make the basic connection that disseminating the teachings and practices of the major world religions can be a valuable therapeutic companion. Hage (2006) distilled this pragmatically in counsellor training by noting that students should be competent in tracking a client’s religious functioning before, during, and after treatment.

Given that religious and spiritual realities present a unique engagement from other forms of diversity (Fukuyama & Sevig, 1999), the need for further discussion and collaboration between faculty members counselling devoutly religious clients is a well-established precedent: "This myriad of spiritual and religious backgrounds of clients creates a call for inclusion of religious and spiritual content and counselor training" (Briggs & Rayle, 2005, p. 63). Conversely, the implicit risks in introducing psychological principles to the devoutly religious can create situations in which religious beliefs become threatened by the counselling process, creating fragmentations as well as areas of clinical training that are not appropriate for the interjection of faith values (Burke et al., 1999; Kelly, 1994; Souza, 2002). Finally, research has demonstrated that effectively addressing religion in a counselling program is predicated upon a holism that mirrors the body, mind, and spirit triad (Frame, 2001).

Fallacy 2: Religion and Mental Health Are Mutually Exclusive

Another error that circulates in counselling curricula regarding the intersection of counselling and religion is the mutually exclusive primacy of mental health or faith. Many counselling theories and application courses ignore a foundational question students frequently have: "How can I effectively counsel a client when that person's religious views are overwhelming and confusing?" In short, unfamiliarity and confusion with religious teachings create a sense of therapeutic uncertainty, leading students to doubt their abilities as counsellors (Walsh, 1999).

This scenario is exacerbated by curricula that encourage students to fashion their treatment approaches around a client's religious development. For example, a student in my third-year family counselling lab was tasked with using a systems-based theory in working with a family defined by an intense religious identity. As the vignette progressed, the student encountered multiple conflicts and power struggles revolving around the family's level of involvement with the church community. The more she attempted to bring out the roles and subsystems of communication and power in the family, the more confusing family members' religious proclamations became. Gradually, her therapeutic focus was replaced by attempts to track and normalize the family's religious fragmentation, rendering her assertion and objectivity as a counsellor highly suspect.

The displacement of the family's mental health resulted in the student calling an exasperated time-out in order to understand how she could make sense of the family's religion in order to provide effective counselling. As an instructor, I was presented with three primary instructional options. One, I could engage her attempts to psychologize the family's constellation of faith in order to make it therapeutically palpable. Two, I could compromise between their faith and counselling interventions, moulding each to accommodate the other. Or, three, I could mirror Jung's (1938) admonition to maintain a religious client's mental health and basic humanity first despite the urge to make logical sense of illogical religious values: "The psychologist, in as much as he assumes a scientific attitude, has to disregard the claim of every creed to be the unique and eternal truth. He

must keep his eye on the human side of the religious problem” (p. 7). By putting a religious client’s mental health needs first, a student is, by definition, fulfilling all ethical obligations in providing the highest levels of care. Thus, Jung’s (1938) option would represent the optimal choice a counselling curriculum could provide for its students.

Addressing the curricular fallacy that a counselling student must first comprehend clients’ religion in order to comprehend their therapeutic needs carries two important instructional mandates. From the very first counselling skills class through role-plays and practicums, students need to be continually reminded that their therapeutic capacities are connected and effective within any life domain that might comprise a client’s presenting issues. In the case of religion, this clinical saliency was echoed by Ellis (2000) in his observation that the relationship between religious beliefs and effective counselling must be grounded in the question of how clients’ expressions of faith are related to their diagnostic realities. When counselling students are empowered to apply their aptitudes across a variety of life domains (Hickson, Housley, & Wages, 2000), religion can be seen not as anathema to best practices, but rather a means of forming a bridge between psychological and religious health.

The second instructional point that directly corrects a student’s impulse to corroborate religious and therapeutic values also involves the insights of Jung (1960), who noted that a client’s belief in a transcendent power is self-evident and void of the need for any apologetics: “God is a psychic fact of immediate experience; otherwise there would never have been any talk of God. The fact is valid in itself, requiring no non-psychological proof” (p. 328). This is a vital message I have validated in working with many counselling students who endure an unnecessary burden in providing therapeutic justification for theological systems they know nothing about.

Precedent for curricula balancing the needs of religious clients with those of counselling trainees has been noted by the likes of Kelly (1995), Miller and Thorsen (2003), and Pargament (1997). Specifically, these authors have demonstrated that the themes of spirituality and religion (wholeness, meaning, and resiliency) line up with the themes of counsellor education (body-mind-spirit connection to health, clarification of beliefs, and coping skills). The potential risks of linking religion with a student’s ability to work within the holism of counselling have also been noted in that counselling students might encounter clients with no sense of religion or spirituality and must be ready to extend their skill sets to clients who “do not believe in a God or higher power, do not subscribe to religious beliefs or practices” (Briggs & Rayle, 2005, p. 65). This makes effective communication and clarification of goals all the more important for students when obtaining a picture of their client’s worldview.

Fallacy 3: Teaching Religion in a Counselling Program Demands Additional Resources

The third misconception that populates many counselling curricula is that a religious therapeutic response requires additional resources and courses for students to fully understand the realities of practicing with faith traditions. My experience has demonstrated that by using the extant structures of training programs, students can become knowledgeable and adequately prepared to extend any number of counselling orientations to religious clients who are frequently unaware of the impact their faith is having on their mental health. This psychological split between religious health and mental health that counsellors encounter has been reflected in the research of Hood, Hill, and Spilka (2009), Gray and Wegner (2010), and Rowatt and Kirkpatrick (2002). As Hage (2006) noted, budgetary issues and availability of faculty members directly translate into instructing religion through courses that already teach related content. In truth, budgetary realities that place pressures on a program's resources do not have to be exacerbated by additional needs employed to effectively instruct counselling trainees on being religiously literate. This might mean using related courses already in place, such as cultural diversity or counselling special populations, or integrating with religious studies curriculum.

A general counselling course typically consists of a lecture component to introduce students to new material, an experiential component for students to apply the information, and a processing component where students reflect upon their reactions to the course. The interjection of religion could track these structural steps in both context and content. For example, Buddhism and self-resiliency could be instructed concurrently in a personality course, with the lecture focusing on the relationship between the interconnectedness of observer and observed within the psychological framework of increased awareness of relationships. During the lecture, instructors could provide added depth by demonstrating to students how Buddhist teachings and practices might be disseminated, in the same manner a counselling course would introduce new theories and therapeutic tools. The experiential portion of the class could connect Buddhist respect for ancestry with an exercise such as a spiritual autobiography, where students track religion through their familial history.

For spiritual teachings and practices to be assimilated into a counselling program's clinical training, there needs to be a consistency of standards and ethical guidelines that support the introduction of religious values into the classroom. Evidence of the growing interest in spirituality and religion in counselling curricula is reflected in the Council for Accreditation of Counselling and Related Educational Programs' (2001) emphasis on the inclusion of faith-based traditions as cultural referents. In addition, recent trends reflect a noted increase in curriculum electives offering various topics on religion and counselling developments (Leighton, 2013; Plum, 2011; Young, Cashwell, Wiggins-Frame, & Belaire, 2002).

Another variable for religious identity to become an integral part of a counselling program is a clearly delineated and consistent means of introducing it to students. Traditionally, instructors have connected the evolution of faith to human development. This approach includes the examination of various human domains (emotional, cognitive, and relational) with the evolution of religious teachings and practices, allowing students to make connecting points between the health and distress of secular studies with the health and deficits of religious beliefs (Genia, 1995). An example of this might be students receiving instruction in a counselling theory course emphasizing the development of self-resiliency and coping skills as integral realities of any conception of mental health, regardless of the therapeutic lens being employed.

From this foundation, instruction can be extended to what William James (1902/1985) referred to as “healthy religion” (p. 27). These are traditions whose prescriptive paths of enlightenment, salvation, and self-realization are inexorably predicated on psychological resiliency and the coping skills necessary to fully embody the transcendence of Jesus, Buddha, Krishna, and so on, into daily life. The splits within the psyche that lead to anxiety, depression, and ultimately a diminished capacity to move through life with resiliency have a direct translation to the religious client’s split between spirit and matter, holy and profane. Teaching counselling students about religion is to instruct a mandate that every psychological or therapeutic development finds a correlate in the teachings and practices of faith-based communities.

Thus, a human development course that tracks various developmental referents from birth through death might be enriched with a religious process such as Fowler’s (1981, 1991) evolutionary stages of faith. Stage 0 of Fowler’s model emphasizes the transcendent in infancy and focuses on emotional trust based on body contact. The first stage captures the intuitive and projective faith based on the imagination of early childhood. The second phase is the mythical-literal religion of elementary school, in which children discern between real and imaginary, allowing them to create their own reflections of the divine. Stage 3 of Fowler’s evolution of religious belief, which can be used by counselling students, is the synthetic-conventional faith of early adolescence, in which the ability to link religious beliefs with the abstract solidifies. These stages provide the foundation of religion that leads, in late adolescence and early adulthood, to Stage 4, the reflective stage of faith, highlighted by a critical eye toward the conventional beliefs of organized religion. Stage 5 of development is the conjunctive faith of midlife that merges the need for connection and community with the final stage of Fowler’s model, universalizing faith, representing a conscious mystical merger with the divine.

Connecting Fowler’s (1981, 1991) evolution of faith with a concurrent psychological model might find students starting with the building block of Piaget’s (1973) developmental theory, the schema. Progression through Piaget’s four stages of growth (i.e., sensory motor, preoperational, concrete operational, formal operational) is predicated on the consistent and balanced accommodation of schematic patterns. Any disequilibrium in this process resulting from environmental or

innate deficits can result in developmental stagnation or regression because the schematic building blocks are not present to allow for passage from one stage to another. Introducing religious development does not require a new curriculum or fields of specialization. On the contrary, students might be presented with a vignette featuring an adolescent who, using Piaget's framework, has progressed to the formal operations stage defined by the ability to use operational thought, ethical reasoning, abstraction, and hypothetical deductions.

The schemas making this evolution possible can also be found in Fowler's (1991) model under the synthetic-conventional stage of faith, which is populated by adolescents and young adults and characterized by religious experimentation in the midst of constructing a stable sense of self. The adoption of a personal and religious identity is predicated on ethical, abstract, and future-oriented thinking, just as the capacity for hypothetical and deductive reasoning is predicated on a fully integrated transcendent function. Students who receive this type of instruction would be able to interchange psychological and religious schemas with flexibility and adaptability.

By integrating religious mental health with existing courses and electives, faculty and supervisors are able to address not only the practicalities of cost, faculty resources, and curricular integrity, but also the question, "How do we engage in spiritual discourse with clients?" (Walsh, 1999, p. 181). Walsh (1999) has noted that "spirituality is often disconnected from the moral realm of interpersonal responsibilities and obligations" (p. 181). If counselling programs were to treat religious expression on parity as therapeutic communication, students would be able to translate their religious understanding into professional relationships, avoiding the spiritual narcissism that disconnects a future clinician from the responsibilities inherent in the field.

As Briggs and Rayle (2005) have observed, "Although counselling courses do not serve as religious studies courses, they do offer an opportunity for students to explore diverse beliefs and traditions" (p. 67). Indeed, the relationship between extant counselling curricula and religious teachings and practices has been well established through teaching cultural diversity, which is stressed from the inception of a student's professional development through the entire program. "The ethical importance of a constructivist philosophy relative to spiritual issues should be stressed in professional orientation and should continue throughout the educational process" (Willard & Myers, 2003, p. 146). This approach would give students the confidence to apply any of the skills acquired toward a spiritual and religious client at any point in their training, creating an understanding of religious values that becomes an integral part of the strengths and limitations of counselling training.

Fallacy 4: Religious Literacy Is at Odds with Counselling Curricula

The fourth and final fallacy of religious literacy in many counselling programs is the curricular error that religious and spiritual sensitivities are at odds with the structural content of courses. Directly related to the third fallacy, this miscon-

ception stems from a greater discourse that marginalizes religious ideology as an unwelcome pariah in the public sphere of ideas and perspectives. “The shared perspective called for by deliberate approaches—whether articulated in terms of reciprocity, an overlapping consensus, or communicative rationality—coexist uneasily with the religious convictions” (Walhof, 2013, p. 225). Freely welcoming religious and spiritual dialogue into the democracy of the classroom is, in my perspective, a matter of using the therapeutic language of counselling as a hermeneutical base.

When an instructor prematurely attempts to fit existing content with religious beliefs, a scenario develops that erodes a counselling student’s ability to make sense of religious traditions. Research has demonstrated that the assimilation and retention of new information is a product of preexisting knowledge and systems (Ormond, 2011). For example, an instructor in a counselling program working with beginning students might be motivated to integrate a basic awareness of the world’s religious and spiritual systems into a counselling orientation course. In order for counselling trainees to have a familiar context from which to examine faith traditions, there must be an amicable means of connecting religious and therapeutic sensibilities. Toward this end, the instructor or supervisor need look no further than the theory, skills, and ethical considerations already firmly entrenched in the counselling process.

Every counselling orientation has, at its heart, aspects of religion and spirituality that provide a seamless transition into the classroom. “When one looks deeply at individual counselling theories, aspects of spirituality pervade and are reflected in them, if tacitly” (Burke et al., 1999, p. 253). Many curricular experiences for beginning trainees revolve around learning the unique differences between counselling orientations, a learning reality that could be enhanced and made easier by contrasting and comparing the world’s religious traditions. “Religious content is easier to present, because there are concrete rituals and beliefs that distinguish religious groups” (Burke et al., 1999, p. 253). If the unique structures, rituals, and practices of religions can complement a student’s understanding of the unique differences defining the myriad of counselling paradigms, the same can be said about spirituality (Anderson, 1987; Cashwell, Young, Cashwell, & Belaire, 2001; Holden & Kolander, 1992), which holds the experiential key to religious teachings.

Using cognitive behaviour therapy (CBT) (Fairburn, 2008), I now delve deeper into the pragmatic applications of how counselling orientations embedded in a curriculum can provide students with a clinical understanding of religion and spirituality. An instructor, for example, might be looking to broaden students’ understanding of world religions by injecting Hinduism into a counselling survey course. Conventional wisdom would dictate that this be done by disseminating facts on the historical evolution of the Hindu faith, its teachings, and its practices, all as a separate learning capsule from any therapeutic paradigm. While there is validity to this approach with respect to a contained and defined set of information, the drawbacks tend to outweigh the benefits, in large part because students are unable to take what they have learned about Hinduism into clinical practice.

The alternative I propose is to allow the role of assessments, interventions, and outcomes affiliated with any counselling orientation to be the translation for Hinduism. A hypothetical vignette might be given to students in which they are tasked with using CBT in service of treating a client with an eating disorder. Instead of students struggling to work the basics of Hinduism into this case study, they could begin with Jung's (1957) foundational view that separating the physical and psychological health at the core of eating disorders is the root of suffering. "The separation of psychology from the premise of biology is purely artificial, because the human psyche lives in indissoluble union with the body" (Jung, 1957, p. 114). From the cognitive behavioural view that eating disorders consist of predictable and interlinked psychological and behavioural mechanisms, that "eating problems are understandable and are maintained by a variety of interacting self-perpetuating mechanisms" (Fairburn, 2008, p. 52), the relationship between the physical and spiritual could aid a student counsellor in communicating relational patterns with food. Complementing and enhancing this curricular progression would be the Hindu notion of Ayurveda as a distinct priority of health and diet: "Ayurveda's province is the art and science of medicine; its first priority is not religious liberation, but the immediate issues of health and sickness of the body" (Fields, 2001, p. 78). This notion would provide students with a translation point from which the cognitive behavioural tools of identifying the thought distortions of eating disorders could draw out the Hindu equivalent of identifying distortions that keep spiritual realizations away from bodily health.

With the concurrent psychological and religious focus on bodily well-being in place, counselling students could move into treatment interventions for their case study and include the Hindu religion, which has its own formulations of responsibility linking psychological life with bodily habits and health. The following therapeutic progression reveals a means of helping students enter into a clinical relationship with the Hindu faith as a therapeutic companion. First, one's relationship with emotions is directly reflected in one's relationship with food. Emotional health and regulation are obtained through such CBT practices as identifying cognitive distortions and environmental stimuli as well as linking systematic errors in reasoning with emotional well-being. Likewise, physical health is based on proper nutrition and is also developed through therapeutic relationships with a nutritionist, behavioural therapist, or any number of support systems. Reconfiguring one's emotional connection with food can be supported through the application of meditation and the Hindu teaching of *bhakti* (Kumar, 2010), which views emotion as an inexorable aspect of cognition, perception, and every bodily function.

Next, one's relationship with thoughts is a direct reflection of one's relationship with food and eating rituals. The psychological well-being predicated upon cognitive awareness can be actively exercised and strengthened through such CBT exercises as the creation of metaphors, the integration of verbal and imaginal phenomena, and the awareness of commonalities and cognitive sets (Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010). Connecting the understanding

of thought processes with the bodily requirement for food can be aided with the Hindu principle of *Jain* (Reat, 1951), which expands cognitive-based therapies to include the possibility that thoughts are materially based, carrying the same pragmatic weight and attentiveness as any action or reaction.

Finally, the relationships in one's life are mirrored in one's relationship with food. Social health is based on an optimal balance of boundaries and receptivity to others, which can be clarified in counselling with the CBT tools and homework of exploring strengths within and between individuals, challenging scripts in social settings, and promoting effective communication (Sadhana & Clay, 2008). Connecting these psychological components of authentic relationships with the relational space of food is the Hindu process of *sakhyatva* (Baba, 2000), which extends friendship and compassion beyond conventional parameters to include one's relationship with food, sex, movement, and all interactions with the body.

BUILDING UPON PRECEDENT

It is important to mention the precedent set by some counselling training programs that integrate the therapeutic import of religion and spirituality into their respective curricula. For example, Saint Paul University in Ottawa, Ontario, has a school dedicated to the interface between clinical counselling and spirituality (Leighton, 2014). The school's intention is to use the explicit existential meanings of religion toward a student's engagement with issues such as social justice, openness to diversity, and interpersonal well-being. In this case, the spirituality and religion of Saint Paul is collective in scope, linking the health of a student's counselling practice with the health of community and, ultimately, global self-awareness.

Another counselling program implementing religion and spirituality into its courses and labs is Southwestern College in Santa Fe, New Mexico, USA (www.swc.edu). Taking the evolution of religion a step further by including spirituality vectors as an integral aspect of assignment rubrics and course marks, students are instructed early on that clinical skill sets are only as good as a therapist's connection to his or her clients' worldviews. This focus on religion as a culture referent takes a student's psychological sense of the transcendent into relationship with art, nature, urban life, and other cultural diversity. Thus, reframing with clients would include not only how clients see themselves in the world, but how their relationship with spirituality frames how they see and interact with the evolution of community.

CONCLUSION

In this article I have attempted to address, while no means comprehensively, four shortcomings that programs make when teaching—or failing to teach—students the import of religion in their professional development. At the heart of these fallacies is the failure to take advantage of what is already present in a curriculum to translate a clinically grounded understanding of the world's religious traditions. Given that future clinicians will likely encounter in their practice diverse clients

with a broad range of religious beliefs and practices (Richards & Bergin, 2000), it makes ethical sense to ensure they are prepared to offer effective and relevant counselling that incorporates religious values into perceptions of mental health.

The actualization of this process begins with faculty and supervisors who, in many cases, are not expected to be knowledgeable about religious and spiritual diversity (Kelly, 1995; Skinner & Claiborn, 2002). Despite the fact that religious teachings and practices have empirical backing to positively impact mental and physical health (Koenig, McCullough, & Larsen, 2001), many students entering the field report not having incorporated religious values into assessments or treatment plans. This might represent a combination of variables, such as a lag time for new theorists in the field to be assimilated into counselling programs, or it might be the consequence of religious instruction being divorced from basic skill sets.

It must also be emphasized that just as the Jungian notion of the shadow (Jung, 1957) must be instructed with the full reality of human nature, the dark side of religion must be presented to students as well, in order to provide the fullest picture possible of religious life. According to Nietzsche (as cited in Yalom, 2011), the consequences of a punitive afterlife of sin and salvation on mental health and relationships are profound:

Images of a transcendent god and next world make real earthly life appear null and worthless; and by means of moral images of punishment and reward, divine providence, a moral world order, conscience, repentance, and guilt feelings, men and women interiorize their hatred of life and become self-oppressed. (p. 108)

In short, the fullest reality of the temples, mosques, and churches presented to students directly supports the fullest reality of mental health and therapeutic intervention instructed in the classroom. Progress toward this ideal is not predicated on counselling instructors and supervisors becoming religious scholars. What is required is an open and tolerant classroom equipped with the awareness that, for millions, faith plays an integral part in the value and meaning of daily life. This pedagogical space can open up a micro experience that includes research around religion reflecting existing qualities of personality or revealing new facets of psychological life (Piedmont, 2005), or the macro contributions that religious teachings might have on the global expansion of counselling psychology curricula to address “the increased interdependency of our individual and collective lives” (Marsella & Pedersen, 2004, p. 413).

The limitations of implementing these recommendations into counselling programs are readily visible. These include the secular restrictions of a counselling program’s existing philosophy and academic mission, which might clash with the introduction of religious teachings. In addition, instructors and students might object to the transcendent in light of the push for empirically based “best practices.” In the classroom, a divide between religious and secular students might emerge when matters of faith become integrated into curricula, impacting the cohesion of a counselling cohort. With that said, in this article I have supported the position that a reasonable compromise can be achieved between religion and counselling

skills that will address these limitations and risks while enabling students to be sufficiently equipped to provide clients of faith the same sound practices that would be extended to secular clients. This compromise naturally happens when the rich therapeutic landscape of counselling is allowed to unfold religious teaching and practices to students through practical translations they can use immediately.

References

- Anderson, D. A. (1987). Spirituality and systems therapy: Partners in clinical practice. In L. A. Burton (Ed.), *Religion and the family: When God helps* (pp. 87–101). Binghamton, NY: Haworth Pastoral Press.
- Baba, S. S. (2000). *Shri sai satcharita*. New York, NY: Sterling.
- Briggs, M. K., & Rayle, A. D. (2005). Incorporating spirituality into core counselling courses: Ideas for classroom application. *Counselling and Values, 50*, 63–75. doi:10.1002/j.2161-007x.2005.tb00041.x
- Burke, M. T., Hackney, H., Hudson, P., Miranti, J., Watts, G. A., & Epp, L. (1999). Spirituality, religion and CACREP curriculum standards. *Journal of Counselling & Development, 77*, 251–257. doi:10.1002/j.1556-6676.1999.tb02448.x
- Cashwell, C. S., Young, J. S., Cashwell, T. H., & Belaire, C. (2001). The inclusion of spiritual process in counselling and perceived counselor effectiveness. *Counselling and Values, 45*(2), 145–153. doi:10.1002/j.2161-007x.2001.tb00192.x
- Constantine, M. G., Lewis, E. L., Connor, L. C., & Sanchez, D. (2000). Addressing spirituality and religious issues in counselling African Americans: Implications for counselor training and practice. *Counselling and Values, 45*, 28–38. doi:10.1002/j.2161-007x.2001.tb00192.x
- Council for Accreditation of Counselling and Related Educational Programs. (2001). *Accreditation and procedures manual*. Alexandria, VA: Author.
- Ellis, A. (2000). Can rational emotive behavior therapy (REBT) be effectively used with people who have devout beliefs in God and religion? *Professional Psychology: Research and Practice, 31*, 29–33. doi:10.1037/0735-7028.31.1.29
- Ellis, A., Johnson, B. W., & Nielson, S. L. (2008). *Counseling and psychotherapy with religious persons: A rational emotive behavioral therapy approach*. Mahwah, NJ: Lawrence Erlbaum.
- Fairburn, C. G. (2008). *Cognitive behavior therapy and eating disorders*. New York, NY: Guilford Press.
- Fields, G. P. (2001). *Religious therapeutics: Body and health in yoga, Ayurveda and tantra*. Albany, NY: State University Press.
- Fowler, J. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. San Francisco, CA: Harper & Row.
- Fowler, J. (1991). Stages in faith consciousness. *New Direction for Child and Adolescent Development, 52*, 27–45. doi:10.1002/cd.23219915204
- Frame, M. W. (2001). The spiritual genogram in training and supervision. *Family Journal: Counselling and Therapy for Couples and Families, 9*, 109–115. doi:10.1177 /1066480701092004
- Freud, S. (1961). The future of an illusion. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp. 1–56). New York, NY: W. W. Norton. (Original work published 1927).
- Fromm, E. (1955). *The sane society*. New York, NY: Henry Hold.
- Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counselling*. Thousand Oaks, CA: Sage.
- Genia, V. (1995). *Counselling and psychotherapy of religious clients: A developmental approach*. Westport, CT: Praeger.
- Gray, K., & Wegner, D. M. (2010). Blaming God for our pain: Human suffering and the divine mind. *Personality and Social Psychology Review, 14*, 7–16. doi:10.1177 /1088868309350299

- Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37, 303–310. doi:10.1037/0735-7028.37.3.303
- Hickson, J., Housley, W., & Wages, D. (2000). Counselors' perceptions of spirituality in the counselling process. *Counselling and Values*, 45, 58–66. doi:10.1002/j.2161-007x.2000.tb00183.x
- Holden, C. K., & Kolander, C. A. (1992). Counselling for spiritual wellness: Theory and practice. *Journal of Counselling & Development*, 71, 168–176. doi:10.1002/j.1556-6676.1992.tb02193x
- Hood, R. W., Hill, P. C., & Spilka, B. (2009). *The psychology of religion: An empirical approach*. New York, NY: Guilford Press.
- Huxley, A. (1945). *The perennial philosophy*. New York, NY: Harper.
- James, W. (1985). *The varieties of religious experience* (Penguin Classics Ed.). New York, NY: Penguin. (Original work published 1902).
- Jung, C. G. (1938). *Psychology and religion*. New Haven, CT: Yale University Press.
- Jung, C. G. (1957). *Collected works of C. G. Jung: Volumes 1–19*. Princeton, NJ: Princeton University Press.
- Jung, C. G. (1960). *The structure and dynamics of the psyche*. Princeton, NJ: Princeton University Press.
- Kelly, E. W. (1994). The role of religion and spirituality in counselor education: A national survey. *Counselor Education and Supervision*, 33, 227–237. doi:10.1002/j.1556-6978.1994.tb00290.x
- Kelly, E. W. (1995). *Spirituality and religion in counselling and psychotherapy: Diversity in theory and practice*. Alexandria, VA: American Counselling Association.
- Koenig, H. G., McCullough, M. E., & Larsen, D. B. (2001). *Religion and health*. New York, NY: Oxford University Press.
- Kumar, S. S. (2010). *Bhakti—the yoga of love: Transrational approaches to peace studies*. London, UK: Transaction.
- Leighton, T. (2013). The therapeutics of counselling religious clients: Intake and assessment. *International Journal of Mental Health and Addiction*, 12(3), 295–311. doi:10.1007/s11469-013-9454-1
- Leighton, T. (2014). Spiritus contra spiritum: The body addiction and body religion in sandplay therapy. *Counselling and Spirituality*, 33, 135–155. doi:10.2143/cs.33./0000000
- Marsella, A. J., & Pedersen, P. (2004). Internationalizing the counselling psychology curriculum: Toward new values, competencies, and directions. *Counselling Psychology Quarterly*, 4, 413–423. doi:10.1080/09515070412331331246
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 82, 504–507. doi:10.1037/0003-066x58.124
- Ormond, J. E. (2011). *Our minds, our memories: Enhancing thinking and learning at all ages*. Boston, MA: Pearson.
- Pargament, K. I. (1997). *The psychology of religion and coping*. New York, NY: Guilford Press.
- Pargament, K. I. (2013). What role do religion and spirituality play in mental health? Washington, DC: American Psychological Association. Retrieved from www.apa.org/news/press/releases/2013/03/religion-spirituality.aspx
- Passmore, N. L. (2003). Religious issues in counselling: Are Australian psychologists “dragging the chain”? *Australian Psychologist*, 38(3), 183–192. doi:10.1080/00050060310001707197
- Piaget, J. (1973). *Main trends in psychology*. London, UK: George Allen & Unwin.
- Piedmont, R. L. (2005). *The role of personality in understanding religious and spiritual construct*. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of psychology of religion and spirituality* (pp. 253–273). New York, NY: Guilford Press.
- Plum, A. M. (2011). Spirituality and counselling: Are counsellors prepared to integrate religion and spirituality into their therapeutic work with clients? *Canadian Journal of Counselling and Psychotherapy*, 45(1), 1–16.
- Reat, N. R. (1951). *Origins of Indian philosophy*. Fremont, CA: Jain.
- Richards, P. S., & Bergin, A. E. (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.

- Rowatt, W. C., & Kirkpatrick, L. A. (2002). Two dimensions of attachment to God and their relation to affect, religion and personality. *Journal for the Scientific Study of Religion, 41*, 637–651. doi:10.1111/468-5906.00143
- Sadhana, S., & Clay, L. (2008). *Resolving relationship difficulties with CBT*. Oxford, UK: Blue Stallion.
- Skinner, D. L., & Claiborn, C. D. (2002). Religions and spiritual issues in counselling psychology training. *Counselling Psychologist, 30*, 118–134. doi:10.1037 /tep00000121
- Souza, K. (2002). Spirituality and counselling: What do counselling students think about it? *Counselling and Values, 46*, 213–217. doi:10.1002/j.216-007x.2002.tb00214.x
- Stott, R., Mansell, W., Salkovskis, P., Lavender, A., & Cartwright-Hatton, S. (2010). *Metaphors in CBT: Building cognitive bridges*. New York, NY: Oxford University Press.
- University of Lethbridge, Faculty of Health Sciences. (2016). *Addictions counselling*. Retrieved from <http://www.uleth.ca/healthsciences/addictions>
- Walhof, D. R. (2013). Habermas, same-sex marriage and the problem of religion in public life. *Philosophy and Social Criticism, 39*(3), 225–242. doi:10.1177/0191453712473077
- Walsh, F. (1999). *Spiritual resources in family therapy*. New York, NY: Guilford Press.
- Willard, K., & Myers, J. E. (2003). Integrating spirituality into counsellor preparation: A developmental wellness approach. *Counselling and Values, 47*(2), 142–155. doi:10.1002 /j.2161-007x.2003.tb00231.x
- Yalom, I. D. (2011). *Why Nietzsche wept*. New York, NY: Harper Collins.
- Young, J. S., Cashwell, C., Wiggins-Frame, M., & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counselling and Values, 47*, 22–33. doi:10.1002/j.2161007x.2002.tb00221.x

About the Author

Trent J. Leighton is an assistant professor of addictions counselling in the Faculty of Health Sciences at the University of Lethbridge. His primary interests are nonduality and counselling practices as well as the psychology of religion, particularly the reality of addiction in religious communities.

Address correspondence to Trent Leighton, University of Lethbridge, Room M3044, 4401 University Drive West, Lethbridge, AB, Canada, T1K 3M4. E-mail: trent.leighton@uleth.ca