

Group Dynamics: Theory, Research, and Practice

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Online First Publication, November 4, 2013. doi: 10.1037/a0034759

CITATION

Post, B. C., Wade, N. G., & Cornish, M. A. (2013, November 4). Religion and Spirituality in Group Counseling: Beliefs and Preferences of University Counseling Center Clients. *Group Dynamics: Theory, Research, and Practice*. Advance online publication. doi: 10.1037/a0034759

Religion and Spirituality in Group Counseling: Beliefs and Preferences of University Counseling Center Clients

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The main purpose of the present study was to explore client beliefs and preferences regarding the discussion of religious and spiritual issues in group counseling. We collected and described both quantitative and qualitative data. One major finding of this study was that on average the majority (85%) of clients at a university counseling center ($N = 68$) reported that religious concerns are an appropriate topic for discussion in group counseling. However, only a minority of clients reported that they would like to discuss religious (24%) and spiritual (47%) concerns in group. Open-ended responses from participants provided reasons why they would or would not like to discuss religion and spirituality in their specific groups and provided insight into the discrepancy between their ratings of appropriateness and interest. In regression analyses, client spirituality and group engagement significantly predicted clients' preferences to discuss both religious and spiritual issues. Majority religious affiliation also predicted preferences to discuss religious issues.

Keywords: group counseling, group therapy, religion, spirituality

Young adulthood, particularly for college students, is often a time of religious or spiritual exploration, which often involves questions, doubts, and uncertainties regarding one's worldview (Gear, Krumrei, & Pargament, 2009). In a landmark study, Astin et al. (2005) surveyed 112,232 first-year college students and found that many of them selected the terms "seeking" (23%), "conflicted" (15%), and "doubting" (10%) to describe their current views on religious and spiritual matters. However, despite these struggles, many of these students (40%) considered religion to be an important part of their everyday life, and an even larger proportion (80%) indicated that they have an interest in spirituality. As a result, it is likely that students seeking counseling, including group counseling, will have religious or spiritual commitments, questions, or concerns. However, not all young adults are religious or

spiritual; in fact, a growing number of people in the 18- to 30-year-old age range now self-identify as having no religious affiliation (Kosmin, Keysar, Cragun, & Navarro-Rivera, 2009). Due to these differences, religious or spiritual topics can be sensitive issues, causing people to shy away from them, perhaps especially in a group counseling format. Therefore, understanding the perceptions and preferences clients have for including religion or spirituality (R/S) in group counseling would be useful.

Defining Religion and Spirituality

The first step to understanding religion and spirituality in group counseling is to clearly define the terms. However, defining and differentiating between the terms *religion* and *spirituality* is a complex task because they tend to function as distinct constructs with considerable overlap in meaning (Hill et al., 2000). We follow Hill et al.'s definitions, where spirituality is defined as "the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred . . . the term 'sacred' refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual" (Hill et al., 2000, p. 66). Religion is similar to spirituality in that it is based on "the feelings,

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thoughts, experiences, and behaviors that arise from a search for the sacred . . .” (p. 66). However, within the context of the search for the sacred it may also include nonsacred goals (e.g., identity, belongingness, meaning, health, or wellness). Furthermore, religion, unlike spirituality, necessarily takes place within an identifiable community that validates and supports the means and methods of the search (Hill et al., 2000). In other words, spirituality is the broader term which may or may not take place within an institutionalized religion, whereas, institutional validation is a core aspect of religion.

Spiritual Struggle in Young Adulthood

Many undergraduate students and young adults identify as religious and/or spiritual (Astin et al., 2005), but may struggle when confronted with a religious or spiritual challenge. Such struggles have the potential to lead to significant distress. In a study of over 5,000 students at 39 colleges and universities across the country, Johnson and Hayes (2003) found that nearly half of the students (44%) reported at least “a little bit” of distress related to R/S, and approximately one in four students (26%) reported considerable distress related to such concerns. These data suggest that at any given time there are many young adults struggling with religious or spiritual issues in their lives, some considerably so. However, at the same time there are many young adults who are not struggling with R/S, perhaps because they are not interested, have no religious or spiritual backgrounds (Kosmin et al., 2009), or are already engaged with a satisfying belief system.

This empirical evidence is consistent with traditional and spiritual developmental theories that frame young adulthood as a period of identity formation in which traditional-aged college students begin to take personal responsibility for their beliefs and values in various domains of life, including R/S (Chickering & Reisser, 1993; Erikson, 1959/1980; Fowler, 1981; Parks, 2000). Part of this identity development in the area of R/S can include difficulty for some young adults. For example, many developmental theories share the assumption that in order to progress to the next stage of maturation, individuals must sufficiently resolve a particular crisis or point of change. In his theory of faith develop-

ment, Fowler (1981) spoke of disequilibrium as an ingredient necessary for advancement to the next stage of religious faith. Parks (2000), who focused her theory on the spiritual development of college students, used the vivid metaphor of a “shipwreck” to express this experience of disequilibrium and crisis that can occur for some students. Despite the feelings of distress associated with “shipwreck,” Parks conceptualized this crisis as an opportunity for growth. Similarly, Pargament (2008) argued that spiritual struggle is “a fork in the road,” which can lead to positive or negative outcomes.

Religion and Spirituality in Individual Counseling

Due to the risk of negative outcomes related to religious and spiritual struggle, college students with considerable distress related to such struggles may decide to seek help from their institution’s counseling center. In fact, several theorists have suggested that psychotherapy may be an appropriate context for individuals struggling spiritually to receive assistance in the rebuilding process (Fowler, 1981; Pargament, 2007; Parks, 2000). Preliminary evidence suggests that clients may also view psychotherapy as an appropriate place to discuss their religious or spiritual concerns. For example, in a study of 74 clients receiving individual psychotherapy, Rose, Westefeld, and Ansley (2001) found that the majority of these clients believed that R/S were appropriate topics and they indicated that they preferred to discuss them with their counselor. Furthermore, research also suggests that some clients prefer or expect that their counselor will utilize religious interventions during the course of treatment (Belaire & Young, 2002; Martinez, Smith, & Barlow, 2007; Wade, Worthington, & Vogel, 2007). Researchers have also identified high levels of religiousness and spirituality as predictors of both client beliefs regarding appropriateness, as well as preferences for addressing R/S in therapy and preferences for religious and spiritual interventions (Belaire & Young, 2002; Rose et al., 2001; Wade et al., 2007; Walker, Worthington, Gartner, Gorsuch, & Hanshew, 2011).

Religion and Spirituality in Group Counseling

As evidenced by the research summarized above, some clarity has been reached regarding individual therapy as an appropriate context for addressing client R/S. However, very little research has examined the beliefs and preferences of clients regarding this issue within the context of group counseling. The minimal scholarship that does exist in this area mainly consists of descriptive articles that detail the structure and content of religiously- or spiritually-themed groups; see Cornish and Wade (2010) for a review. In terms of a college student population, three articles were located that describe spiritually themed counseling groups (Gear et al., 2009; Genia, 1990; Soet & Martin, 2007). Although these articles are helpful, the reality is that the majority of groups offered at university counseling centers (UCCs) are general counseling groups (Golden, Corazzini, & Grady, 1993; Colbs, 2003). Therefore, it could be argued that before UCCs spend resources on developing groups to specifically address R/S, it is more important to examine ways in which R/S can be included in general process groups.

The only empirical article that examined R/S in general counseling groups of which we are aware explored the group therapists' perspectives on this issue (Cornish, Wade, & Post, 2012). In this study, 242 experienced group therapists rated the appropriateness and use of religious and spiritual interventions in their group work. The majority of the therapists believed that many interventions were appropriate to use in group (e.g., facilitating a discussion of religion or spirituality after a group member brings it up, using spiritual language or concepts), although several were rated as much less appropriate (e.g., reading/reciting religious scripture). Still, the majority of therapists reported very limited use of any religious or spiritual interventions in their group work.

Despite this research, a significant gap in the literature exists. Addressing this gap is important for a number of reasons. First, group counseling is a common treatment that enables UCCs to serve more clients with fewer resources (Golden et al., 1993; Kincade & Kalodner, 2004). Second, group may be a more effective treatment modality compared with individual therapy within the context of agencies that utilize a very brief

therapy model (no more than 10 sessions), as many UCCs do (Budman, Simeone, Reilly, & Demby, 1994; Burlingame & Fuhrman, 1990; McRoberts, Burlingame, & Hoag, 1998; Uffelman & Hardin, 2002). Finally, group counseling meets many of the developmental needs of traditional-aged college students (Genia, 1990; Johnson, 2009). Process-oriented group counseling provides college students opportunities for religious or spiritual development by exposing them to students with different worldviews, and promoting understanding and connection. For those students struggling with religious or spiritual issues, group counseling has the potential to create a sense of universality, which is an important step in working with such struggles (Pargament, 2008; Yalom & Leszcz, 2005). Furthermore, it can instill hope by providing exposure to others who may be further along in the process of development or recovery (Yalom & Leszcz, 2005). Thus, from a theoretical perspective, group counseling appears to have the potential to effectively help college students address religious or spiritual issues.

However, group counseling also introduces an additional factor that is not relevant in individual counseling: It is conducted in a more public setting. This might influence clients' beliefs about appropriateness and preferences for discussing R/S in a group, making them more hesitant to share them. First, the public nature of group counseling may cause participants to worry about what others think of their beliefs, experiences, or concerns. Fearing being judged, clients may want to hide this part of their lives. Second, because discussions about R/S are often polarizing and can create conflict, group members may not want to discuss them for fear that conflict will hurt their group or make their experiences in groups more difficult. Third, clients who are not from the majority religious tradition (Protestant and Catholic Christianity in most portions of the United States) might feel hesitant to discuss R/S for fear that they will be marginalized or stigmatized for their religious faith (or lack of religious commitments). Therefore, information about client beliefs and preferences about R/S in individual counseling (e.g., Rose et al., 2001) may not easily transfer to group counseling. Given the widespread use of group counseling in UCCs it is therefore important to explore group clients' beliefs and pref-

erences for the inclusion of R/S in general counseling groups.

The Current Study

The current study was designed to examine the beliefs and preferences of group counseling clients regarding the discussion of religious and spiritual issues. Because the literature is so limited in this area, we took an exploratory approach by focusing on descriptive results through both a quantitative and qualitative perspective. Our exploration was guided by several research questions. First, what are group clients' beliefs regarding the appropriateness of group members discussing religious or spiritual concerns? Second, what are group clients' beliefs regarding appropriateness of counselors using interventions related to R/S? Third, what are group clients' preferences for discussing religious or spiritual issues and what is their reasoning for that preference? To answer these initial questions we analyzed both quantitative and qualitative responses from clients currently in counseling groups at a university counseling center. The quantitative approach was chosen to gain information on a broad array of items. The qualitative approach was included to gain more detailed and nuanced answers regarding the reasoning clients had for their preferences.

Additionally, we wanted to explore specific correlates of those beliefs and preferences regarding both religious and spiritual discussions. Thus, our final research question was: Do client spirituality, majority versus minority religious affiliation, and group engagement uniquely predict group members' beliefs and preferences about the inclusion of religion and spirituality in group? This question was based on past research. Past research has found client spirituality to be related to beliefs about appropriateness and preferences for including R/S (Belaire & Young, 2002; Rose et al., 2001; Wade et al., 2007; Walker et al., 2011). Research also indicates that those from the privileged majority religion may feel freer to discuss R/S than those from either minority or no religious groups (Schlosser, 2003). Finally, group counseling theory and research support the notion that sensitive topics are more likely to be broached and addressed successfully in groups with greater cohesion and engagement (Yalom, 2005).

Method

Participants

The current sample consisted of 68 clients attending group counseling at a large Midwestern university counseling center. Data were collected across the fall and spring semesters of the 2009–2010 academic year. Group membership at this university counseling center consisted of 76 clients in the fall and an additional 43 new clients in the spring. Thus, a total of 119 clients were eligible across both semesters, resulting in a 57% response rate. The 68 clients who participated were predominantly Caucasian ($n = 59$, 86.8%); four Asian/Pacific Islanders, 5.9%; three Latinos/as, 4.4%; one African American, 1.5%; and one, 1.5% did not respond, and 38 (55.9%) of the clients were female. All clients were undergraduate or graduate students. Religious affiliation among the clients was diverse (15 Protestant Christians, 22.1%; 15 Agnostics, 22.1%; five Catholics, 7.4%; five Atheists, 7.4%; two Muslims, 2.9%; two Unitarian Universalists, 2.9%; one Buddhist, 1.5%; one Hindu, 1.5%; one Mormon, 1.5%; 15, 22.1% endorsed "Other"; and six, 8.8% did not respond). The average age of the clients was 23.6 years ($SD = 4.9$, range = 18–41, Mode = 20). Clients reported a wide range of presenting concerns.

The majority of clients reported that they had attended individual counseling sessions in the past ($n = 60$, 88.2%), and 25 clients (36.8%) reported that they had attended group counseling sessions prior to joining their current group. Most clients reported that they had attended between six and 10 sessions with their current group ($n = 24$, 35.2%; 22 had attended more than 10 sessions, 31.6%; 10 had attended between three and five sessions, 14.7%; one had attended one session, 1.5%; and 11 did not respond, 16.2%). Clients were members of one of 12 counseling groups. All groups had approximately five to seven members (range 4 to 12), had rolling memberships, and lasted an academic year (approximately 30 sessions). Ten of the counseling groups had a focus on interpersonal process and they attract clients with a range of presenting concerns. Two of the groups were focused on recovery for clients with eating disorders. The majority of the clients in the present study belonged to one of the interpersonal process groups ($n = 60$; 88.2%).

Measures

Perceived appropriateness of religious discussion in group. The Religious Scale of the Counseling Appropriateness Check List (CACL-R; Duckro, Joanning, Nathan, & Beal, 1978) was used to survey client beliefs regarding the appropriateness of discussing religious concerns in group counseling. The original CALC (Warman, 1960) consisted of 100 statements of student problems. Students rated the appropriateness of each problem for discussion in counseling using a 5-point Likert-type scale. The content validity and reliability of the instrument have been supported by several studies (Miles & McDavis, 1982; O'Brien & Johnson, 1976; Ogston, Altman, & Conklin, 1969; Wilcove & Sharp, 1971). Factor analysis confirmed the three factors identified by Warman (1960), but also identified a fourth factor comprised of seven items, which was termed the *religious concerns* factor (Duckro et al., 1978). For the purposes of this study, the wording of the instructions was slightly altered to make them relevant to group counseling. In the current study Cronbach's alpha was .81.

Perceived appropriateness of R/S interventions in group. The perceived appropriateness of religious and spiritual interventions measure (Cornish, Wade, & Post, 2012) was used to assess clients' perceived appropriateness of 14 R/S interventions. Five pairs of interventions comprise 10 of the items. Each pair addressed religion and spirituality separately (e.g., "Asking group members about their religion" and "Asking group members about their spirituality"). The measure also includes four other interventions that exclusively address religion (e.g., reading/reciting religious scripture). The measure utilizes a 6-point Likert-type scale that measures level of appropriateness (1 = *completely inappropriate* to 6 = *completely appropriate*). Higher scores indicate greater perceived appropriateness. In the current study Cronbach's alpha was .91. The original measure was designed for group counselors; however, only very minor changes were necessary for the instructions to make sense for clients (e.g., the word "interventions" was changed to group counselor "behaviors").

Preference to discuss religion/spirituality in group counseling. Two items from the Client Attitudes toward Spirituality in Therapy

(CAST; Rose et al., 2001) were used to measure client preferences regarding discussion of religious and spiritual concerns in group counseling. The original version of the CAST constructed by Rose, Westefeld, and Ansley (2001) was intended to be used with clients attending individual therapy, and it contained six pairs of questions and one open-ended question. Each pair of questions was identical with one difference: One question addressed religious issues and the other spiritual issues. A panel of experts judged the measure to have good content validity, and the internal reliability was .86 (Rose et al., 2001). For the purposes of this study, we only used the items "To what degree would you like to discuss religious issues with your group?" and "To what degree would you like to discuss spiritual issues with your group?" (modified to reflect group instead of individual counseling) each with a 5-point Likert-type scale (from 1 = *not at all* to 5 = *very much*). The open-ended questions asked participants to explain why they would or would not want to discuss R/S issues with their group.

Spirituality. The Spiritual Transcendence Index (STI; Seidlitz et al., 2002) was used to measure client spirituality. The STI is an 8-item questionnaire that individuals respond to on a 6-point Likert-type scale (1 = *strongly disagree* to 6 = *strongly agree*). This measure of spirituality was chosen because it is not only brief, but it also includes an inclusive view of spirituality, as seen by the fact that it includes subscales that measure spirituality in terms of a relationship with God as well as a broader sense of spirituality (α 's = .97 and .96, respectively; Seidlitz et al., 2002). Because we included clients who may or may not hold a worldview that includes a conception of a personal God, we only used the nontheistic subscale of the STI. In terms of validity, the items were reviewed by a panel of spiritual leaders (e.g., nuns, pastors), as well as randomly selected members of the public. Furthermore, Seidlitz et al. (2002) reported that each item loads onto its respective factor at a loading of .86 or higher. In the current study the Cronbach's alpha for the subscale we used was .95.

Group climate-engagement. The Group Climate Questionnaire—Short Form (GCQ-S; MacKenzie, 1983) measured client perceptions of group cohesion and participation. The GCQ-S is comprised of 12-items and utilizes a

7-point Likert-type scale that measures level of agreement (1 = *not at all* to 7 = *extensively*). The instrument consists of three subscales: engagement, conflict, and avoidance. To limit participant burden and because the emotional element of a positive working atmosphere was of greatest interest, we only used the engagement subscale. The GCQ-S has been used extensively in the literature on group counseling; therefore, the scale's psychometrics have been well established. In terms of construct validity, the GCQ-S has been linked to important process and outcome variables in group counseling (Kivlighan & Goldfine, 1991; MacKenzie, Dies, Coche, Rutan, & Stone, 1987). The engagement scale has shown Cronbach's alphas ranging from .74 to .94 (Johnson et al., 2006; Kivlighan & Goldfine, 1991). In the current study Cronbach's alpha was .85.

Demographic information. Participants provided general demographic information (i.e., age, sex, ethnicity), religious/spiritual worldview, number of previous sessions of individual counseling, number of group counseling sessions prior to joining their current group, number of sessions with the current group, and primary presenting concern. Clients also indicated the type of counseling group they were attending.

Procedures

Power analysis. Prior to the study, we conducted a power analysis to determine the total number of participants needed to answer our research questions. The main power analysis was conducted for the inferential test on the regression analyses. We set power at .80 and alpha at .01 (Bonferroni correction on five regression analyses; $.05/5 = .01$). To set effect size (f^2) we used results from previous research. The only related research we could locate was with individual clients, predicting their preferences for including religion or spirituality in therapy with either their spirituality or religiousness (Rose et al., 2001; Walker et al., 2010). These studies reported R^2 ranging from .12 to .72. Using Cohen's (1988) formula ($f^2 = R^2/1 - R^2$), this provides effect sizes ranging from .14 to 2.57. Given the group counseling context which may potentially restrict the size of the relationship compared to individual counseling, we conservatively chose an f^2 of .20.

According to the software G*Power (Faul, Erdfelder, Lang, & Buchner, 2007), given these parameters we would need a total of 54 participants.

Recruitment. After the study was approved by the institution's internal review board, the first author met with the staff involved with counseling groups at the university counseling center. At this meeting, group counseling leaders received information about the study and its procedures to present to group clients. It should be noted that all groups at this UCC, including the two eating disorder groups, were process-oriented, which means that there was room for clients to bring up R/S issues during any session. This was our main criterion for inclusion (i.e., that groups be process oriented) as we were most interested in the beliefs and preferences of clients who were attending a broad range of groups that were not focused on religion or spirituality.

Toward the end of the semester, after the majority of group clients had participated in more than five sessions, group leaders verbally presented the study to their clients at the beginning of two consecutive sessions and collected e-mails in a confidential manner from those clients willing to volunteer for the study. The group leader then gave the contact information to the lead investigator who invited clients via e-mail to participate by directing them to an online questionnaire hosted by a confidential and secure Web site. Two reminder e-mails were sent. Information needed for informed consent was given to participants on the first page of the Web site. Also, before completing the instruments participants were provided with Hill et al.'s (2000) definitions of *spirituality* and *religion*. Upon completion of the online survey, clients read debriefing information. Once data collection was complete, three participants were randomly selected to receive \$20 gift cards to a popular retail store.

Results

Appropriateness of Including R/S in Group Counseling

In our first set of research questions we asked about client beliefs about the appropriateness of including R/S in group counseling. Means, stan-

dard deviations, and correlations among primary study variables are presented in Table 1.

Appropriateness of group members discussing religious concerns. In our first research question we asked specifically about the degree to which clients believe that religious concerns are an appropriate topic for group counseling. Toward that end, we examined the mean of the CACL-R. A mean score above the neutral score of 3 was deemed an indication that clients believe that religious concerns in general are an appropriate topic for group counseling. The mean score on appropriateness of discussing religious concerns (CACL-R) was 4.05 ($SD = .50$). A one-sample t test indicated that this value was significantly greater than the test value of 3, $t(66) = 17.16, p > .001$, indicating that, on average, clients believe that religious concerns are an appropriate topic of discussion for group counseling. Frequencies were tabulated for each item. Ratings of appropriateness ranged from 69% endorsement (“Science conflicting with my religion”) to 96% endorsement (“Confused on some moral questions”) with an average appropriateness rating of 85.2%. Thus, on average, over 85% of clients rated religious concerns as an appropriate topic for discussion in group counseling.

Appropriateness of group leaders using R/S interventions. In our second research question, we asked about the appropriateness of leader interventions. Table 2 presents descriptive statistics for each item that we used to assess the appropriateness of group leaders using interventions with religious or spiritual themes in group counseling. Frequencies were

tabulated for each item. Ratings of appropriateness of these interventions ranged from a low of 13% endorsement for counselors “leading in-session vocal prayer” to a high of 91% endorsement for counselors “facilitating discussion about spirituality after a group member brings it up.” Because the scale contains five pairs of items that only differ on the word religion or spirituality, we combined those into two subscales (this excluded the last four items that had no spiritual counterpart and were more explicitly religious, e.g., “leading in-session vocal prayer”). So, items referring to religious interventions (e.g., “using religious language or concepts”) were grouped together into a religious interventions subscale and items referring to spiritual interventions (e.g., “using spiritual language or concepts”) were grouped together into a spiritual interventions subscale. A paired-samples t test indicated that overall participants rated the spiritual interventions as more appropriate ($M = 4.0, SD = 0.8$) than the religious interventions ($M = 3.7, SD = 0.9$), $t(67) = 4.10, p < .001, d = .29$.

Preferences for Discussing Religion and Spirituality in Group Counseling

In our third research question, we asked about the degree to which clients prefer to discuss R/S issues in group counseling. In order to determine the degree to which group clients prefer to discuss R/S issues, we examined the mean scores of the CAST items pertaining to preference for religious discussion and for spiritual discussion. The measure utilizes a Likert-

Table 1
Descriptive Statistics and Correlations Among Primary Study Variables

Measures	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Religious Concerns Approp.	4.1	0.5						
2. Religious Int Approp.	3.4	0.9	.41*					
3. Spiritual Int Approp.	4.0	0.8	.41*	.84*				
4. Prefer Discuss Religious	2.4	1.1	.29*	.34*	.20*			
5. Prefer Discuss Spiritual	3.0	1.23	.32*	.25*	.32*	.61*		
6. Client Spirituality	3.6	1.5	.06	.07	.13*	.56*	.71*	
7. Group Engagement	4.9	0.8	.02	-.01	.06	-.15	-.11	.16

Note. Religious Concerns Approp. = The Counseling Appropriateness Check List–Religious Concerns (CACL-R); Religious Int Approp. = Perceived appropriateness of religious interventions in group; Spiritual Int Approp. = Perceived appropriateness of spiritual interventions in group; Prefer Discuss Religion = Preferences of clients to discuss religious issues in their groups; Prefer Discuss Spiritual = Preferences of clients to discuss spiritual issues in their groups. $N = 68$.

* $p < .05$.

Table 2
Descriptive Statistics for the Perceived Appropriateness of Religious and Spiritual Interventions Measure

Item	<i>M (SD)</i>	% 4 +
3. Facilitating discussion about spirituality after a group member brings it up.	5.0 (0.9)	91.2
4. Facilitating discussion about religion after a group member brings it up.	4.8 (1.0)	88.3
1. Bringing up the topic of spirituality.	4.1 (1.2)	70.6
9. Using spiritual language or concepts.	3.8 (1.3)	67.6
2. Bringing up the topic of religion.	3.7 (1.2)	60.3
7. Self-disclosing one's own spiritual beliefs.	3.7 (1.3)	61.7
8. Self-disclosing one's own religious beliefs.	3.5 (1.3)	55.9
10. Using religious language or concepts.	3.5 (1.3)	57.4
5. Asking group members about their spiritual beliefs.	3.3 (1.2)	42.6
6. Asking group members about their religious beliefs.	3.1 (1.3)	39.7
12. Having a moment of silence for personal prayer.	2.5 (1.5)	29.4
11. Reading/reciting religious scripture.	2.3 (1.5)	23.6
13. Allowing a group member to lead in-session vocal prayer.	2.0 (1.3)	14.7
14. Leading in-session vocal prayer.	1.8 (1.2)	13.3

Note. $N = 68$. 1 = *completely inappropriate*, 2 = *inappropriate*, 3 = *somewhat inappropriate*, 4 = *somewhat appropriate*, 5 = *appropriate*, 6 = *completely appropriate*. Items ranked from most to least appropriate, based on the mean. Item numbers on left side refer to the order they were presented to participants. % 4 + refers to the percentage of participants rating each item as 4, 5, or 6 (indicating the item is perceived as at least somewhat appropriate).

type scale ranging from 1 = *not at all* to 5 = *very much*. A mean score above the neutral score of 3 was deemed an indication that clients have the preference to discuss religious or spiritual issues with their group. As presented in Table 1, the mean of preferences to discuss religious issues was 2.3 ($SD = 1.1$). A one-samples t test showed that this value was significantly smaller than 3, $t(67) = 5.02$, $p < .001$, indicating a general tendency for clients to prefer not to discuss religious issues with their group. The mean of preferences to discuss spiritual issues was 2.8 ($SD = 1.1$). A one-samples t test showed that this value was not significantly different from 3, $t(67) = 1.32$, $p < .19$. Examining the percentages of those who answered above the neutral point (i.e., a 4 or 5), 23.5% of the clients indicated a preference to discuss religious issues and 47.1% of the clients indicated a preference to discuss spiritual issues. We conducted a paired-samples t test to compare preferences to discuss spiritual concerns with clients' preference to discuss religious concerns. On average, clients have a greater preference to discuss spiritual concerns as compared to religious concerns, $t(67) = 4.60$, $p < .001$, $d = .50$.

Understanding whether group clients wanted to discuss R/S in group counseling was only part of our third research question. We also wanted to understand their reasoning. There-

fore, to explore our third research question in more depth, we asked participants to complete two open-ended questions: "If you would like to discuss [If you would not like to discuss] religious and/or spiritual issues with your current group please explain why." The first author categorized the responses to these questions into themes by reading each specific answer and grouping it with answers that had a similar meaning. In the first step of the coding process, 10 themes emerged in response to the question pertaining to why clients may want to discuss religious and/or spiritual issues with their group and eight themes emerged to explain why clients would not want to discuss these issues with their group. These themes were further examined for commonalities and condensed into four themes for each question (see Table 3).

The most commonly given reason for wanting to discuss R/S issues in group was that R/S are important components of life. For example, one client reported, "Religious/spiritual things are an important part of who I am and my daily life. Without the ability to share about these things, I might feel like I have to filter myself, which is not a helpful feeling in group." Another client said, "Christianity is the foundation of my life. There is no other way to talk about experiences in my life without including it, it would be like trying to counsel someone who won't tell you about their childhood." The most

Table 3
Themes Regarding Reasons Why Clients Would or Would Not Want to Discuss R/S Issues With Their Group

Theme/category	Example	% of comments
Why would you want to discuss R/S issues?		
1. These issues are an important part of life.	"Spirituality is a lot of who you are, so if you . . . discuss spiritual issues, at the very least you're giving counselors a frame of reference for working with you . . ."	46%
2. Issues are related to presenting concerns.	"My eating disorder problems are probably related to why I feel so far from God right now."	39%
3. Altruistic desire to help others for whom these issues are relevant.	"If it is something that would help someone else I am willing to discuss it to help them."	9%
4. Personal lack of religion creates tension with religious individuals.	"My grandmother is very religious, but I am an atheist. This creates some tension between us, and sometimes makes me feel like a bad person."	6%
Why would you NOT want to discuss R/S issues?		
1. Worried about disrupting group cohesion.	"It could be a very uncomfortable subject for some, so I usually hold back."	38%
2. Issues are not an important part of my life.	"I am an atheist/secular humanist so do not believe in any 'spirituality' or religion and therefore have no need to talk about it."	31%
3. Irrelevant to presenting concerns.	"My main issue that brought me to counseling is depression stemming from lack of emotional connection to people. Religious/spiritual issues do not seem to apply."	23%
4. Religion and spirituality are a private part of my life.	"I tend to stay more private about my religion and spirituality."	8%

Note. Percentages were calculated by dividing the frequency of comments in each theme by the total number of comments (33 total comments for wanting to discuss and 39 total comments for not wanting to discuss R/S in their particular groups).

frequent reason given for not wanting to talk about R/S in group was that it might create conflict that would reduce group cohesion. One client explained, "I am hesitant to discuss religious or spiritual issues with other group members for fear of making other group members uncomfortable. I care about my fellow group members and seek not to offend them in any capacity." A second client said, "I believe that discussion [about religion/spiritual beliefs] has the ability to isolate individuals who lack belief and/or have no issues with that subject in their lives."

Regression Analyses

In our fourth research question, we sought to ask whether client spirituality, majority versus minority religious affiliation, and group engagement uniquely predicted (a) the appropriateness of group members discussing religious concerns in group counseling, (b) the appropriateness of

group leaders using religious and spiritual interventions, and (c) client preferences for discussing religious and spiritual issues in group.

Control for demographic variables. Prior to the analysis we first checked to see if any demographic variables (i.e., age, sex, ethnicity, previous experience with individual counseling, previous experience with group counseling) were related to the criterion variables. We conducted bivariate correlations between the continuous demographic variables (e.g., age) and all of the criterion variables. We conducted a separate analysis of variance for each of the categorical demographic variables (i.e., sex, ethnicity). None of the demographic variables were related to the criterion variables and, therefore, were not entered into the regression equation.

Clients nested within groups. Because our data were nested (i.e., clients within specific counseling groups), dependency among the par-

ticipants' data was a potential problem. Therefore, we calculated the intraclass correlations (ICC) for the five dependent variables using rho (group variance/total variance). All five of the ICC's were at or lower than 0.02, indicating very little dependency based on the grouping variable (counseling group). Given these results, we proceeded with the regression analyses ignoring the specific groups that clients attended.

Analytic plan. Finally, because the criterion (or respondent) variables were correlated (see Table 1), there was a concern about the independence of the variables we were attempting to predict (i.e., the considerable overlap in these constructs suggests a strong degree of commonality among them). Therefore, we conducted a form of canonical correlation, a multivariate regression analysis with correlated residuals in Mplus 6 (Muthén & Muthén, 2011). The criterion variables for the regression analysis were the following: appropriateness of group members discussing religious concerns, appropriateness of group leaders using religious interventions, appropriateness of group leaders using spiritual interventions, client preferences to discuss religion in their groups, and client preferences to discuss spirituality in their groups. We included the following predictors in the regression: client religious affiliation¹, client spirituality, and group engagement. We structured the analysis so that all predictor variables were allowed to predict all of the criterion variables. Also, all of the predictors were correlated with each other (which is common in univariate regression). Finally, we correlated all of the criterion variables as well, including their residuals.

Appropriateness of group members discussing religious concerns. The portion of the model predicting appropriateness of discussing religious concerns in group counseling was not significant, $R^2 = .04$, $F(4, 57) = 0.83$, $p = .407$. These results indicated that the predictor variables were not associated with client beliefs about the appropriateness of discussing religious concerns in group counseling.

Appropriateness of group leaders using religious and spiritual interventions. The portion of the model predicting appropriateness of group leaders using either religious or spiritual interventions was not significant: religious interventions, $R^2 = .03$, $F(4, 58) = 0.71$, $p =$

$.475$; spiritual interventions, $R^2 = .02$, $F(4, 58) = 0.55$, $p = .580$. These results indicated that the predictor variables were not associated with client perceptions of the appropriateness of religious and spiritual interventions.

Preferences to discuss religious issues. The portion of the model predicting preferences to discuss religious issues was significant, $R^2 = .46$, $F(4, 58) = 5.05$, $p < .001$. Greater preferences were related to greater client spirituality ($b = .44$, $SE = .11$, $p < .001$), to less group engagement ($b = -.23$, $SE = .09$, $p = .007$), to majority versus minority religious affiliation ($b = -.38$, $SE = .12$, $p = .005$), and to majority versus no religious affiliation ($b = -.37$, $SE = .14$, $p = .008$). The significant relationships among the religious affiliation variables and preferences to discuss religion indicated that, above and beyond the variance accounted for by the other predictors, those who held a majority religious affiliation (i.e., Christians) were more likely to prefer religious discussions than those who were of a minority religious affiliation and than those who had no religious affiliation. In addition, those who reported greater spirituality and less group engagement also reported greater preferences for religious discussions in their groups.

Preferences to discuss spiritual issues. The portion of the model predicting preferences to discuss spiritual issues was also significant, $R^2 = .55$, $F(4, 58) = 6.77$, $p < .001$. Greater preferences for spiritual discussions were related to greater client spirituality ($b = .71$, $SE = .09$, $p < .001$) and less group engagement ($b = -.23$, $SE = .09$, $p = .007$). The religious affiliation variables were not associated with preference to discuss spiritual issues.

¹ Religious affiliation was categorized into three categories. Majority (which included Protestants, Catholics, and other Christians), Minority (including Buddhist, Jewish, Hindu, Muslim, and any other religious affiliation that was not Christian), and None (which included agnostics and atheist). For the regression analyses, these three categories were then dummy coded into two variables with Majority religious group (i.e., Christians) as the reference category (i.e., Majority vs. Minority and Majority vs. None). Six people did not provide religious affiliation and therefore were not included in the regression analysis, leaving $n = 62$ for the regression.

Discussion

This study provides important new information about the inclusion of R/S in group counseling, specifically from group members' perspectives. Several important findings emerged. First, on average, clients in the present study appeared to believe that religious concerns are an appropriate topic for group members to discuss in group counseling. However, despite the belief that such topics are appropriate, the majority of group clients also indicated that they prefer not to discuss religious and spiritual issues with their group members, although spiritual discussions were preferred by almost half (47%). Understanding why this discrepancy exists is important. The open-ended responses and regression results provide some initial answers. One of the primary explanations appears to be group cohesion. From the open-ended comments the number one reason clients did not want to discuss R/S in their group was that they were concerned about disrupting group cohesion. One client stated, "It is a very subjective and sensitive issue. It might create tension as it does in real life." Others echoed this sentiment, worrying that by broaching R/S in group they would hurt or offend others or create tension and disagreement in the group.

These findings were reflected in the regression analyses. Group engagement was negatively associated with preferences for both religious and spiritual discussions. The negative association indicates that clients who perceived less group engagement were more likely to want to discuss religious and spiritual issues. One explanation for this is that those who were in groups with greater group engagement wanted to keep the engagement high and not threaten the group cohesion. Although this was contrary to our expectations, theoretically this reaction would make sense. Early in the formation of a group, cohesion can be high, but is often more superficial and fragile. Untested by conflict early on, members may feel that they have to be polite and keep to safer topics. However, group experts suggest that this initial cohesion must be tested and that conflict must emerge for productive group work to occur (e.g., Corey, 2000; Yalom & Leszcz, 2005). By assessing group clients early in their group's life (typically around the fifth session), we may have not allowed time for clients to experience the conflict

that leads to resolution and greater trust in the process of disagreement. Perhaps with clients who have been in group longer discussions of sensitive topics like R/S might be more acceptable and might not be related negatively to engagement (in fact, after a certain number of sessions, engagement might be positively related to preference for such discussions).

There are, of course, other explanations for the discrepancy between feeling like it is appropriate to talk about religious issues but not wanting to talk about them. As reported by the clients in the present study, there are several reasons why clients might prefer to not discuss religious and spiritual issues with group members. Reasons range from not being religious (e.g., one client reported, "I am an atheist/secular humanist so do not believe in any 'spirituality' or religion and therefore have no need to talk about it") to fearing that they will be judged for their religious beliefs (e.g., one client reported, "I do not want to discuss [R/S issues] because I would feel judged and not understood. Even though the counselors would try to make it feel like I would be understood, they wouldn't agree or have a true understanding"). It is important to highlight that clients who endorsed a preference not to discuss R/S issues were not necessarily expressing a preference that R/S issues be kept out of group counseling discussions. For example, in an open-ended response to the question regarding why one would not want to discuss R/S issues one client stated, "Religion and spiritual issues do not have anything to do with my issues I came to group to discuss. I wouldn't bring up those topics myself, but might join in on those topics if someone else wanted to discuss them."

Another important finding from this study is that those with a minority religious affiliation and those with no affiliation are less likely to prefer discussions of religious issues in group counseling. One possible reason for this finding may be that minority religious clients are aware of the silent privilege of Christianity in U.S. culture (Schlosser, 2003) and therefore are not as comfortable talking about religion in mixed groups. Given the rise in anti-Islamic sentiment since the September 11, 2001 attacks (Morgan, Wisneski, & Skitka, 2011) and the history of anti-Semitism in the U.S., religious minorities may be fearful of ways that their religious identities could impact their acceptance and social

standing within the group. This can also be true for those with no religious affiliation who also may experience discrimination and judgment for their “lack of faith.” Thus, for minority members in a counseling group, they may not want to talk about religious issues for fear of being judged, marginalized, or stigmatized. As long as they do not talk about religion, they are less likely to become identified as “different.” In contrast, those with the privilege of power and majority status may not be as concerned about talking about religion in a group setting. However, as seen in the regression predicting spiritual discussions, group members of minority religious affiliation (include those with none) may not be as concerned about discussions or issues that are more generally spiritual, that do not relate to a specific religious tradition.

Implications for Group Counseling

The results of this study have several implications for group counseling, particularly in university counseling centers. First, the results suggest that, regardless of religious orientation, clients believe that discussing religious concerns is an appropriate topic for group counseling. Therefore, group counselors can address a religious concern when a group member brings it up with the assurance that most group members will view this as an appropriate topic for discussion. For the benefit of the group, counselors may want to facilitate a discussion regarding group members’ views of the appropriateness of discussing religious concerns when it comes up for the first time (Chen, Thombs, & Costa, 2003). In addition, counselors might point out in early meetings that some topics that are typically sensitive in everyday conversation may be very appropriate or even necessary in a group counseling setting (Corey, 2000; Yalom & Leszcz, 2005). They could then add religion and spirituality to the typical list of such topics (e.g., sex, family secrets, here-and-now experiences). Related to this, counselors should be aware of the multicultural issues surrounding religion. The ability to work with issues of acceptance, understanding, prejudice, and privilege should be clearly within the group counselors skill set (Chen et al., 2003; DeLucia-Waack & Donigan, 2003). Applying these to religious minority groups may be especially ef-

fective in helping to facilitate the inclusion of R/S in group counseling.

A second counseling implication relates to the finding that most clients prefer not to discuss religious and spiritual concerns with their group members. Therefore, counselors are advised to address religious and spiritual concerns with caution. When group members bring up or make reference to a religious concern, counselors might consider asking the individual whether this is a topic that they would like to discuss with the group. Counselors might also consider addressing any concerns an individual may have related to talking openly about religious and spiritual concerns. It is possible that addressing such concerns (through a here-and-now discussion focused on the processes of the group; Yalom & Leszcz, 2005) may decrease any concerns a client has related to discussing such topics (e.g., fear of judgment, fear of offending others), and therefore, increase their desire to share their religious and spiritual concerns with the group. It is also possible that even after addressing such concerns, many clients will maintain their preference to leave such discussions out of group counseling. For instance, some clients may simply feel that religious and spiritual concerns are a private matter; whereas, others may prefer to discuss such concerns with religious leaders or other members of their religious community. However, clinical judgment is needed to determine whether a client could benefit from discussing R/S issues with their group members. Group clients often avoid important issues in order to maintain the status quo or out of fear that they might offend someone else. By addressing the hesitation to talk about the sensitive topic, group counselors may be able to reduce resistance and increase the potential work that clients can do.

A third implication relates to the finding that spirituality was the most potent predictor of clients’ preferences to discuss religious and spiritual concerns. Counselors may consider assessing for levels of religiousness and spirituality in the screening process in order to identify those clients who may have a preference to discuss religious and spiritual concerns in group counseling (Leach, Aten, Wade, & Hernandez, 2009). In addition to general information about the discussion of R/S that can be provided to all group members, counselors may also consider

communicating specifically to these clients that religious and spiritual concerns are appropriate for group counseling. Assessment can also be helpful to identify clients who have a minority religious affiliation. By asking about religious affiliation, counselors can be sensitive to the different types of individuals in their groups and the needs that minority members might have when topics of a religious or spiritual nature arise (Chen et al., 2003). Assessment of R/S provides more information for the group counselors and would help them to attend to specific needs that members might have related to their religious and spiritual commitments (or lack thereof).

Limitations

One potential limitation was that the sample came from a single counseling center at a university located in the Midwest and it was not a large number of group clients. The sample is most representative of populations of predominantly European American group clients attending large public universities located outside of urban areas, particularly within the Midwest. Therefore, the results of the current study do not easily generalize to university counseling centers located outside of the Midwest or on urban campuses. Nor do they generalize to UCCs at religiously affiliated schools. However, the fact that the participants of the present study were a religiously diverse group is a strength. Nonetheless, UCCs located in large urban areas are likely to serve populations that include an even greater amount of religious and spiritual diversity as well as more ethnic diversity. More research is needed to examine these research questions on a national level.

Also, the use of single-item measures to assess the preferences to discussion R/S issues in group was a limitation. Because we were assessing a clinical sample we wanted to keep the questionnaire short. Also we could not find any other measures of this concept. Therefore, we used the single-item measures as an initial test. Future research should certainly look to replicate and advance the current findings with more sophisticated measurements.

Finally, the current study was limited by the focus on the individuals within the group without a concomitant exploration of the effect of the group on the individual. Although we ex-

plored the relationship between group engagement and ratings of appropriateness and preferences, our measure of engagement was only assessed at the individual level. Perhaps alternate findings would emerge with a focus on group-level processes measured at the group level. This is an important step for future research.

Future Research Directions

As highlighted in the literature review, research in the area of religion and spirituality in group counseling is in a beginning stage. The present study is the only empirical study known to us of religion and spirituality in process-oriented group counseling from a client perspective. More research is needed in this area. Future studies could elaborate on the present study by examining in greater detail why clients prefer not to discuss religion and spirituality in group counseling, or illuminating group counseling contexts within which clients would prefer to talk about these issues.

Future research could also expand the present study by utilizing a more generalizable sample. This could be done by surveying clients at university and college counseling centers around the United States. Perhaps certain areas of the nation will be more or less likely to prefer to discuss religion and spirituality in group counseling. Furthermore, future studies could also compare differences in beliefs and preferences between public universities and religiously based private schools. It would be interesting to see if the religious culture at a religiously based school influences clients' beliefs and preferences.

Studies have shown that religious and spiritual interventions are effective in individual counseling (Smith, Bartz, & Richards, 2007); however, no studies have empirically tested the effectiveness of R/S interventions in general group counseling. Studies that examine different ways to intervene with general process groups related to R/S might help to advance understanding on appropriate and effective interventions. Future research might indicate that in fact, R/S interventions are not effective and should be minimized in certain groups. In contrast, they might discover ways to help a large portion of clients from diverse backgrounds to

feel more comfortable discussing R/S in group than they might be in everyday interactions.

Finally, much information is yet to be learned from a group dynamics perspective. This is another area that separates the study of R/S in group counseling from R/S in individual counseling. With significant forces working on the individual client from not only the counseling situation and the therapist(s) but also from the dynamic of the group itself, there is much to learn. Future research could be conducted that examines group processes that might have an effect on client willingness to broach religious or spiritual topics and the outcome of having done so. For example, typical group issues such as power conflicts, scapegoating, and avoidance might have considerable negative effects on those bringing up R/S (or religious or spiritual topics might be used as ways to attain power, scapegoat, or avoid). On the other hand, curative dynamics in the group, such as altruism, universality, or the instillation of hope, might facilitate open and honest exploration of religious or spiritual issues. Much more work is needed to understand the interactions between these group level dynamics and the individual group members.

Conclusion

Although data from this study are preliminary, they provide an important window on the beliefs and preferences of group members about the inclusion of religion and spirituality in group counseling. These results offer caution with both disregarding religion and spirituality in group counseling altogether and broadly including religion and spirituality without understanding the potential negative impact on clients. The issue is too complex for either response and researchers and group clinicians are encouraged to further the scholarship in this important area.

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Received November 26, 2012

Revision received September 9, 2013

Accepted September 16, 2013 ■