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Counselors' Spirituality and Empathy: Are they Compatible?

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Abstract

The current research explores the constructs of spirituality and empathy in counselors. This exploratory research will attempt to assess counselors' self-reports of spirituality and empathy through the use of two separate instruments, an adapted *Systems of Belief Inventory* and adapted *Interpersonal Reactivity Index*. The purpose of this research is to assess if spirituality and empathy correspond with one another in a sample of 40 community counselors. Results indicate a relationship does not exists between counselors' spirituality and degree of empathy, $\underline{r}(38) = .026$ $p < .05$. A post hoc test was conducted to uncover significant inter-item correlations. Of 91 possible correlations, 7 significant correlations were indicated and ranged from $\underline{r}(38) = .388$, $p > .05$ to $\underline{r}(38) = .483$, $p > .01$.

Counselors' Spirituality and Empathy: Are they Compatible?

Human beings are not one-dimensional. Instead, we are a combination of physical, intellectual, emotional, social and spiritual characteristics that often correlate with our beliefs and provide a foundation upon which we can grow. As many counselors know, each of these characteristics is alive and well when a client enters into a therapeutic relationship. To disregard any one of these qualities is to overlook the importance it plays in the overall functioning of that individual. Let's not assume, however, that acknowledging our client's beliefs in each of these areas is an easy task.

Review of the Literature

The following is a review of literature pertaining to the topics of spirituality and empathy. In recent studies, these concepts have been addressed in terms of their therapeutic value, effect on counseling sessions, and therapist/client preferences. For the purposes of this study, spirituality and empathy will be addressed in the following ways: Client spirituality, the distinction between Religion and spirituality, including spirituality in client sessions, the appropriateness of spiritual discussion, the client's preference for spiritual discussion, can counselor's be impartial when discussing spirituality?, the importance of self-reflection, the role of empathy in helping relationships, empathy research, the client's view of empathy in helping relationships, empathy from a cultural perspective, what is a successful use of empathy in client sessions?, objectivity, do counselors feel prepared to discuss spirituality?, a brief review of religious orientations, and the effect of differences in client/counselor religious and spiritual orientations.

Addressing client's spirituality

Religion and spirituality are arguably "among the most important factors which structure human experience, beliefs, values and behavior, as well as illness patterns" (Lukoff, Turner, & Lu, 1992; Rose & Westefeld, 2001). It is clear that Religion is important to many Americans, and in fact, the United States is considered one of the most religiously diverse countries in the world. According to a 2006 Gallup Poll, seventy-two percent of Americans are certain there is a God, while another 14% think that God probably exists and have only a few doubts. Only 3% of Americans are certain that God does not exist (Gallup Poll, 2006). Furthermore, 96% of Americans believe in a divine power, 90% of adults pray at least weekly, and 59% attend worship services at least monthly (Herbert, Jenckes, Ford, O'Connor, Cooper, 2001).

Religious and spiritual beliefs are vital components of the individual's culture, values, and world-view (Bishop, 1992; Pate & Bondi, 1992; Richards & Bergin, 1999). Many Americans incorporate spirituality into their lives on a daily basis and many others describe spirituality as, "the most important source of strength and direction in their lives." (Bergin & Jensen, 1990). People often turn to spiritual and religious resources for guidance and emotional relief during times of crisis (Worthington, 1989). Since spirituality is often embedded in a range of issues brought to counseling (for example, intimate partnerships, career choice, development, and the experience of birth and death) it should be recognized and validated in the client's experience (Everts & Agee, 1994). With such a resounding belief in God as a higher power and the presence of spirituality in many clients' lives it becomes imperative to discuss this topic within the context of history, client's preference, counselor's preference and the overall therapeutic process.

Distinction between Religion and spirituality

Before going any further, the distinction between Religion and spirituality should be noted. Often the term "Religion" has been attached to a structured belief system or an affiliation with a place of worship (Derezotes, 1995; Dudley & Helfgott, 1990; Heyman, Buchanan, Marlowe, Sealy, 2006; Joseph, 1988; Siporin, 1985). Spirituality is often linked to Religion, but is often understood as a distinct concept. Canda (1990) defined spirituality as, "the person's search for a sense of meaning and morally fulfilling relationships between oneself, other people, [and] the encompassing universe… (p. 13). Turner, Lukoff, Bamhouse & Lu (1995) viewed Religion and spirituality both as involving a sense of meaning and purpose in life whereas Miller & Thoresen (2003) further suggested Religion is primarily a social phenomenon and spirituality is best understood on an individual level. While there is often a debate over the definition of spirituality and Religion, many practitioners agree that building on the religious and spiritual strengths of a client may enable the client to improve their coping skills (Gilbert, 2000; Northcut, 2000). Due to the importance of Religion and spirituality in many clients' lives, it may be beneficial for counselors to consider incorporating clients' beliefs into the therapeutic process.

Including Religion and spirituality in client sessions

Historically, theology and psychology have been alienated from one another. Freud fueled this division, maintaining that Religion was the universal neurosis that relieved individuals' sense of helplessness by relying on an invented exalted father figure (Cheston, Piedmont, Eanes & Lavin, 2003; Freud, 1953). Yet, despite the diverse views regarding the importance of Religion, others continued to work toward understanding the

integration of Religion and psychology (Cheston, Piedmont, Eanes & Lavin, 2003). Richards and Bergin (1997), for instance, cited two reasons therapists should seek to understand how their clients perceive or visualize God (Cheston et. al. 2003). First, if clients have low self-esteem and perceive God to be hard, vengeful, and impersonal, then spiritual interventions that enable them to personally feel God's love and support could have powerful healing effects on their sense of self-esteem and worth (Richards & Bergin, 1997). Secondly, insight into a client's image of God and how it is related to the client's image of self and relationship with others gives the therapist a more complete understanding of the client's internalized object relations and thus potentially more leverage for promoting therapeutic change (Richards & Potts, 1995). Understanding how the client views God and Religion in their own life allows counselors to better comprehend their client's motivations, decisions and goals.

Spirituality allows a human being to transcend their physical body and connect with self-awareness, empathy and personal experiences with a higher power (Eliason, Hanley, & Leventis, 2001; Hall, Dixon, & Mauzey, 2004). This is not a concept that is limited to one theoretical approach, but instead, an idea that transcends many counseling theories. The Psychodynamic Theory, originated by Sigmund Freud, for instance stressed the unconscious and focused on the past to facilitate insight and promote change (Eliason, Hanley, & Leventis, 2001). Freud's theoretical orientation stressed that once a client achieved awareness of the situation and the self, he or she would move toward change and thus, as the client's defenses are lowered, self-awareness would increase (Eliason, Hanley, & Leventis, 2001).

Existentialism, on the other hand, provides a philosophical framework from which one can view the world (Engler, 1984). At the heart of this idea is a search for meaning. Existentialism maintains that humans have the freedom of choice and these choices facilitate self-reflection which helps the client identify options that might provide meaning to his or her life (Eliason, Hanley, & Leventis, 2001). Self-reflection is not self-absorption, rather it points outside the self, helping a person conceptualize their own world-view. Carl Roger's client centered theory expanded upon aspects of the existential approach and focused on the client's individual experience and his or her interpretation of that experience. Rogers maintained that through unconditional positive regard, a trusting therapeutic relationship could be established. No matter what the role of spirituality is in our own therapeutic practices, the therapist should explore his or her own spiritual belief system and develop a congruent theory of counseling. (Hall, Dixon, & Mauzey, 2004; Standard, Sandhu, Painter, 2000) Only then may the counselor enter into a genuine relationship with a client. The goal of incorporating spirituality in counseling is to facilitate the client's spiritual and psychological growth while continuing to grow ourselves (Eliason, Henley, & Leventis, 2001).

Appropriateness of spiritual discussion

The question still remains, however, is spirituality an appropriate and/or preferred topic for discussion in therapy? According to Rose and Westefeld (2001), clients' beliefs about the appropriateness of spiritual discussion in therapy and their preference about that discussion may be seen as related, but not identical, concepts. Client beliefs about the appropriateness of discussing this topic refers to their appraisal of the counseling situation as an arena suitable for the discussion of spiritual concerns (Rose & Westefeld,

2001). Client preference, alternatively, refers to clients' wishes or desires to discuss spiritual issues in counseling (Rose & Westefeld, 2001). For example, inpatients with a dual diagnosis of substance abuse and severe mental illness place much greater importance on spiritual factors in treatment and recovery than do health care providers (Goldfarb, Galanter, McDowell, Lifshutz, & Dermatis, 1996; McDowell, Galanter, Goldfarb, & Lifshutz, 1996; Rose & Westefeld, 2001). Given the uncertainty about how to integrate spiritual information into clinical practice, it is important to discuss patients' perceptions of whether and how physicians might best address this issue. Herbert, Jenckes, Ford, O'Connor, & Cooper (2001) discovered that patients' perceived closeness with their health care provider was closely associated with their desire and ability to discuss spiritual concerns. "Physicians need strong interpersonal skills and a well-developed relationship with their patients prior to the discussion of spirituality. If these do not exist, a dialog may be offensive and possibly harmful." (pg. 690). Most often, clients were not expecting health care providers to initiate or pursue spiritual conversation and did not want physicians to prescribe religious behaviors (Herbert, Jenckes, et. al. 2001). Rather, clients were interested in their providers discussing social support and coping strategies which would allow for a conversation about spiritual beliefs to surface.

Client's preference for spiritual discussion

Clients have a preference as to whether or not spirituality is discussed during a health care session. Psychologists report that 60% of their clients often use religious language to describe their personal experiences (Rose & Westefeld, 2001; Shafranske & Malony, 1990). These findings suggest that clients may, in fact, prefer to explore

spiritual issues with a helping professional. Barriers, however, exist with incorporating these spiritual discussions. Counselors, physicians, and social workers alike, often receive little training in addressing patients psychosocial needs (DiLalla, Hull, Dorsey, 2004; Herbert, Jenckes, et. al., 2001; Heyman, Buchanan, Marlowe, Sealy, 2006.) Lack of training in this area could lead to concerns about role uncertainty, difficulty identifying patients who are interested in discussing spiritual concerns and projecting beliefs onto patients.

Can counselors be impartial when discussing spirituality and Religion?

As helping professionals we assist our clients in developing competency in coping with a wide range of personal problems. Therapists, for example, often freely explore occupational, family, sexual, interpersonal and existential issues with clients, yet spiritual and religious issues are frequently viewed with apprehension (Henning, Tirell, 1982; Lannert, 1991). "When spiritual and religious issues surface, therapists are often inadvertently subject to countertransference reactions." (pg. 68). Humphries (1982) stated that countertransference can be destructive if the counselor projects his or her unresolved spiritual issues onto their clients. Thus, therapists need to be aware of this danger as such behavior invades the sanctuary of the patient's spiritual life and violates his or her capacity to make their own autonomous religious choices (Humphries, 1982; Lannert, 1991). Therapists may have a biased view toward Religion due to personal experiences and/or observation. Subconsciously, this bias may inhibit a therapist's response to the client, affecting the growth of a therapeutic relationship. Therapists may also have a limited grasp of religious insight due to lack of experience. If this is the case, the therapist may be unaware of the significant therapeutic contribution they can make by

exploring the client's personal meaning and value conflicts associated with their own religious beliefs (Lannert, 1982). A final concern for therapists addressing spirituality with clients resides with theistic and atheistic counselors alike. It may be difficult for counselors who do not identify with a certain religious group to fully and non-judgmentally embrace the beliefs of a religious orientation. A counselor who identifies as an Atheist, for instance, may be challenged by the lifestyle and decisions of a client who identifies as a Born Again Christian. The opposite scenario may also be true. Because the topic of personal responsibility, dependency, personal pain, worldwide pain and the struggle for meaning and purpose of life may be subjective to a religious or non-religious orientation, these topics must be treated with care.

Awareness of clients' spiritual and religious beliefs may help counselors understand their presenting issues and develop effective interventions. Clients with religious beliefs may be reluctant to bring these issues forward in counseling, therefore, counselors have the task of being open and accepting of many/all spiritual issues. Research has generally concluded that most counselors are not as religiously orientated as their clients and therefore need to make a more conscious effort to understand and include spiritual issues in the counseling process (Kroll & Sheehan, 1989; Worthington, 1989). Counselors are encouraged to design interventions that are supportive of their clients' worldview and make more use of spiritual resources in their clients' lives (McLennon, Rochow, Arthur, 2001). Counselors should also, however, know the limits of their competence in these areas and collaborate with other professionals when necessary.

The importance of self-reflection

Increasing awareness of one's own spiritual beliefs and values is imperative for counselors wishing to explore spiritual issues with clients. "If spirituality and Religion remain unrecognized parts of the counselor's personality, the chance for the unconscious imposition of values… is increased…" (Burke, Hackney, Hudson, Miranti, Watts, & Epp, 1999). Therapists may be restricted by their own limited spiritual choices or options. This may be due to rigid religious upbringings or the therapist may have grown beyond the teachings of their particular religious background (Lannert, 1982). If this is the case, therapists' own understanding and development of spirituality may pose personal conflicts that may result in stumbling blocks for the client. Counselors should be willing to explore their own attitudes toward spirituality and Religion and become aware of how their beliefs affect their practice. Counselors are required to examine and reject their biases while cultivating a profound acceptance and respect for difference in religious orientation (McLennon, Rochow, Aurther, 2001). Exploring personal beliefs will assist the counselor in being open about spirituality in the counseling process. It will also help the counselor to better understand the process clients go through during values clarification.

The role of empathy in helping relationships

Clinicians know how important it is to establish rapport with clients, and would also agree that effective communication is essential for effective clinical practice. This connection, between client and practitioner, can be discussed in terms of empathy. Webster's Dictionary defines empathy as, "the projection of one's own personality into the personality of another in order to understand the person better; ability to share in

another's emotions, thoughts and feelings." Similarly, Rogers (1957) defined his concept of empathy in this way: "To sense the client's private world as if it were your own, but without ever losing the "as if" quality-this is empathy, and this seems essential to therapy. To sense the client's anger, fear or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware." (p. 99). Roger's concept of empathy reflected a depth of understanding of the client's circumstances and feelings. Empathy can be communicated verbally and non-verbally through an increase in eye contact, forward body posture, soft tone of voice, nodding, and listening in a non-judgmental manner. Because of this, empathy is not only a verbal recognition of our client's thoughts and feelings, but also a visual representation of our ability to connect with our client's story.

Empathy has been a key concept in understanding why and how therapy works. Watson (2002) argued that the presence of empathy in the therapeutic process is the most powerful determinant of the client's progress in therapy. He described empathy as an essential component of successful therapy in every therapeutic modality and found no study that showed a negative relationship between empathy and outcome. It has been studied in many disciplines including altruism (Batson, 1987), social judgment (Krulewitz, 1982) and attribution (Regan & Totten, 1975), which support the claim that empathy is the basis of all human interaction. The term empathy has been used to refer to three different constructs that may or may not overlap with each other (Duan & Hill,

1996). Some theorists refer to empathy as a personality trait (Book, 1988; Buie, 1981). In this view, empathy is conceptualized as a trait or ability to know another person's inner experience (Buie, 1981). The assumption underlying this view is that some individuals are more empathic than others, either by nature or through development. Other writers are interested in empathy as a situation-specific cognitive state (Barrett-Lennard, 1962; Greenson, 1960; Hoffman, 1984). From this perspective, empathy is described as sensing another's private world as if it were one's own (Rogers, 1959). Finally, some theorists are concerned with how empathy is experienced by therapists and clients in case-specific situations (Barrett-Lennard, 1981; Basch, 1983; Emery, 1987). These theorists consider the moment-to-moment experience of empathy and examine the processes involved. Overall, evidence strongly suggests that counselor use of empathy and its related constructs within the therapeutic alliance contributes significantly to the therapeutic outcome. Viewing empathy as a multistage interpersonal process implies that it involves a sequence of experiences, which in turn, makes it difficult to assess.

Empathy research

Much of the research about empathy centers on individual experiences of empathy and individuals being more or less empathic than others. Research is limited, however, in the assumption of individual differences and intra-individual differences of empathy (Duan & Hill, 1996). Counselor mood, knowledge of client, awareness of the client's culture, emotions, counselor-client values and value differences, for example, are all factors that may influence therapists' feelings and expression of empathy toward a client. An understanding of these aspects will be helpful in appreciating how and why some therapeutic approaches may suit certain counselors more than others and how

counselors may be trained to be more or less empathic. Therefore, an understanding of how empathy operates within the therapeutic relationships should be considered for all helping professionals. It seems imperative to study empathy in terms of the therapist's contribution, along with the client's involvement, and the interaction between the two.

Client's view of empathy in helping relationships

To understand the role of empathy, one needs to be aware of the clients' role in determining the effectiveness of any type of empathy. Bachelor (1988) showed that different types of empathy exist for clients. For example, some clients considered accurate recognition of their story as empathy, whereas others perceived therapist's participation in their emotional state as empathic. Moreover, some saw therapist's self-disclosure as empathic while others did not. These findings imply that clients may perceive empathy differently within the counseling relationship. It may also be the case that client's need for empathy changes within the therapeutic relationship and should be recognized and considered by the therapist. On the whole, as Beutler (2000) stated, "Therapeutic change is greatest when the therapist is skillful and provides trust, acceptance, acknowledgment, collaboration, and respect for the patient within an environment that both supports risk and provides maximal safety" (p. 1005).

Empathy from a cultural perspective

Empathy also involves demonstrating sensitivity to the larger culture of our clients' lives. Both counselor and client are encouraged to examine their own cultural assumptions and meanings in hopes of both individuals becoming more cognizant of the ways in which their lives are shaped by this larger concept. From this perspective, therapeutic values and empathetic understanding relate to the counselor's ability to reflect

the experiences of clients and encourages and enables clients to become more reflective of their lives. Consequently, clients learn to develop new, personal perspectives. Full empathy furthers a client's self-understanding, beliefs and worldviews (Carkuff, 2000; Cormier & Nurius, 2002; Egan, 2002) while still empowering them to be in charge of their own self-guided, self-governed lives.

What is a successful use of empathy in client sessions?

Empathic understanding implies that the therapist will sense clients' feelings as if they were his or her own without becoming lost in those feelings (Sinclair & Monk, 2005). When a counselor is successfully empathetic, they are open to understanding the client's inner core based upon an examination of their own. Rogers (1977) asserted that when therapists can grasp the private world of their client- without losing their own sense of identity- constructive change is likely to occur. Whereas many counselors believe that everyone has the capacity to 'walk in another's shoes', it is also important for the therapist to monitor the extent to which he or she can engage in an empathic understanding of the client. There are domains within the human experience that may not be understood or translated between therapist and client (Cushman, 1990; Lutz 1988). Spirituality may be one of these domains. The assumption is often made that because we are human, we are capable of sharing universal human experience, but therapists needs not presume to fully understand their clients' experiences; rather spend time unpacking the personal experience each client carries. Overall, the questions the therapist should pursue are the ones that relate to identifying the clients' assumptions that guide their behavior. The therapist also has the task of helping clients identify and understand their

own perceptions and experience. The therapist should invite clients to understand their problems, even when the therapist does not relate or agree with their client's dilemma.

Objectivity

Therapists must maintain objectivity while delving into one of the most important areas of people's lives and belief systems- spirituality. The potential positive and negative effects of exploring spirituality must be taken into consideration when this topic arises and the therapist's level of empathy must be well recognized and understood. For example, little research has been done to describe how Religion might negatively affect health. Both negative (e.g. guilt, excessive dependence) and positive (e.g. connection to others) aspects of Religion need to be explored more fully. It may be difficult for a counselor to remain objective when a client's degree of spirituality is excessively more or less than the therapists. In other words, who determines the baseline for religious and spiritual practice? Regardless of this answer, Religion and spiritual discussion may be important to many clients. As responsible and ethical counselors we must ask ourselves, what is the client's purpose in discussing this topic? Does it align with my purpose? How do my personal religious or spiritual beliefs affect my responses? And what guidance is the client looking for? Both consciously and unconsciously we, as counselors, have the potential to harm patients by forcing our own spiritual and/or religious beliefs on our clients. This thought needs to be in the forefront of our mind.

Do counselors feel prepared to discuss spirituality?

Some counselors may avoid discussing client's spiritual or religious values due to the lack of their own training (Weinsein, Arker, & Archer, 2002). Weinsein et al.'s (2002) study of 249 randomly selected college counselors found that more than 70% of

the counselors in this study were open to discussing religious and spiritual issues during counseling sessions, depending upon the client or the situation. Thus, counselor training in spirituality and religious issues is increasing in importance (Graham, Furr, & Flowers, 2001; Weinstein et al., 2002; Young, Cashwell, & Wiggins-Frame, 2002). In a 2002 survey of faculty liaisons for the Counselors for Accreditation of Counseling and Related Educational Programs (CACREP), Young et al. found that most respondents (78%) represented institutions that did not offer specific courses addressing spiritual and religious issues in counseling. Although these respondents considered spiritual and religious issues to be important training topics, more than half reported themselves to be under prepared and in need of additional training (Hall, Dizon, Mauzey, 2004). Therefore, more counselor education programs should teach students to (a) address spiritual issues with clients, (b) understand how addressing spiritual issues is helpful to clients, (c) increase awareness of their reactions to clients with spiritual values different from their own, and (d) assess their ability to avoid imposing their own values on client (Curtis and Glass, 2002).

Shimabukuro, Daniels, and D'Andrea (1999) indicated that because some counselors are not trained in the subject of spirituality, they do not know the variety of spiritual beliefs between and within cultures, and, as a result, fail to explore the role of their clients' spiritual beliefs. Those seeking to define the nature of God, for instance, may assert that God is a personal being, that God refers to an impersonal force or principle permeating nature, that there is no God, or that there is insufficient evidence for either believing or disbelieving in a God (Smith, 1980). Client's belief or non-belief is relevant to their questions of how the earth was made, how human beings were created,

what happens to us when we die and how their belief ties into their moral and ethical behavior. Furthermore, the client's sense of "right" and "wrong" may derive its source from something above and beyond the natural sphere of human behavior.

A brief review of religious orientations

Some individuals consider human history merely a random series of cause and effect events with no plan or purpose, others view history as a meaningful unfolding of God's purposes for humankind. Numerous alternatives lie between these two extremes making the issues of spirituality and Religion important for therapists to understand. Listed below are possible examples of individual world-views.

Theism

Theists believe the universe is the design of an intelligent and all-powerful Creator. God is separate from the physical universe, yet is personally involved in guiding laws, principles, and goals built into His master plan. Human beings exist in the image of God and are a culmination of mind, body and spirit. A large proportion of theists believe that an individual survives death through resurrection and that our moral obligations on earth are in reference to God's desire for us.

Deism

God is best understood in this world-view as a transcendent force of energy that created the universe, but subsequently abandoned it totally and permanently (Smith, 1980). God has no personal relationship to the world and neither loves nor cares for human kind. The human body is made up of mind, body and soul, but only the soul and mind survive death of the body. Moral obligations stem from rightness innate to nature and are a disclosure of natural law.

Agnosticism

The agnostic view implies the existence of God is purely academic. There is no way of knowing or finding answers and God may or may not exist. There is insufficient evidence for either believing or disbelieving in God. The agnostic view implies that there appears to be some intelligent force at work in the universe, but it is not necessarily related to a supreme being. Moral values stem from personal experience and human beings are basically good and self-governing. Evidence is lacking in support that humans have a separate soul or that life exists after death.

Atheism

According to atheism, the laws of natural science can account for all phenomena in the universe. God does not exist. The universe is a vast device that has resulted in cause and effect events operating over billions of years (Smith, 1980). Ethics and morals are determined on a personal basis and are often representative of the human experience. The human race exists without divine purpose and the human body no longer exists when the individual dies.

Because individuals cannot adhere to each of these world-views at the same time it is inevitable that a person's beliefs would be stronger in one area than another and that an individual's philosophy and experiences would be representative of their individual beliefs. The life-style of the counselor and client are no exception. Lowe (1969) observed that the counselor's values influence their selection of clients, establishment of counseling goals, and the methods used in the therapy process. He shows that counselor objectivity is essential but value neutrality is impossible. Behavior regarding the client-

counselor relationship, motives for counseling, therapeutic objectives, problem topics and therapeutic methods are all influenced by an individual's world-view.

The effect of differences in client/counselor religious and spiritual orientations

It is not difficult to understand how a counselor-client relationship may be hindered by differences in religious or spiritual orientation, specifically at the extremes of any one orientation. As previously discussed, an individual's spiritual or religious beliefs are ingrained and intertwined in many areas of their lives. Death, grieving, loss, sadness, addiction, depression, anxiety, social problems, success, career change, marriage, partnership, interpersonal relationships, support systems, guidance, moral and ethical beliefs, and what is "right" or "wrong" are just a few examples of issues discussed in counseling sessions that may be rooted in spiritual preference.

Counselor educators and trainers should maintain intellectual openness toward the philosophical assumptions descriptive of various therapeutic orientations (Smith, 1980). Not to mention that counselors-in-training need practical experience in dealing with diverse world-views and difficult controversial issues and all practicing counselors must function with a full awareness of their personal values. As ethical therapists it is necessary to respect our client's spiritual values, even if they significantly differ from our own, and if not, be willing to refer the client to a different counselor. The authentic counselor, regardless of spiritual basis, possesses a wholesome appreciation for both his/her values and those of the client. This allows the counselor to be personally accountable for their involvement in the counseling process without threatening the client's freedom, rights, and dignity.

The current study

For the purposes of this study, spirituality will be defined as, "Those experiences, beliefs, and phenomena that pertain to the transcendent and existential aspects of life" (Richards & Bergin, 1999) and empathy will be described as, "An emotional state of being that allows each member of a communication dyad to understand how the other is feeling" (Moore, 2006). Spirituality and empathy will be assessed in a sample of community counselors with a goal of better understanding if a relationship exists between these two concepts. As stated previously, assessing a correlation between spirituality and empathy is important to the field of counseling because (1) spirituality plays an increasing role in the lives of many clients (Cheston, Piedmont, Eanes, Lynn, 2003), (2) it is important for counselors to be aware of their own spiritual beliefs and how these beliefs effect their work with clients (Hickson, Housley, Wages, 2000; Standard, Sandhu, Painter, 2000) and (3) an effective counselor must be able to adopt the viewpoint of others in everyday life and show empathic concern for the individuals they serve (McLennan, Rochow, Arthur, 1999). This exploratory research will assess if there is a correlation between counselors responses to an empathy questionnaire and a spirituality questionnaire. It is hypothesized that a relationship exists between spirituality and degree of empathy.

Method

Participants

Forty counselors (thirty-five women, four men, and one unidentified individual with a mean age = 38 years) volunteered to participate in this experiment. Each participant identified himself or herself as a community counselor who worked in a

mental health setting. Some participants were paid community counselors and others were volunteers. All counselors were over the age of eighteen and had completed at least a bachelor's degree. Most participants (80%) had completed at least some graduate school. Participants predominantly identified as European American/Caucasian/White (90%) and recognized their sexual orientation as heterosexual/straight (87.5%). The yearly income for these participants ranged from $30,000 - $40,000 and religious affiliation was identified in the following ways: Christian = 14, Catholic = 5, Protestant = 5, Agnostic = 7, and "other" = 8.

Setting

This research took place in a community agency in Western New York that provides comprehensive primary health care services including, counseling and spiritual guidance, advocacy services, and literacy/GED tutoring programs to individuals with no health insurance. The center serves approximately 3,500 clients per year. Of these 3,500 individuals, 60% are considered working-poor or uninsured, 30% are unemployed, and 10% are students with limited economic stability. The center operates on an annual budget of $496,000 and receives no federal, state or local government support. The center receives its funding from the following sources: 79% donations, 11% grants and 10% fees for service.

Materials

Packets containing a statement of informed consent, brief instructions, a demographic sheet (appendix A), adapted *Interpersonal Reactivity Index* (appendix B), and adapted *Systems of Belief Inventory* (appendix C) were given to participants who identified as community counselors in a mental health setting. Participants were also

given their own copy of the informed consent and a set of instructions to place their completed packets in the researcher's mailbox.

Procedure

Participants were given a copy of the informed consent and told their participation in this study was voluntary. Those who chose to participate were then given a demographic sheet containing questions about ethnic identification, sexual orientation, age, level of education, gender, yearly income level, and religious affiliation. Being that this study is exploratory, the researcher thought it was important to gather as much demographic information from participants as possible for future studies in this area.

Participants were then asked to complete the *Interpersonal Reactivity Index*. The original *Interpersonal Reactivity Index* (Davis, 1983) is a compilation of questions pertaining to perspective-taking (i.e. "I believe that there are two sides to every question and try to look at them both."), fantasy (i.e. "I daydream and fantasize, with some regularity, about things that might happen to me."), empathic concern (i.e. I often have tender, concerned feelings for people less fortunate than me."), and personal distress (i.e. "In emergency situations, I feel apprehensive and ill at ease."). For the purposes of this study, only the empathic concern and perspective-taking questions were utilized. The Chronbach's alpha of this remaining sample was .813. Participants indicated their response to the empathic concern and perspective-taking questions in the following way: Describes me well (1), describes me somewhat (2), does not describe me (3), or definitely does not describe me (4).

Upon completing the adapted *Interpersonal Reactivity Index,* participants were asked to complete the adapted *Systems of Belief Inventory*. This original inventory

(Holland, Kash, Passik, Gronert, Sison, Lederberg, Russak, Baider, Fox, 1998) was composed of questions relating to quality of life and adjustment to illness. It was designed to measure religious and spiritual beliefs and practices, and the social support derived from a community sharing those beliefs (Holland, et. al., 1998). For the purposes of this study, two questions from the *Systems of Belief Inventory* were removed (i.e. "Prayer or meditation has helped me cope during times of serious illness" and "During times of illness, my religious or spiritual beliefs have been strengthened") due to the fact that the current study did not focus around illness. The Chronbach's alpha for the remaining items was .868. The remaining items included questions such as, "I enjoy attending religious functions held by my religious or spiritual group", "I have experienced a sense of hope as a result of my religious or spiritual beliefs", and "One's life and death follows a plan from God". Participants were asked to answer these questions based on the following scale: Strong disagree (1), somewhat disagree (2), somewhat agree (3), and strongly agree (4). Depending on the wording of the question, some of the responses were: None of the time (1), a little bit of the time (2), a good bit of the time (3), and all of the time (4), respectively.

Once the demographic sheet and both questionnaires were complete, participants were instructed to place their packet, with no identifying marks (i.e. name or agency), in the experimenter's mailbox. Participants also had the option of mailing their packet to the address provided by the researcher. Once all surveys had been collected, a number was placed in the top right corner of each page in the packet. This identification number was used solely for data collection purposes and to make sure that forms did not get

separated. Data from this study was then entered into SPSS (Statistical Package for the Social Sciences) and results were calculated.

Results

A Pearson correlation was calculated in order to determine if a relationship exists between the sum of the items on the spirituality and empathy questionnaires. Results indicated that participant's empathy scores were not related to their spirituality scores $r(38) = .026$ $p < .05$ (see figure 1). A post hoc analysis was conducted to determine if any of the spirituality survey items or empathy survey items correlated with one another. Significant post hoc correlations ranged from $r(38) = .388$, $p > .05$ to $r(38) = .483$, $p > .01$ and 7 significant correlations were indicated (see figure 2).

Discussion

The present study examined community counselor's responses to an adapted spirituality questionnaire (*Systems of Belief Inventory*) and adapted empathy questionnaire (*Interpersonal Reactivity Index*) to determine if a relationship exists. This study examined if a counselor's spirituality was related to their level of empathy. It was hypothesized that spirituality and empathy are related concepts. Results, however, indicated that spirituality and degree of empathy do not correspond with each other. These findings suggest that in a sample of community counselors, spirituality and degree of empathy were not related concepts. Finding were calculated by summing participant's scores on the adapted *Systems of Belief Inventory* and comparing that sum to the sum of participant's scores on the *Interpersonal Reactivity Index.* Since both surveys utilized a 4- point Likert scale (reverse scoring as necessary), summing the results of both scales for comparison purposes was possible.

Spirituality and empathy have been studied in reference to client care, structuring counseling sessions, and better understanding the client-counselor relationship (Bartoil, 2003; Cheston, Piedmont, Eanes, & Lavin, 2003; DiLalla, Hull, Dorsey, 2004; Duan & Hill, 1996; Duriez, 2004; Eliason, Hanley, & Leventis, 2001; Feller & Cottone, 2003; Hall, Dixon, & Mauzey, 2004; Hatcher, 2001; Herbert, Jenckes, et. al., 2001; Heyman, Buchanan, et al., 2006; Hickson, Housley, & Wages, 2000; Lannert, Richards & Davison, 1989; McLennan, Rochow, & Arthur, 1999; Moore, 2006; Rose & Westfeld, 2001; Sinclair, Monk, 2005; Smith, 1980; Standard, Sandhu, et al., 2000; Westgate, 1996). Many of these studies focused on the role that spirituality plays in the counselor-client relationship and whether or not it is a concept that should be addressed, while the studies focusing on empathy were primarily discussed in reference to its effect on the outcome of counseling sessions. No research, until this time however, has focused on spirituality and empathy as corresponding concepts.

It is important to consider spirituality and empathy together because of the effect this pair may have on counselor-client relationships. Imagine, for instance, if the *more* spiritual a therapist was the *less* empathy they expressed toward a client. Would this affect the type of client this therapist could/should work with? Or what if the *more* spiritual a counselor was the *more* empathy they exuded. Would it be recommended that therapists connect with their spiritual side? And if so, what effect would this have on counselors who are not or do not wish to be connected spiritually?

This leads us to another line of questioning. There is no way of knowing for sure if individuals consider Religion and spirituality separate concepts. Can you be spiritual but not religious? If you associate with a certain Religion does that automatically make

you spiritual? And can a person be completely void of spirituality and Religion all together? You can see the difficulty in obtaining a sample of participants who absolutely agree on the definition and possible distinction between these terms. Therefore, although a significant relationship does not exist when using the adapted *Systems of Belief Inventory* and adapted *Interpersonal Reactivity Index* to quantify spirituality and empathy, it cannot be infinitively concluded that a relationship does not or will not exist between these two concepts. Certainly, there are other instruments and ways of determining spirituality and degree of empathy that may result in a relationship the two. The idea that spirituality and empathy are related to one another should not simply be discarded.

The original *Systems of Belief Inventory* has previously been utilized for quality of life research to determine an individual's degree of spirituality (Holland, Kash, Passik, Gronert, Sison, Lederberg, Russak, Baider, & Fox, 1999) and the *Interpersonal Reactivity Index* has been used to obtain participant's degree of empathy (Cliffordson, 2002; Giancola, 2003; Joireman, Parrott & Hammersia, 2002; Pulos, Elison, & Lennon, 2004; Shanafelt, West, Zhao, Novotny, Kolars, Habermann & Sloan, 2005). Alone and slightly adapted, the *Systems of Belief Inventory* and *Interpersonal Reactivity Index* contain a satisfactory degree of validity. The fact that these instruments are not related to one another may simply imply that the concepts of spirituality and empathy are too unlike one another to be correlated. It may also be the case that a true relationship between these two concepts does not exist. Further studies in this area will increase the reliability of this relationship.

A post hoc test was conducted to determine if any of the items on the spirituality or empathy scales correlated with one another. The adapted *Systems of Belief Inventory* contained 13 items and the adapted *Interpersonal Reactivity Index* contained 14 items. Thus 91 possible correlations exist. Of these 91 correlations it is expected that 4.55 of the correlations would be significant because of type 1 error. In this particular study, 7 of the 91 correlations were significant. A statistical significance of .483, for instance, was obtained when participants were asked to respond to the following statements, "Other people's misfortunes do no usually disturb me a great deal" and "I enjoy attending religious functions held by my religious or spiritual group". Further, statistical significance reached .388 when participants responded to the statements, "When I see someone being treated unfairly, I sometimes don't feel very much pity for them" and "When I need suggestions on how to deal with problems, I know someone in my religious or spiritual community that I can turn to." A statistical significance of .437 was obtained when the statement "When I see someone being treated unfairly, I sometimes don't feel very much pity for them" was correlated with "I believe God will not give me a burden I can not carry." Since only 7 of the item-by-item correlations were significant, it may be the case that these items were only significant by chance.

Limitations

The participants in this study were predominantly Caucasian females, making it difficult to generalize the results to the larger population. Results may have varied with a more culturally diverse sample that included individuals of different race, sex, and varied religious backgrounds. A further limitation of this study is the low number of

participants. Only forty surveys were returned, making it a restricted representation of community counselors in this area.

In people's lives, the distinction between spirituality and Religion is not always differentiated. Because spirituality and Religion are very personal concepts it may be that participants use their own definitions of these terms, even if the researcher has created operational definitions. Although it is difficult to test this limitation, it should continue to be considered in spirituality research. Furthermore, counselors and other individuals in helping professions aim to create change and help people live better, more fulfilling lives. Because of this, some participants may over-estimate their level of empathy with clients or answer questions relating to their empathy in an idealistic way instead of a realistic way. Again, a difficult limitation to test, this phenomenon may partially account for the lack of relationship found in this study.

Future research

The current exploratory study simply tested for a correlation between spirituality and empathy. Further researchers may want to run a true experiment to determine what happens to empathy as spirituality increases. For example, as spirituality increases, does empathy decrease? Or as spirituality increases, does empathy also increase? Further, what implications would these findings have for spiritual and non-spiritual counselors?

Researchers may also want to continue building studies around the demographics presented in this study. For instance, do ethnicity, sexual orientation, age, education level, and/or yearly income have an effect on level of spirituality, choice of Religion, degree of empathy, or all these of these constructs? If so, what conclusions can be drawn from this information?

Further research should also explore how counselor educators can better prepare their students to address spirituality in counseling sessions. This would include assessing the degree that spirituality and empathy are discussed and explored in current Counselor Education programs, and determining if counselors-in-training consider themselves prepared to discuss spiritual concerns with clients. It may also be important to research what referral process therapist's consider when their spiritual or religious beliefs are drastically different from their clients'. Is it always necessary to refer the client? What advantages and disadvantages are there to this difference in opinion? And how might counselors recognize if their spiritual or religious beliefs are impeding the process of counseling?

A final consideration for future research stems from the fact that 37.5% of participants in this study classified their religious orientation as "Agnostic" or "other". Often, when the term "other" was selected, some participants wrote in comments alluding to having a belief in a higher power, but not identifying with a specific Religion. While others chose this option to indicate that they considered themselves spiritual, but not religious. This concept may be worth further exploration. Some questions may include: How are individuals currently classifying their spirituality or Religion? Is this classification system different then years past? If so, is this new classification system a product of a new generation of thinkers or events taking place in our current world? And how do these "new" spiritual or religious classifications affect the counselor-client relationship?

Implications for counselors and other helping professionals

Do you consider yourself spiritual? Do you identify with a certain Religion? How would you rate your degree of empathy? And what judgments or conclusions do you draw about other people's spirituality, religious affiliation or empathic concern? These are all questions that counselors and helping professionals must consider and explore consistently throughout their counseling sessions and career in this field. Self-exploration and understanding is a crucial part of the work we do and must remain at the forefront of our minds. The alternative is both unethical and fearsome.

It is also important for counselors and other helping professionals to be up-to-date with their client's spiritual beliefs and the ways in which this belief affects his or her daily life. Assumptions should not be made about the role or amount of religious and/or spiritual belief a client has. That said, who decides if spirituality and Religion should be addressed or included in a counseling session? And what pros and cons may be associated with this type of discussion?

Although a relationship was not currently shown to exist between spirituality and empathy, the responsibility to explore this topic remains. Further research is needed in this area and counselors and helping professionals alike should engage in this discussion with others. Maybe empathy is not affected by spirituality, but what if unconditional positive regard is? There are so many components of the counseling process that can easily be affected by our natural human qualities of bias, opinion, and (lack of) understanding. Taking a closer look at who we are and how this affects the work we do with others is a never-ending, beautiful process.

Conclusion

Counselors, along with other helping professionals, will not be able to evade the spirituality and empathy discussion for long. Although this study did not indicate a correlation between spirituality and empathy it is nonetheless essential to recognize and respect the influence these topics have on the client-counselor relationship. We, as helping professionals, must ask ourselves, "What is the role of spirituality in my own therapeutic practices?" Each therapist needs to explore his or her own belief system and develop a congruent personal theory of counseling. Only then can the therapist enter into a genuine relationship with a client. The goal of incorporating spirituality in counseling should be to facilitate the client's spiritual and psychological growth, while we continue to grow ourselves.

Finally, as therapists and helping professionals, it is our responsibility to remain current about the issues of spirituality and empathy along with the research trends in this area if we are going to meet the psychological needs of our clients. It is imperative that we monitor our own resistances, countertransference issues, and value systems regarding spiritual and religious issues if we are to meet the ethical needs of our clients.

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Figure 1

Descriptive Statistics

	Mean	Std. Deviation	N
spirituality	2.5766	.65098	40
empathy	1.6316	.36069	40

Correlations

		spirituality	empathy
spirituality	Pearson Correlation	1	.026
	Sig. (1-tailed)		.436
	N	40	40
empathy	Pearson Correlation	.026	1
	Sig. (1-tailed)	.436	
	N	40	40

Figure 2

Empathy questionnaire		Spirituality Questionnaire		Results
ques3feelsorryr	Pearson Correlation	attendingreligious2	Pearson Correlation	.340*
	Sig. (2-tailed)		Sig. (2-tailed)	.034
	N		N	39
ques7misfortunes	Pearson Correlation	attendingreligious2	Pearson Correlation	.483**
	Sig. (2-tailed)		Sig. (2-tailed)	.002
	N		N	39
ques7misfortunes	Pearson Correlation	suggestions4	Pearson Correlation	.398*
	Sig. (2-tailed)		Sig. (2-tailed)	.012
	N		N	39
ques9unfairlyr	Pearson Correlation	suggestions4	Pearson Correlation	.388*
	Sig. (2-tailed)		Sig. (2-tailed)	.015
	N		N	39
ques3feelsorryr	Pearson Correlation	sharemyreligion6	Pearson Correlation	.319*
	Sig. (2-tailed)		Sig. (2-tailed)	.045
	N		N	39
ques3feelsorryr	Pearson Correlation	lonley7	Pearson Correlation	.403*
	Sig. (2-tailed)		Sig. (2-tailed)	.011
	N		N	39
ques1tender	Pearson Correlation	sharemyreligion6	Pearson Correlation	.329*
	Sig. (2-tailed)		Sig. (2-tailed)	.038
	N		N	40

** Correlation is significant at the .01 level (2-tailed)

* Correlation is significant at the .05 level (2-tailed)

Appendix A

Demographics

Please answer these questions to the best of your ability.

Place an "X" next to the answer that best applies to you.

1.) **What is your ethnic identification?**

African American/Caribbean/Black _____ Latino/Chicano/Hispanic _____

European American/Caucasian/White _____ Asian/Pacific Islander _____

Native American/Indian _____ Other (please specify) _____

2.) **How do you identify your sexual orientation?**

Gay/Lesbian _____ Bisexual _____ Heterosexual/Straight _____

Other (please specify) _____

3.) **How old are you?**

18-29 _____ 40-49 _____ 60-69 _____

30-39 _____ 50-59 _____ 70 or older _____

4.) **What is your highest level of education completed?**

A bachelor's degree _____ Some graduate/professional school _____

A graduate or professional degree _____

5.) **What is your sex?**

Male _____ Female _____ Other (please specify) _____

6.) **What is your yearly income level?**

$10,000 or less _____ $30,001 – 40,000 _____ $60,001 – 70,000 _____

$10,001 – 20,000 _____ $40,001 – 50,000 _____ $70,001- 80,000 _____

$20,001 – 30,000 _____ $50,001 – 60,000 _____ $80,000 and over _____

7.) **How do you classify your religion?**

Christian _____ Buddhist _____ Jewish _____ Atheist _____

Catholic _____ Mormon _____ Protestant _____ Agnostic _____

Other (please specify) _____

Appendix B

INTERPERSONAL REACTIVITY INDEX

Please use the answer scale below to indicate your response to the following statements.

A	B	C	D
DESCRIBES ME WELL	DESCRIBES ME SOMEWHAT	DOES **NOT** DESCRIBE ME	DEFINITELY DOES **NOT** DESCRIBE ME

1. I often have tender, concerned feelings for people less fortunate than me.
   A B C D

2. I sometimes find it difficult to see things from the "other guy's" point of view.
   A B C D

3. Sometimes I don't feel very sorry for other people when they are having problems.
   A B C D

4. I try to look at everybody's side of a disagreement before I make a decision.
   A B C D

5. When I see someone being taken advantage of, I feel kind of protective towards them.
   A B C D

6. I sometimes try to understand my friends better by imagining how things look from their perspective.
   A B C D

7. Other people's misfortunes do not usually disturb me a great deal.
   A B C D

8. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
   A B C D

9. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
   A B C D

10. I am often quite touched by things that I see happen.
    A B C D

11. I believe that there are two sides to every question and try to look at them both
    A B C D

12. I would describe myself as a pretty soft-hearted person.
    A B C D

13. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
    A B C D

14. Before criticizing somebody, I try to imagine how I would feel if I were in their place.
    A B C D

(Adapted from Davis, 1983)

Appendix C

SYSTEMS OF BELIEF INVENTORY

Please circle the answer that best corresponds with your opinion.

1. **Religion is important in my day-to-day life.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

2. **I enjoy attending religious functions held by my religious or spiritual group.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

3. **I feel certain that God in some form exists.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

4. **When I need suggestions on how to deal with problems, I know someone in my religious or spiritual community that I can turn to.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

5. **I believe God will not give me a burden I can not carry.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

6. **I enjoy meeting or talking often with people who share my religious or spiritual beliefs.**

   None of the time A little bit of the time A good bit of the time All of the time

7. **When I feel lonely, I rely on people who share my spiritual or religious beliefs for support.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

8. **I have experienced a sense of hope as a result of my religious or spiritual beliefs.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

9. **I have experienced peace of mind through my prayers and meditation.**

   Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

10. **One's life and death follows a plan from God.**

    Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

11. **I seek out people in my religious or spiritual community when I need help.**

    None of the time A little bit of the time A good bit of the time All of the time

12. **I believe God protects me from harm.**

    Strongly disagree Somewhat disagree Somewhat Agree Strongly Agree

13. **I pray for help during bad times.**

None of the time A little bit of the time A good bit of the time All of the time

(Adapted from Holland, Kash, Passik, Gronert, Sison, Lederberg, Russak, Baider & Bernard, 1998)